

# NATIONAL Assessment Centre Services SN092210000F

Date In: <span style="color: blue;">12/01/2022 18:03</span>	Job description	Date & Time Completed	Done by
Ref No: <span style="color: blue;">NBA/KWD220004354</span>	SAS e-illing		
Veh No: <span style="color: blue;">FBL2027C</span>	E-mail (within 3hrs. Ab. 2hrs.)		
DDA: <span style="color: blue;">08/01/2022 20:00</span>	i-Motor Claim Form		
OD: <span style="color: blue;">(1)</span> Reporting Only	i-Motor W/O (within 10. 3hrs. 1P 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <span style="color: blue;">SXIA 12052</span>	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

<span style="color: blue;">NA22E0123</span>	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) eT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC. Daily (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	*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 \$40			
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	12/01/2022 18:03 (SGT)
Date of Accident	08/01/2022 20:00 (SGT)
Exact Location of Accident	Havelock Rd, Singapore
Additional Location Information	TURNING TO NEW BRIDGE ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP2027C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMMAD AFIQ BIN MOHAMED ROSMAN
NRIC No	SXXXX503A
Email Address	muhdluqmanhakeem02@gmail.com
Mobile Phone No	(Phone) +65-93653449
Alternative Phone No	+65-94668673

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mx king t150
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	PNMC2020-00000809-01
Cover Note Number	-

### DRIVER

Name of Driver	MUHAMMAD LUQMAN HAKEEM BIN MOHAMED ROSMAN
NRIC No	TXXXX756Z

Date Of Birth	26/04/2002
Occupation	Outdoor
Date Of Driving Pass	05/11/2020
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94668673
Alt. Phone Number	-
Email Address	muhdluqmanhakeem02@gmail.com
Address	BLK 415 JURONG WEST STREET 42 #03-765
Address complement	-
Postcode	640415
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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 - Head to Rear
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)	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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220110/2025

#### 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	SNA1205Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	ANDREW KOH JIA HUI
NRIC No	SXXXX619D
Contact Number	(Phone) +65-96522326
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	MUHAMMAD LUQMAN HAKEEM BIN MOHAMED ROSMAN
Gender	Male
Phone No	(Phone) +65-94668673
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBP2027C
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

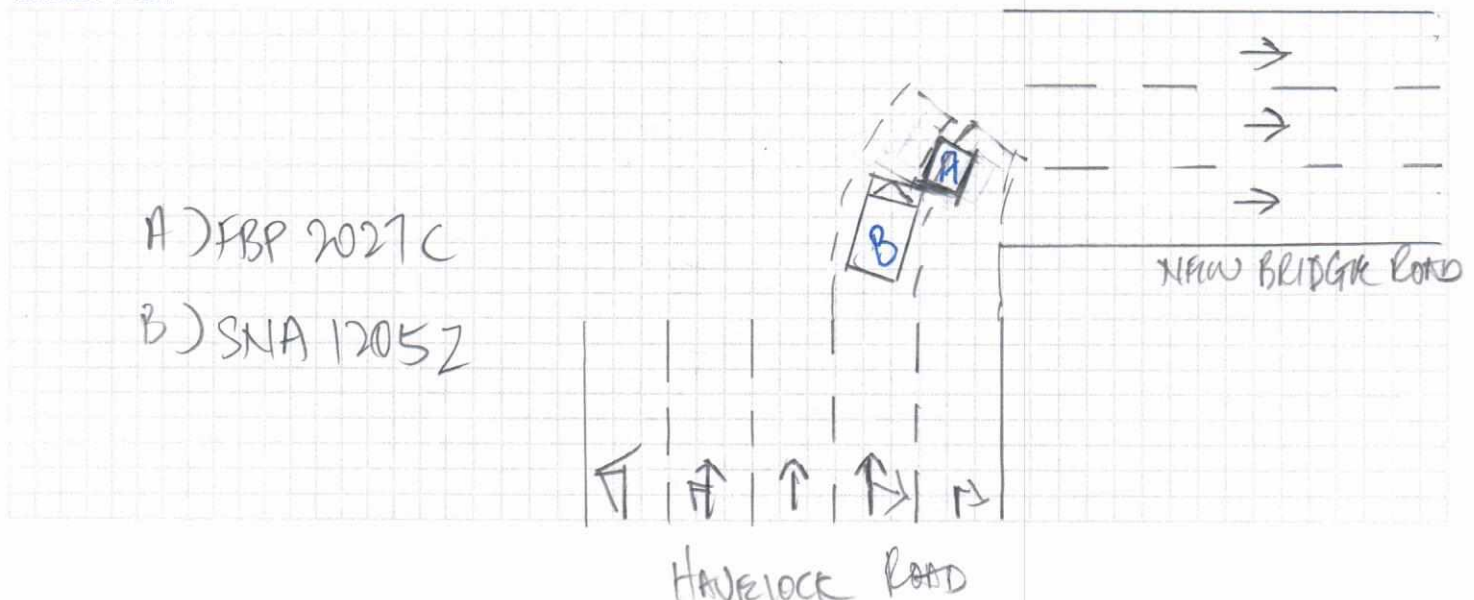
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan




Describe Circumstances of the Accident

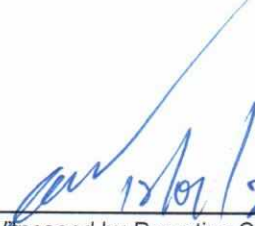
REFER TO POLICE REPORT 1/20220110/2025

Declaration

We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

 10 January 2022 14:51  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

 12/01/2022  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



AH CHA

# ACCIDENT STATEMENT

ACCIDENT DATE: 08/01/2022 (DD/MM/YYYY), TIME: 20:00 (HH:MM)

LOCATION: HARROCK ROAD TOWARDS NFAO BRIDGE ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP 2027C
- b) INSURANCE COMPANY: FWD
- c) POLICY NUMBER: PUMC5020-0000080-01
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: SNIPAC 150
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
- 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: MUHAMMAD AFIQ BIN MUHAMMAD ROSMAN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S9013503A CONTACT: 93653449
- c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: MUHAMMAD LUQMAN HAKEEM BIN MUHAMMAD ROSMAN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: T0212756Z CONTACT: 94668673
- c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 26/08/2002 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 05/11/2020

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SISTER

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: QUEENSTOWN

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SNA1205Z MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: ANDREW KOH JIA HUI
- c) NRIC/FIN/PASSPORT: S8123619D CONTACT: 9652 2326

## 9. THIRD PARTY VEHICLE

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

Email = muhdugmanhakeem02@gmail.com

VIDEO



**SINGAPORE  
POLICE FORCE**



T/20220110/2025

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**COPY**

1 of 3

Report No: T/20220110/2025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/01/2022 13:34		Vide Report No.:		Station Diary No.: 33	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD LUQMAN HAKEEM BIN MOHAMED ROSMAN			Address: APT BLK 415 JURONG WEST STREET 42 #03-765 SINGAPORE 640415		
ID Type / ID No.: NRIC NO / T0212756Z			Contact No.: Home/Office: Mobile: 94668673		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 26/04/2002	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name: SINGAPORE POLYTECHNIC
Occupation: Student			Driving Licence Information: Class: 2B		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/01/2022 20:00	Type of Location: X-Junction
Location:  HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP2027C	Motorcycle				Seriously Damaged	0
SNA1205Z	Car				Slightly Damaged	2

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20220110/2025

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20220110/2025

**CONTINUATION OF REPORT**

Rider			
Name	MUHAMMAD LUQMAN HAKEEM BIN MOHAMED ROSMAN	ID No.	T0212756Z
Related Vehicle	FBP2027C (Motorcycle)	Contact No.	94668673
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	10/01/2022	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	ANDREW KOH JIA HUI	ID No.	S8123619D
Related Vehicle	SNA1205Z (Car)	Contact No.	96522326
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 08/01/2022 at about 2000hrs on Havelock Road towards New Bridge Road, I was riding my motorcycle FBP2027C on the second lane when I was hit from the rear by car vehicle number SNA1205Z. I suffered injuries like abrasions on my left elbow area, left ankle area, left shin area, left knee and right shoulder. I received 5 days MC after visiting the doctor on 10/01/2022. There were Traffic Police and Ambulance at scene, and the ambulance treated my injuries on scene however was not conveyed. Vehicle SNA1205Z suffered damages such as broken right front bumper, and bent right side front panel. My motorcycle suffered damages such as broken left foot rest, non-functional clutch lever, bent gear lever, cracks on left side of the coverset, bent and twisted fork and scratches on the box.



**SINGAPORE  
POLICE FORCE**



T/20220110/2025

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No: T/20220110/2025

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**COPY**

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report  
D /  
Sgt 2 MOHAMMAD HAKIMI BIN  
ABDULLAH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/01/2022 13:34

Officer In Charge Of Case:  
TP / AEIT /  
Insp (1) BOON YEN KIAN  
Contact No.: 65476172

Classification Of Case:

Authentication Stamp  
NP168





## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Motorcycle breaks down or is involved in an accident.  
All accidents must be reported within 24 hours or by the next working day of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNMC2020-00000809-01**

Plan Name: Third Party

Motorcycle plate number: FBP2027C

Your name (As the policyholder): Mohammad Afiq Bin Mohamed Rosman

Coverage start date: 22/02/2021

Coverage end date: 21/02/2022

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to ride Your Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

This Policy does not cover use for hire or reward, delivery of goods, and any renting or leasing purposes.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 22/01/2021

**Khor Kee Eng**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888 or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details in this Certificate of Insurance needs to be changed.