

NATIONAL ASSURANCE CENTER SERVICES, Inc. 940921AR0006

Date In: 7/16/2021 15:25	Job description: SAS e-tiling	Date & Time Completed:	Done by:
Ref No: 2021098279	Trailer (by date time, A/G time)		
Vehicle: FBS 7166X	Motor Claim Type:		
COA: 7/10/2021 22:4	Motor W/O (within 60 days, TP limit)		
(1) TP Reporting Only	Photo Uploaded		
TP Insurer:	Assessment/Repair Report		
	Attn Report by Fax/Hand to Owner/Agent		

Preferred Wksp / INO Available Wksp / OW:	Toll	Fax:
TP Handling/Agent:	Ych No: SMW 7959M	INO: / Non-INO:
Owner / Driver:	Toll	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Driver:
Insured/Driver Liability:	% (Note: Est. Sloss (WO) N10-20%, P1 21-79%, P2 80-100%)	
Year of Registration:	Warranty YES / NO:	
Deductible (\$):	Loading: \$1,000 / \$2,000:	

() While in Chrysemar Customer Information strictly confidential & strictly NO Rotor of rotation

() Total Loss Case to email Insurer URGENTLY

Drive-In () / Towed-In () / Involves VNS () / NO () / Towing Co ()

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

2) QO Check / Post Repair Inspection ()

3) Upload Repair Photo (Repair Cost > \$5,000) ()

Injury:

NA2104228

Driver/Owner:	1) All Accident Information (OO):	
Commitment No:	2) All Damage Information (OO):	
Uninsured Portion:	3) All Towing Info:	
QC Checked by (Engineer-Chief):	4) All Follow-up Survey:	
	5) All Follow-up Survey (Repair):	
	6) All Follow-up Survey (NO ONLY, (with 10/1/2021)):	
	7) All Follow-up Survey:	
	8) All Follow-up Survey:	
	9) All Follow-up Survey:	
	10) All Follow-up Survey:	
	11) All Follow-up Survey:	
	12) All Follow-up Survey:	
	13) All Follow-up Survey:	
	14) All Follow-up Survey:	
	15) All Follow-up Survey:	
	16) All Follow-up Survey:	
	17) All Follow-up Survey:	
	18) All Follow-up Survey:	
	19) All Follow-up Survey:	
	20) All Follow-up 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	27/10/2021 15:26 (SGT)
Date of Accident	24/10/2021 22:45 (SGT)
Exact Location of Accident	Jln Pergam, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS7166K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMED ZHAFIR SHAH BIN MOHAMED IBRAHIM
NRIC No	SXXXX262D
Email Address	mohammedzhafirshahbmi@gmail.com
Mobile Phone No	(Phone) +65-92381624
Alternative Phone No	+65-92381624

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb150r
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	150

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D21MTMC0100453
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMED ZHAFIR SHAH BIN MOHAMED IBRAHIM
NRIC No	SXXXX262D

Date Of Birth	02/07/1999
Occupation	Outdoor
Date Of Driving Pass	06/07/2021
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92381624
Alt. Phone Number	+65-92381624
Email Address	mohammedzhafirshahbmi@gmail.com
Address	BLK 247 TAMPINES STREET 21 #02-283
Address complement	-
Postcode	521247
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	Collision - Cross Junction
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211026/7008

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	SMW7959M
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	ABDUL AZIZ ASIK AHAMED
* NRIC No	SXXXX991A
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	MOHAMMED ZHAFIR SHAH BIN MOHAMED IBRAHIM
Gender	Male
Phone No	(Phone) +65-92381624
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBS7166K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

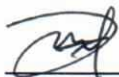
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

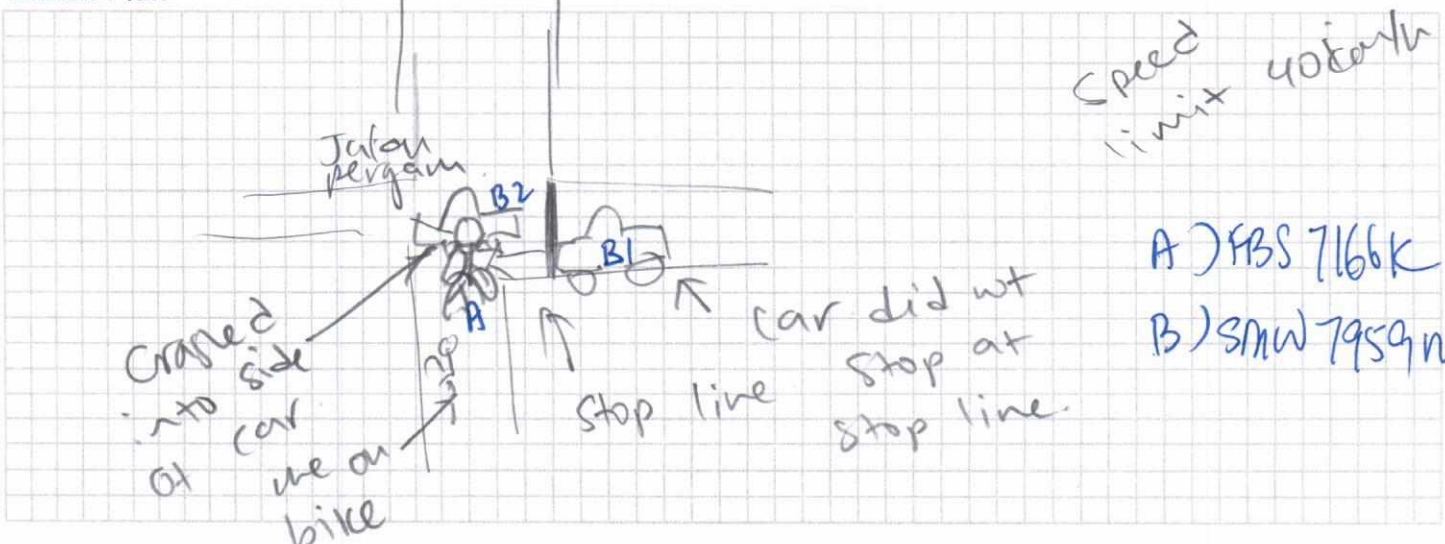
 27/10/21 1419 hrs.

Policyholder's Signature / Date & Time

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

 27/10/21
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


REFER TO POLICE REPORT 7/2021/1026/7008

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 27/10/21
1419 hrs.

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


Witnessed by Reporting Centre
Personnel 27/10/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (24/10/2021) (DD/MM/YYYY), TIME: (22:45) (HH:MM)

LOCATION: Jalan Pergam

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBS 7166 K
b) INSURANCE COMPANY: SOMPO
c) POLICY NUMBER: D21MTMCO1004537
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA CBR150R
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: MDHAMMED ZHAHIR SHAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S992262D CONTACT: 9235 1624
c) ADDRESS: TAMPA WIS ST 21 BK 247 02-283
5521247

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

AS ABOVE

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (02/07/1999) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 06/07/2021

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: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMW 7959 M MODEL: HONDA 1
b) DRIVER'S NAME: ABDUL AZIZ ABU AHMED
c) NRIC/FIN/PASSPORT: S8775991A CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

VIDEO



SINGAPORE POLICE FORCE



T/20211026/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20211026/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2021 12:40		Vide Report No.: G/20211024/0277		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMED ZHAFIR SHAH BIN MOHAMED IBRAHIM			Address: 247 TAMPINES STREET 21 #02-283 SINGAPORE 521247		
ID Type / ID No.: NRIC NO / S9921262D			Contact No.: Home/Office: Mobile: 92381624		
Nationality: SINGAPORE CITIZEN			Email: mohammedzhafirshahbmi@gmail.com		
Sex: Male	Age: 22	Date of Birth: 02/07/1999	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/10/2021 22:45	Type of Location: X-Junction
Location: JALAN PERGAM				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS7166K	Motorcycle	HONDA	CBR150R MANUAL	Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS7166K	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100453 7	22/07/2021	14/07/2022



**SINGAPORE
POLICE FORCE**



T/20211026/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20211026/7008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMED ZHAFIR SHAH BIN MOHAMED IBRAHIM	ID No.	S9921262D
Related Vehicle	FBS7166K (Motorcycle)	Contact No.	92381624
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3A Date of Expiry: NIL
Date	25/10/2021	Date	26/10/2021
No. of Days granted Medical Leave	14	Degree of	Serious

Brief Details.

I was riding towards jalan pergam where the collision happened. It was 4-way junction and I was going straight. Then came the car from the right hand side of the road who did not stop at the stop line and there was a stop sign too. I was going approximately 20 km/h. I then collided into the side of his car as I was not able to brake on time. There are pictures post the collision.



**SINGAPORE
POLICE FORCE**



T/20211026/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20211026/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD ZICKIE BIN AHMAD SUYUTI
Contact No.: 65476904

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
26/10/2021 12:40

Classification Of Case:

NP168

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. : D21MTMC01004537
Insured : MOHAMMED ZHA FIR SHAH BIN MOHAMED IBRAHIM
Motor Vehicle (Regn No.) : FBS7166K
Cover : Third Party, Fire & Theft
Policy Commencement Date : 15 JULY 2021 18:09
Policy Expiry Date : 14 JULY 2022 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$300 - Section I
Named Driver 1 : MOHAMMED ZHA FIR SHAH BIN MOHAMED IBRAHIM
HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
MOHAMMED ZHA FIR SHAH BIN MOHAMED IBRAHIM

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

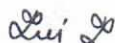
Accident Reporting

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 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 : 15 JULY 2021 18:09

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_4DOHO4_4FMMMYAJ