

NATIONAL Assessment Centre Services: [wef 1 Jan 08] **NA09226R0004**

Date In: 27/06/2022 13:27	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBB/8MO22000000/4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: FBR 5007	I-Motor Claim Form		
D.O.A: 23/06/2022 15:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP / Reporting Only	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: Vch No: **SL 76901** 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%; P: 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 repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC Hotline: 6788 5616)

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

Injury: _____

Date/Time	Actions

NA2201748

Claimant's Particulars:	Invoice Preparation Checklist		Am (S)	Ass't
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) PT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	ON:			
C 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: Idao Mobile 30			
	Invoice dated	Fax Charged		
	Invoice dated	Fax 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	27/06/2022 13:20 (SGT)
Reported by	Both
Date of Accident	23/06/2022 15:00 (SGT)
Exact Location of Accident	W Coast Hwy, Singapore
Additional Location Information	TOWARDS PANDAN (BEFORE WEST COAST LINK)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR5100T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMMAD SUFFIAN BIN MOHD ZAIBIDIN
NRIC No	SXXXX867J
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-89155275
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	ADV150
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	149

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTMC01004044

DRIVER

Name of Driver	MOHAMMAD SUFFIAN BIN MOHD ZAIBIDIN
NRIC No	SXXXX867J
Date Of Birth	26/03/1975
Occupation	Indoor

Date Of Driving Pass	23/12/1992
Driving experience	29 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89155275
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 93A TELOK BLANGAH STREET 31 #04-163
Address complement	-
Postcode	101093
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	Collision - Change/cross lane
Weather Conditions	DRIZZLING
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ULFAH KHALIESAH BINTI MOHD SUFFIAN
Gender	Female

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/20220623/7037

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL7690T
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	MOHAMMAD SUFFIAN BIN MOHD ZAIBIDIN
Gender	Male
Phone No	(Phone) +65-89155275
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBR5100T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ULFAH KHALIESAH BINTI MOHD SUFFIAN
Gender	Female
Phone No	(Phone) +65-89155275
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBR5100T
Were seat belts worn?	No
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' 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



A = FBR 5100 T

B = SKL 7690 T

Describe Circumstances of the Accident

Refer to Police report

T12022062317037

Declaration

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/20220623/7037

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

1 of 4

Report No. T/20220623/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2022 19:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD SUFFIAN BIN MOHD ZAIBIDIN			Address: 93A TELOK BLANGAH STREET 31 #04-163 SINGAPORE 101093		
ID Type / ID No.: NRIC NO / S7506867J			Contact No.: Home/Office: Mobile: 89155275		
Nationality: SINGAPORE CITIZEN			Email: SUFFIAN.ZAIBIDIN@GMAIL.COM		
Sex: Male	Age: 47	Date of Birth: 26/03/1975	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Security Officer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/06/2022 15:00	Type of Location: Straight Road
Location: WEST COAST HIGHWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR5100T	Motorcycle	HONDA	ADV150 ABS CVT	Red	Seriously Damaged	1
SKL7690T	Car				Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20220623/7037

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

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Report No. T/20220623/7037

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR5100T	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100404	27/07/2021	26/07/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Pillion				
Name	ULFAH KHALIESAH MOHAMMAD SUFFIAN		ID No.	T1390934I
Related Vehicle	FBR5100T (Motorcycle)		Contact No.	89155275
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/06/2022		Date	23/06/2022
No. of Days granted Medical Leave		03	Degree of	Slight
Rider				
Name	MOHAMMAD SUFFIAN BIN MOHD ZAIBIDIN		ID No.	S7506867J
Related Vehicle	FBR5100T (Motorcycle)		Contact No.	89155275
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/06/2022		Date	23/06/2022
No. of Days granted Medical Leave		03	Degree of	Slight

Brief Details.

I was traveling along West Coast Highway towards Pandan, while I'm coming near to the junction of West coast Link, suddenly a car (SKL7690T) cut into my lane from lane 1 and collided onto my bike, the impact cause my daughter and myself to fall off the bike.

My daughter Ulfah Khaliesah Mohammad Suffian, T1390934I.

Traffic police were on the accident scene.

Both my daughter and myself suffered injuries at our neck, hands, legs and body area. We visited Clementi Family & Aesthetic Clinic and was both given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20220623/7037

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20220623/7037

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220623/7037

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

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Report No. T/20220623/7037

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 /
MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

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

Date/Time:
23/06/2022 19:15

Classification Of Case:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 23/06/2022 (dd/mm/yy) Time of Accident: 15:00 (24-HR-FORMAT)

Vehicle No.: FBR5100T Vehicle Make & Model / Engine (cc): Honda Adv 150 Private Hire: (Y) (N) (N)

Exact location of Accident: West coast Highway towards Pandan (Before West coast link)

Policyholder's Name / IC No.: mohammad saffian Bin mohd zaibidin ROC/UEN (Company):

Driver's Name / IC No.: 575068675 (As Above) ☐

Driver's Contact No.: 8915 5275 Company Contact No / Owner Contact No:

Driver's Address: B1K 93A Telok Beringin St 31 #04-163 S(101093)

Owner Email address: Insurance Company: Sompo

Driver Email address: CS8558CS@gmail.com

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 2

*Passenger Name: Hafsa Khaliesah Binti Mohd Saffian

Gender: Male / Female x (X)

*Passenger Name:

Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☒ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks:

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Rider & Pillion

Injuries Sustain: Body, Neck Injured Person in Which Vehicle: FBR5100T

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: online

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: SKL7690T

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company:

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

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. : D21MTMC01004044
Insured : MOHAMMAD SUFFIAN BIN MOHD ZAIBIDIN
Motor Vehicle (Regn No.) : FBR5100T
Cover : Third Party, Fire & Theft
Policy Commencement Date : 27 JULY 2021 00:00
Policy Expiry Date : 26 JULY 2022 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$300 - Section I
Named Driver 1 : MOHAMMAD SUFFIAN BIN MOHD ZAIBIDIN
HIRE PURCHASE OWNER : CAPITAL AUTO FINANCIAL SERVICES PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
MOHAMMAD SUFFIAN BIN MOHD ZAIBIDIN

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 pacemaking, 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

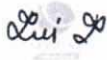
Accident Reporting

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 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 : 23 JUNE 2021 09:28

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: MY3 LJDTDHP04IBIMTEA

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: SM09226R0004 Vehicle Registration No: 4BR 5707

Name (as shown in NRIC): McHammon Suffian NRIC/FIN/Passport No: XXXX 867J

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 97155278

Email Address: _____

Date of Accident: _____ Time of Accident: _____

Place of Accident: West Coast Highway towards Pandan (before West Coast Link)

Insurance Company: Sompo

(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:

To sign on SKETCH PLAN

Policyholder / Driver's Signature
Date:

27/06/2022
Reporting Centre Personnel's Signature
Name: Rashid
NRIC/FIN No.: XXXX 867J
Date: