

# NATIONAL Assessment Centre Services

Date In: 9/11/21	Job description	Date & Time Completed	Done by
Ref No: NA/SM021011426/T1	SAS e-filing	✓	
Veh No: FBQ 9275B	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 5/11/21	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars:	Veh No: SHD 3564	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( ) Date: ( ) Time: ( )		
Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]		
Year of Registration: ( ) Warranty: YES ( ) / NO ( )		
Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )		

## General Remarks:-

- ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
- ( ) Total Loss Case: to e-mail Insurer URGENTLY.
- Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

## Injury:

Date/Time	Actions

NA2104418

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	

## Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

## 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	09/11/2021 13:34 (SGT)
Date of Accident	05/11/2021 18:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIMEI AVENUE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ9275B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD FAZAKIR BIN ABDUL RASHID
NRIC No	SXXXX517Z
Email Address	FAZAIMAH82@GMAIL.COM
Mobile Phone No	(Phone) +65-88288072
Alternative Phone No	(Office) +65-88288072

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	ADV 150
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	Auto
CC	150

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D21MTMC01000143
Cover Note Number	-

#### DRIVER

Name of Driver	MOHAMAD FAZAKIR BIN ABDUL RASHID
NRIC No	SXXXX517Z

Date Of Birth .....	27/02/1980
Occupation .....	Indoor
Date Of Driving Pass .....	17/10/2002
Driving experience .....	19 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-88288072
Alt. Phone Number .....	(Office) +65-88288072
Email Address .....	FAZAIMAH82@GMAIL.COM
Address .....	BLK 804 TAMPINES AVE 4
Address complement .....	#05-41
Postcode .....	520804
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 .....	Chain Collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 NO: T/20211106/7035

#### 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 .....	SHD356H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMZ9590M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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	MOHAMAD FAZAKIR BIN ABDUL RASHID
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ9275B
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 :

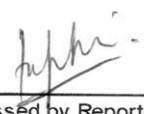
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

### **Sketch Plan**

Simi Avenue		A: FBQ 9275B B: SHD 356H C: SMZ 9590M
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**Describe Circumstances of the Accident**

Please refer to the police report (T/2021/106/1035).

**Declaration**

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



Policyholder's Signature / Date &  
Time



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



Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



T/20211106/7035

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

1 of 4

Report No. T/20211106/7035

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2021 18:16		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMAD FAZAKIR BIN ABDUL RASHID			Address: 804 TAMPINES AVENUE 4 #05-41 SINGAPORE 520804		
ID Type / ID No.: NRIC NO / S8005517Z			Contact No.: Home/Office: Mobile: 88288072		
Nationality: SINGAPORE CITIZEN			Email: fazaimah82@gmail.com		
Sex: Male	Age: 41	Date of Birth: 27/02/1980	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Technical/Engineering services manager (eg shipyard manager)			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/11/2021 18:40	Type of Location: Straight Road
Location:  SIMEI AVENUE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ9275B	Motorcycle	HONDA	ADV150 ABS CVT	Red		0
SHD356H	Car					0
SMZ9590M	Car			White		0



**SINGAPORE  
POLICE FORCE**



T/20211106/7035

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

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Report No. T/20211106/7035

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ9275B	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100014 3	15/01/2021	14/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MOHAMAD FAZAKIR BIN ABDUL RASHID		ID No.	S8005517Z
Related Vehicle	FBQ9275B (Motorcycle)		Contact No.	88288072
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	05/11/2021		Date	05/11/2021
No. of Days granted Medical Leave		14	Degree of	Slight
Driver				
Name	SIMON KOH YANG KWANG		ID No.	S1451403A
Related Vehicle	SHD356H (Car)		Contact No.	98559690
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	WU MING YUE		ID No.	S9413628H
Related Vehicle	SMZ9590M (Car)		Contact No.	87803485
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL





**SINGAPORE  
POLICE FORCE**



T/20211106/7035

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

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Report No. T/20211106/7035

**CONTINUATION OF REPORT**

Brief Details.

On 5th Nov 2021 around 1840hrs, i was riding along Simei Ave towards Tampines Town. I stopped as the red traffic light appeared. I stopped about 6 feet behind from a white sport car. Less than 3 seconds, a taxi hit me from behind. I was flung away from my bike and landed on my right side. I was shocked and stayed still for a while. I felt a great pain on my left leg, neck and back. The taxi driver who hit me approached and offer help. He apologised several times and explained if its not raining he could brake on time. The white sport car driver helped me up and called the ambulance. I was standing by the side while waiting for the ambulance. Once the ambulance arrived, i received treatment while awaiting for traffic police to come. The traffic police came and took my particulars and statement and i was conveyed to the Changi General Hospital by the ambulance.

I was discharged on the same day and was given 14 days of hospitalisation leave. I wish to make an insurance claims for my injuries and consensual loss.



**SINGAPORE  
POLICE FORCE**



T/20211106/7035

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

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Report No. T/20211106/7035

**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:  
06/11/2021 18:16

Classification Of Case:

Email to: [Shiying ONG @ fastechauto.com.sg](mailto:Shiying ONG @ fastechauto.com.sg)

Date of Accident : 05.11.2021 Accident Time : 18:40 pm (24-HR-Format)  
Accident Place : Simei Avenue  
Vehicle No (Car Plate No) : FBQ 9275B Make/Model: Honda ADV150  
Insurance Company : Sompo Policy No: \_\_\_\_\_  
Fleet Policy : YES / NO  
Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft  
Name of Owner / IC No : Mohamad Fazakir Bin Abdul Rashid (980055172)  
Owner Contact No : 8828 8072 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
Driver Name / IC No : As above  
Driver's Date of Birth : 27.02.1980 Driver's License Pass Date: 17.10.2002  
Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Owner  
Driver's Address : Blk 804 Tampines Avenue 4 #05-41 S (520804)  
Driver's Contact No : 1) 8828 8072 2) \_\_\_\_\_  
Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)  
Email Address : fazaimah82@gmail.com  
Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET  
Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance  
Number of Passenger(include Driver) : 1 Driver  
Was there any video footage? : YES / NO  
Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose  
Any injury (If Yes, Pls State) : Yes (1 Driver)

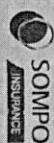
**Other Party Driver's Particular (if any)**

Vehicle B No : <u>SHD 356H</u> <sup>→ AXA</sup>	Name & Contact No: _____
Vehicle C No : <u>SMZ 9590M</u>	Name & Contact No: _____
Vehicle D No : _____	Name & Contact No: _____
Vehicle E No : _____	Name & Contact No: _____

**\*NEW - Passenger's Name & Gender:**

ci





Singapore and Town, Singapore 048624  
Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg  
Co. Reg. No. 188005490E | GST Reg. No. M200020196

### Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No. : DZ1MTMC01000143  
Insured : MOHAMAD FAZAKIR BIN ABDUL RASHID  
Motor Vehicle (Regn No.) : FBQ22758  
Cover : Third Party, Fire & Theft  
Policy Commencement Date : 15 JANUARY 2021 00:00  
Policy Expiry Date : 14 JANUARY 2022 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$300 - Section I  
Named Driver 1 : ABDUL AZIZ BIN SUHAM  
Named Driver 2 : MOHAMAD FAZAKIR BIN ABDUL RASHID  
HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*

ABDUL AZIZ BIN SUHAM, MOHAMAD FAZAKIR BIN ABDUL RASHID

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, speed-testing, 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 is issued in accordance with (i) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Part IV of the Transport Act, 1987 (Malaysia); and (ii) the policy terms, conditions and exclusions of the Motorcycle Policy (the MCO) at TRC (20).

Sompo Insurance Singapore Pte. Ltd.

CERTIFIED TRUE COPY

Authorised Signatory

Date/Time of Issue : 23 DECEMBER 2020 10:15

#### IMPORTANT NOTICE

- a. Keep the Certificate in your Motor Vehicle.
- b. Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169), it shall be unlawful for any person to use or permit any other person to use a motor vehicle without a valid Certificate of Insurance.
- c. On the date of the Motor Vehicle or if the any motor 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 (false to commit an offence).
- d. This Policy will remain in effect until the Motor Vehicle is sold or transferred to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11E07001 & ENDSURE PTE. LTD. (MOTORCYCLE) | CI Code: MY3 XDD D0RFBAB DBVA