

VALIUM Assessment Centre Services

8M09223P0002

Date In: 25/03/2022 15:02	Description	How Long Completed	Done by
Ref No: NPA/SMD200027674	SAs e-filing		
Veh No: FBM 2281A	E-mail (with/for) (M, 200)		
Doc No: 24/03/2022 12:50	i-Motor Claim Form		
① Reporting Out	i-Motor W/O (w/assn) (M, 20) (1, 400)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **SJH 22B** INC () / Non-INC ()

Owner / Driver () Tel ()

Policy No () Period () Cover Type ()

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

Insured/Driver Liability () % [Note-Est Status (W/O): N: 0.20%, P: 21.79%, F: 30.1+0%]

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

Claimant's Particulars :-	Invoice Preparation Checklist	And (\$)	And (\$)
		1st Bill	Ass Ball
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100), INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40 \$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$10		
Cat 1:	For claiming against INC Daily (wef 10 Jan 2015)		
Cat 2,3:	6) TR: Re-inspection \$15		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QC:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*N9: (11) TP (N & INC) against Ins \$10		
	9) N12: Idac Mobile \$0		
	Invoice dated	Free Charge	
	Over-Insured	Free Charge	

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	25/03/2022 15:02 (SGT)
Date of Accident	24/03/2022 12:50 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM2281A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMAD RAZIQ BIN MOHAMAD SUPIAN
NRIC No	SXXXX422J
Email Address	raziq2601@yahoo.com
Mobile Phone No	(Phone) +65-90228144
Alternative Phone No	+65-90228144

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YZF-R15
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	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D22MTMC01000923
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD RAZIQ BIN MOHAMAD SUPIAN
NRIC No	SXXXX422J

Date Of Birth	26/01/1998
Occupation	Outdoor
Date Of Driving Pass	09/09/2019
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90228144
Alt. Phone Number	+65-90228144
Email Address	raziq2601@yahoo.com
Address	BLK 104 GANGSA ROAD #02-67
Address complement	-
Postcode	670104
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)	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/20220324/7047

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	SJH22B
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	EDMUND
Contact Number	(Phone) +65-97565828
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

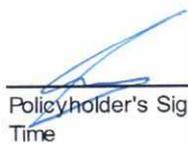
Name of injured person	MOHAMAD RAZIQ BIN MOHAMAD SUPIAN
Gender	Male
Phone No	(Phone) +65-90228144
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBM2281A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20220324/1047

Declaration

We declare the foregoing particulars are true in every respect.

 25/3/22
Policyholder's Signature / Date & Time

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

 25/03/2022
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220324/7047

1 of 3

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

Report No. T/20220324/7047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2022 23:07	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MOHAMAD RAZIQ BIN MOHAMAD SUPIAN		Address: 104 GANGSA ROAD #02-67 SINGAPORE 670104	
ID Type / ID No.: NRIC NO / S9802422J		Contact No.: Home/Office:	Mobile: 90228144
Nationality: SINGAPORE CITIZEN		Email: raziq2601@yahoo.com	
Sex: Male	Age: 24	Date of Birth: 26/01/1998	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Despatch worker		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/03/2022 12:50	Type of Location: Straight Road
Location: DUNEARN ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBM2281A	Motorcycle	YAMAHA	YZF-R15	Blue		0
SJH22B	Car		BMW	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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

Report No. T/20220324/7047

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM2281A	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC01000923	25/02/2022	24/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MOHAMAD RAZIQ BIN MOHAMAD SUPIAN	ID No.	S9802422J	
Related Vehicle	FBM2281A (Motorcycle)	Contact No.	90228144	
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date	24/03/2022	Date	24/03/2022	
No. of Days granted Medical Leave	06	Degree of	Serious	
Driver				
Name	EDMUND	ID No.	NIL	
Related Vehicle	NIL	Contact No.	97565828	
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	

Brief Details.

I was riding on a straight road in the second lane, overtaking the car on the first lane. Suddenly, the car hit the right rear of my bike. Stopped at the side of the road to exchange numbers and take photos of the damages of both vehicles. He kept denying that it was not at fault and ask to claim from me when he hit into my motorcycle.



**SINGAPORE
POLICE FORCE**



T/20220324/7047

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

3 of 3

Report No. T/20220324/7047

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 /
TAY CHUN KEEN
Contact No.: 65476436

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

Date/Time:
24/03/2022 23:07

Classification Of Case:

This report is lodged at Queenstown NPC Kiosk 1
NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 03 / 2022) (DD/MM/YYYY), TIME: (12:50) (HH:MM)

LOCATION: DUNMAGE ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 2281 A
b) INSURANCE COMPANY: Sampo
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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: MOHAMAD RAZI BIN MOHAMAD SUPRI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S91024223 CONTACT: 90220144
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (26 / 01 / 1958) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05/09/2019

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

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: STH 22B MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email =

VIDEO

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. : D22MTMC01000923
Insured : MOHAMAD RAZIQ BIN MOHAMAD SUPIAN
Motor Vehicle (Regn No.) : FBM2281A
Cover : Third Party
Policy Commencement Date : 25 FEBRUARY 2022 00:00
Policy Expiry Date : 24 FEBRUARY 2023 23:59
Maximum Liability (Section I) : Third Party
Excess* : NIL
Named Driver 1 : MOHAMAD RAZIQ BIN MOHAMAD SUPIAN
Named Driver 2 : MOHAMAD SUPIAN BIN MUSTRAH
HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
MOHAMAD RAZIQ BIN MOHAMAD SUPIAN, MOHAMAD SUPIAN BIN MUSTRAH

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.

Limitation As to Use

- (a) Use only for social, domestic and pleasure purposes and in connection with the Insured's business or profession
- (b) Use for food / parcel / other delivery services

The Policy does not cover

- (i) Use for racing pacemaking, reliability trial or speed-testing
- (ii) Use for the carriage of passengers for hire or reward
- (iii) Use for any purpose in connection with the Motor Trade

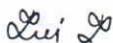
Accident Reporting

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 : 10 FEBRUARY 2022 15:49

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: MY100 DXKDMSB4NT_YBVZA