

NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

SN0922510004

Date In: 18/05/2022 15:58	Job description	Date & Time Completed	Done by
Ref No: X/138/WP22004661/Y	SAS e-filing		
Veh No: 4BM 10207	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/06/2022 20:48	i-Motor Claim Form		
OD: (TP) 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: SML 626C	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

X/A220/349 Plaintiff's Particulars: Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Auditors' Comments: t. 1: t. 2/3:	Invoice Preparation Checklist		Am (\$)	Am (\$)
	1) AR: Accident Reporting (\$30);		Inc Bill	Ass Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2008)			
	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
OD*				
*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 \$0				
Invoice dated		Fee Charged		
Invoice dated		Fee Charged		

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	18/05/2022 15:50 (SGT)
Date of Accident	24/04/2022 20:45 (SGT)
Exact Location of Accident	Joo Chiat Pl, Singapore
Additional Location Information	JUNCTION WITH MANGIS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM1020T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD HAFIZ BIN MD SUKIMAN
NRIC No	SXXXX343G
Email Address	dzulhidayat1982@gmail.com
Mobile Phone No	(Phone) +65-87547371
Alternative Phone No	+65-89231774

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400
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	355

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	PNMC2021-00004873
Cover Note Number	-

DRIVER

Name of Driver	DZUL HIDAYAT BIN MASOD
NRIC No	SXXXX464B

Date Of Birth	10/09/1982
Occupation	Outdoor
Date Of Driving Pass	21/02/2022
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89231774
Alt. Phone Number	-
Email Address	dzulhidayat1982@gmail.com
Address	BLK 549 BEDOK NORTH AVENUE 1 #07-452
Address complement	-
Postcode	460549
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 on collision
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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20220425/7089

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML626C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	TIO TIONG YEW
NRIC No	SXXXX683J
Contact Number	(Phone) +65-88799049
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	DZUL HIDAYAT BIN MASOD
Gender	Male
Phone No	(Phone) +65-89231774
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBM1020T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	BLAKE
Phone	(Phone) +65-82577517
Email	-

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 :

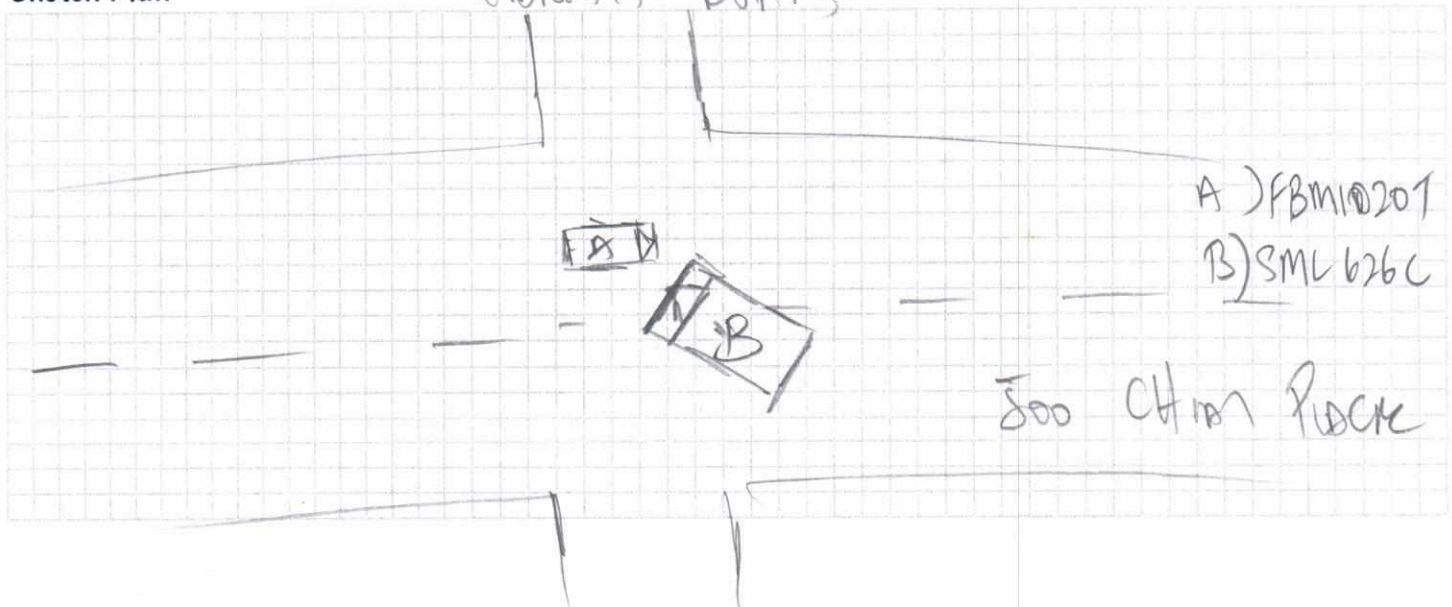
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;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




Describe Circumstances of the Accident

REFER TO POLICE REPORT G/20220425/7089


Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

 18/05/2022 15.16 PM

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

 18/05/2022

Witnessed by Reporting Centre
Personnel

Name Of Informant DZUL HIDAYAT BIN MASOD	Address 549 BEDOK NORTH AVENUE 1 #07-452 SINGAPORE 460549			
ID Type / ID No. NRIC NO / S8227464B	Contact No. Home/Office: Mobile: 89231774			
Nationality SINGAPORE CITIZEN	Email Address DZULHIDAYAT1982@GMAIL.COM			
Occupation Motorcycle delivery man	Sex Male	Age 39	Date of Birth 10/09/1982	Race Boyanese
Institution/School Name	Language English			
Date/Time Of Incident 24/04/2022 20:30 - 24/04/2022 20:45	Location Of Incident MANGIS ROAD			

Brief details.

I was involved in an accident on 24 Apr around 8.45pm. I was going straight from Joo Chiat PI, Vehicle SML626C on the opposite direction turn right into Mangis Rd without checking and I have to Emergency Brake and fall.

My motor (FBM1020T) was damaged. For myself, i went a&e at cgh for xray due to some abrasion on my leg n was given a 3days M.C..

Contacts and details were exchanged and driver agreed to settle it privately as acknowledge it is his fault

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: 25/04/2022 18:20
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



G/20220425/7089

2 of 2

Report No. G/20220425/7089

turning without proper checking.

Purpose of this report is to acknowledge that if the other party were to be held responsible to settle it

Signature Of Interpreter:
Not applicable

Date/Time:
25/04/2022 18:20

Officer In-Charge Of Case:

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220425/7089

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220425/7089

turning without proper checking.

Purpose of this report is to acknowledge that if the other party were to backout or unable to settle it privately, I'd have to proceed with insurance claiming instead.

No actions needed as of now.

Subjects Involved			
Victim			
Person Name	DZUL HIDAYAT BIN MASOD		
ID Type	NRIC NO	ID No	S8227464B
Gender	Male	Age	39
Race	Boyanese	Language	English
Occupation	Motorcycle delivery man	Address	549 BEDOK NORTH AVENUE 1 #07-452 SINGAPORE 460549
Mobile No	89231774	Is Informant A Victim?	Yes
Person Name	DZUL HIDAYAT BIN MASOD (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:
25/04/2022 18:20

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 04 / 2022) (DD/MM/YYYY), TIME: (20 : 45) (HH:MM)

LOCATION: JOO CHIAT PLACE / MARINE ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM1020T
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNMC 2021-00004873
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CB400 HONDA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL 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: MUHAMMAD HAFIZ BIN MD SUKIMAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 88408343G CONTACT: 87547371
 c) ADDRESS: BLK 24 BEDO CRESCENT #04-15
 (160024)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DZUL HIDAYAT BIN MASOD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S82274641B CONTACT: 89231774
 c) ADDRESS: BLK 549 BEDOK NORTH AVE 1 #07-452
 (460549)

* d) DATE OF BIRTH: (10 / 09 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21 FEB 2022

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

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: BEDOK DIVISION

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBM1020T MODEL: CB400 HONDA
 b) DRIVER'S NAME: D
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SML626C MODEL:
 b) DRIVER'S NAME: TIO TIONG YEW
 c) NRIC/FIN/PASSPORT: S6824683J CONTACT: 88799049

WITNESS / BLAKE 82577517

Email: = DZULHIDAYAT.1982@GMAIL.COM
 VIDEO

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: PNM2021-00004873

Plan name: Third Party Fire & Theft

Motorcycle plate number: FBM1020T

Your name (As the policyholder): Muhammad Hafiz Bin Md Sukiman

Coverage start date: 09/11/2021

Coverage end date: 08/11/2022

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

Finance company:

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: 09/11/2021



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 if any details in
this Certificate of Insurance needs to be changed.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SUC92251000H Vehicle Registration No: FBM10707
Name (as shown in NRIC): DZUL Hidayat NRIC/FIN/Passport No: SXXXX3436
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 89231114
Email Address: _____
Date of Accident: 24/04/2022 Time of Accident: 20:45
Place of Accident: 500 Chay Puan / Month 18 Foon
Insurance Company: FWD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

BIKE USE FOR PERSONAL NOT WORKING

Policyholder / Driver's Signature
Date:

 18/05/2022
Reporting Centre Personnel's Signature
Name: Prof. L. HARTAB
NRIC/FIN No.: _____
Date: _____