

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction Rep 2500

Veh No:

Yr Regn:

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S + RS SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

Lump Sum / I.B.I.: (\$

TOTAL



H/P No : 9295 3047

Received From

Vehicle No.

From

Handphone No.

Amount

Note: Vehicle is transported at owner's risk. The company accepts no responsibility for damages or other misdemeanor to your vehicle whilst being transported

OFFICIAL RECEIPT

No :

Date _____

Issued By



**SINGAPORE
POLICE FORCE**



L/20220413/7039

1 of 2

POLICE REPORT (NP299)

Report No. L/20220413/7039

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 13/04/2022 14:23	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD HAIKEL BIN MOHAMMED HUSSEIN	Address 247 YISHUN AVENUE 9 #02-171 SINGAPORE 760247	
ID Type / ID No. NRIC NO / S9329553F	Contact No. Home/Office: 86882428	Mobile: 86882428
Nationality SINGAPORE CITIZEN	Email Address muhammadhaikel31@gmail.com	
Occupation Sales workers	Sex Male	Age 28
Institution/School Name	Date of Birth 31/07/1993	Race Malay
Date/Time Of Incident 13/04/2022 08:30 - 13/04/2022 09:00	Location Of Incident GAMBAS AVENUE	

Brief details.

I was riding my motorcycle along Gambas Ave on 13/4/2022 at about 0830hrs. As I was going straight in my lane, I saw a car, bearing plate license number (SKT8885A), made a U-turn across all three lanes into the most left lane. As I was still heading straight in my lane, the above mentioned car continued with his wide U-turn and all of a sudden came into my lane. There was no sufficient time for me to react with defensive riding as the car have already cut right in front of me into my lane after he finishes his wide U-turn. Therefore, it caused me to collide onto the right rear bumper of the car. Owner may be settle privately or pay insurance. That's all.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/04/2022 14:23
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20220413/7039

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220413/7039

Subjects Involved			
Suspect			
Person Name	TAM DONG SHEN		
ID Type	NRIC NO	ID No	S7621431Z
Gender	Male	Age	46
Race	Chinese	Language	English
Relation To Informant	STRANGER		
Victim			
Person Name	MUHAMMAD HAIKEL BIN MOHAMMED HUSSEIN		
ID Type	NRIC NO	ID No	S9329553F
Gender	Male	Age	28
Race	Malay	Language	English
Occupation	Sales workers	Address	247 YISHUN AVENUE 9 #02-171 SINGAPORE 760247
Mobile No	86882428	Is Informant A Victim?	Yes
Person Name MUHAMMAD HAIKEL BIN MOHAMMED HUSSEIN (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/04/2022 14:23
Officer In-Charge Of Case:	Classification Of Case:



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	13/04/2022 11:17 (SGT)
Date of Accident	13/04/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG GAMBAS AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN7222H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD HAIKEL BIN MOHAMMED HUSSEIN
NRIC No	S9329553F
Email Address	MUHAMMADHAIKEL31@GMAIL.COM
Mobile Phone No	(Phone) +65-86882428
Alternative Phone No	+65-86882428

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400sf
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	399

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MC/00984207
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD HAIKEL BIN MOHAMMED HUSSEIN
NRIC No	S9329553F



Date Of Birth	31/07/1993
Occupation	Indoor
Date Of Driving Pass	22/07/2016
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86882428
Alt. Phone Number	+65-86882428
Email Address	MUHAMMADHAIKEL31@GMAIL.COM
Address	247 YISHUN AVE 9 #02-171
Address complement	-
Postcode	760247
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	Collided into Motorcyclist
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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE STATEMENT

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	SKT8885A
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	Red
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	MUHAMMAD HAIKEL BIN MOHAMMED HUSSEIN
Gender	Male
Phone No	(Phone) +65-86882428
Address	247 YISHUN AVE 9 #02-171
Address Complement	-
Post Code	760247
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN7222H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

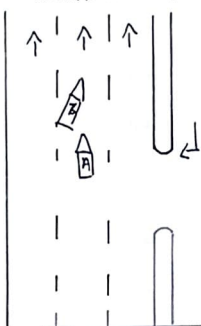
Accident Toolkit

Sketch plan

Sketch of accident scene:

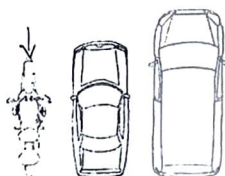
Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.

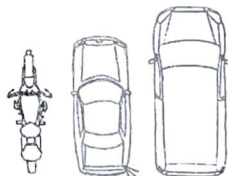


I was riding Veh A along Gambas Ave on 13/4/22 at about 0830hrs. As I was going straight in my lane. I saw Veh B made a wide U-Turn across all three lanes into the most left lane. As I was still heading straight in my lane. Veh B continued with his wide U-Turn, all of a sudden came into my lane. There was no sufficient time for me to react with defensive riding as Veh B have already cut right in front of me into my lane. After he finishes his wide U-Turn - therefore it caused me to collide onto the right rear bumper of Veh B.

Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A
(F8N 7222N)



Vehicle B
(SKT 8885A)

direct
asia
Insurance

[Signature]
13/4/22

Call us direct
Customer Care
6665 5555
Claims Support 24/7 Helpline
6532 1818
+65 6401 3888 (from overseas)

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	:	MC/00984207
Type of Coverage	:	Third-Party Fire and Theft Cover
1) Vehicle Registration No.	:	FBN7222H
Chassis No.	:	NC421901267
2) Name of Policy Holder	:	Muhammad Haikel Bin Mohammed Hussein
3) Effective Date of Commencement of Insurance for the Purpose of the Act	:	28/11/2021 00:00
4) Date of Expiry of Insurance	:	27/11/2022 23:59
5) Persons or Classes of Persons Entitled to Drive		
(a) A named driver who is driving on the Policyholder's permission. Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.		
6) Limitations as to use*		
Use only for private purposes, in accordance with the declared motorcycle usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. *Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.		
Sum Insured	:	Market Value
Policy Excess	:	S\$ 600.00
Theft Excess Outside Singapore	:	50% of market value capped at S\$2,000.00
Main driver	:	Muhammad Haikel Bin Mohammed Hussein
Important Note: The policy only covers the main driver and the following named driver:		
Ref	Named Driver	
1	Mohamed Hussein Bin Abdullah, Hussein	
Finance Company / Hire Purchase	:	

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Direct Asia Insurance (Singapore) Pte. Ltd.

Issued on: 10/11/2021


Underwriting Manager

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9329553F

NAME: MUHAMMAD HAIKEL BIN MOHAMMED HUSSEIN

Birth Date: 31 Jul 1993

Issue Date: 22 Jul 2016



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9329553F



Name

MUHAMMAD HAIKEL BIN
MOHAMMED HUSSEIN

Race

MALAY

Date of birth

31-07-1993

Sex

M

Country of birth

SINGAPORE

7329553

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

C

Class 2B Motorcycles <= 200 CC
Class 2A Motorcycles between 201 CC and 400 CC

22 Jul 2016
01 Oct 2018

S / No.9000284795

Licence No:S9329553F

NP 428A



4263451

NRIC No. S9329553F



Date of issue

10-08-2008

APT BLK 247 YISHUN AVENUE 9 #02-171
SINGAPORE 780247

NRIC No: S9329553F

Date: 28/03/2020



Honda CB400 Super 4 Revo

Reg Date : 22/01/2018
Vehicle Type : Street Bikes

Posted on : 19/03/2022

Capacity : 399cc
Mileage : 39700km

SGD \$18800

★ Paid Ad

★ Dealer Ad

Details >



Honda CB400 Super 4 Spec 2

Reg Date : 24/01/2003
Vehicle Type : Street Bikes

Posted on : 18/03/2022

Capacity : 399cc
Mileage : -

SGD \$6300

★ Paid Ad

★ Dealer Ad

Details >

first 1 2 3 4 5 next last

Bike Gadgets

- 🏍️ Number Plates for Sale
- 📄 Installment Calculator
- 🛡️ Instant Insurance Quote

COE Results

Rd 1, 06 Apr 2022
COE Bidding of Motorcycles

CAT D
\$10503