

# NATIONAL Assessment Centre Services, 10111 1st Ave, S 2008712008

Date In: 18/10/2021 16:46	Job description	Date & Time Completed	Done by
Ref No: XIA204124	SAS e-Milling		
Veh No: FB 8917	Tractor (w/ 3rd, 4th & 5th)		
U.O.A: 15/10/2021 17:00	1-Motor Oil Chg 4/500		
(C) : TP / Repacking Only	1-Motor W/O (w/ 3rd, 4th & 5th)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Service Report		
	Assessment Report by Fax / Hand to Owner/Driver		

Preferred Wksp / INO Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Insurer: ( ) Veh No: XIA204124 INO: ( ) / Non-INO: ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: Est Status (WO) NI 0-20%, P1 21-79%, P2 80-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Insurance (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & strictly NO Referral of Repairs

( ) Total Loss Case: To e-mail Insurer URGENTLY

Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3,000) ( )

Injury: ( )

( )

( )

( )

XIA204124

Driver/Owner: ( )

Contract No: ( )

Damaged Portion: ( )

QC Checked by (Engin-In-Charge): ( )

20/10/21

1) All Additional Work (QO)	
2) DA Survey (Initial) (\$1000)	INO (H)
3) FY Towing Fee	\$120
4) FY Follow Through Survey	\$50
5) FY Follow Through Survey (Recovery)	\$50
6) FY Follow Through Survey (Recovery) (w/ 3rd, 4th & 5th)	\$75
7) FY Follow Through Survey	\$160
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100) FY Follow Through Survey	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	18/10/2021 16:46 (SGT)
Date of Accident	15/10/2021 17:00 (SGT)
Exact Location of Accident	Sungei Tengah Rd, Singapore
Additional Location Information	NEAR LAMP POST 192
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS8891T
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZULHILMI BIN MOHAMED GHAZALI
NRIC No	TXXXX064Z
Email Address	youwanthotdog@gmail.com
Mobile Phone No	(Phone) +65-87877750
Alternative Phone No	+65-87877750

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER T150
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Motorcycle
Transmission	Manual
CC	150

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D21MTMC01006282
Cover Note Number	-

#### DRIVER

Name of Driver	ZULHILMI BIN MOHAMED GHAZALI
NRIC No	TXXXX064Z

Date Of Birth .....	12/09/2001
Occupation .....	Outdoor
Date Of Driving Pass .....	18/05/2021
Driving experience .....	5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87877750
Alt. Phone Number .....	+65-87877750
Email Address .....	youwanthotdog@gmail.com
Address .....	BLK 55 LENGKOK BAHRU ROAD #02-393
Address complement .....	-
Postcode .....	151055
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	FRIEND
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJR8723G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	THAM CHUNG SHENG
NRIC No .....	SXXXX762A
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	ZULHILMI BIN MOHAMED GHAZALI
Gender .....	Male
Phone No .....	(Phone) +65-87877750
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBS8891T
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	UNKNOWN FRIEND
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBS8891T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "**Purposes**")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
18/10/2021 - 3:10pm

Policyholder's Signature / Date & Time

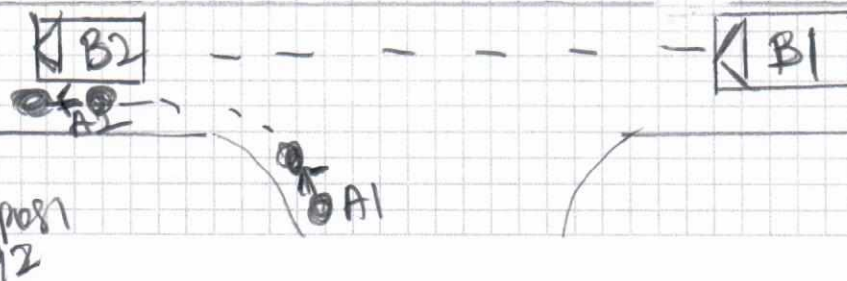
Driver's Signature (If driver is not the policyholder) / Date & Time

  
18/10/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

SURGEI KUALAH BANGSAKAMPUS 192




### Describe Circumstances of the Accident

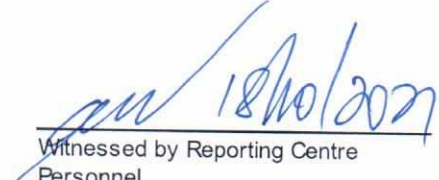
On 15<sup>th</sup> October 2021 at around 5pm, I was at a junction Sungai Tengah Road near lamppost 192 when I got into accident with a car bearing plate number of SJR87236AS. I wanted to make a left turn on a major road, I checked my right and saw that the road was clear. Upon checking my left blind spot, I moved off and was banged by a car that came from the main road. The car hit my handle bar which caused a dent on the left side with my pillion and slight injury. The driver came out and ~~tried~~ tried to assist. We exchanged contact particulars for claim purposes. I would hereby like to use the above statement for the purpose of reporting purpose.

### Declaration

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time  
18/10/2021, 3.10pm

Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel  
18/10/2021



# ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 10 / 2021 (DD/MM/YYYY), TIME: 14 : 00 (HH:MM)

LOCATION: Surgei Tengah Road. NIAE Lm1087 192

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBS8891T  
 b) INSURANCE COMPANY: Sampo Insurance  
 c) POLICY NUMBER: D21MTMCO1006282  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Yamaha Sniper 150  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE YES / NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Zulhilmi Bin Mohamed Ghazali (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: T01280642 CONTACT: 8781 7750  
 c) ADDRESS: Lengkok Bahru, Block 55, #02-393, Singapore 151055

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AS above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 12 / 02 / 2001 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18 May 2021

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: FBS8891T MODEL: Yamaha Sniper 150

b) DRIVER'S NAME: THAM CHUNG SHIH

c) NRIC/FIN/PASSPORT: S8929762A CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = youwanttoblog@gmail.com

VIDEO

FRIMUD (F)

\* No of passenger  
(Including driver)  
(2)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

**Certificate of Insurance**

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No. : D21MTMC01006282  
Insured : ZULHILMI BIN MOHAMED GHAZALI  
Motor Vehicle (Regn No.) : FBS8891T  
Cover : Third Party  
Policy Commencement Date : 14 OCTOBER 2021 11:30  
Policy Expiry Date : 13 OCTOBER 2022 23:59  
Maximum Liability (Section I) : Third Party  
Excess\* : NIL  
Named Driver 1 : ZULHILMI BIN MOHAMED GHAZALI  
HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
ZULHILMI BIN MOHAMED GHAZALI

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

**Limitations As To Use**

Use only for social, domestic and pleasure purposes and  
(a) by the Insured in person in connection with his business or profession or  
(b) in connection with the Insured's business or profession

The Policy does not cover

- (i) Use for hire or reward
- (ii) Use for racing pacemaking, reliability trial or speed-testing
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business
- (iv) Use for any purpose in connection with the Motor Trade

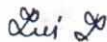
**Accident Reporting**

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For list of Accident Reporting Centres, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6461 6555.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref:MCY-MTMC.04)

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 14 OCTOBER 2021 11:30

**IMPORTANT NOTICE**

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 JIDPHZ2K4FMYMYAJ