

NATIONAL Assessment Centre Services

(Ref: 1-2-2022)

840922B30006

Date In: 03/11/2022 14:58	Job description	Date & Time Completed	Done by
Ref No: N/A / FWD 2201098614	SAS e-filing		
Veh No: FBN 97577	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 02/11/2022 18:10	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (within 30 mins, TP 3hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: SFR 8910E	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note: 1st Status (WO): N: 0-2014, 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 repeller.

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

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

Remarks: () (INC hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: ()

Actions: ()

<p>Signature: N/A 2203086</p> <p>Insured's Particulars:</p> <p>Owner/Driver:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C. Checked by (Engr-In-Charge):</p> <p>Accident Comments:</p> <p>Signature:</p> <p>1/2/3:</p>	Invoice Preparation Checklist		AMU (1)	AMU (2)
	Item	Amount	AMU (1)	AMU (2)
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100)	INC (\$55)		
	3) TP: Towing Fee	\$10/\$40		
	4) PT: Follow-Through Survey	\$120		
	5) PT: Follow-Through Survey (Resurvey)	\$30		
	Resurveying against INC Only (up to 12 Jan 2023)			
	6) TR: Re-Inspection	\$75		
	7) NI: 1st DA + SMRT Survey	\$140		
8) NTUC Additional Services:				
9) NI: 2nd DA	\$5			
10) NI: Courtesy Car / Tot Allowance	\$10			
11) NI: Repair Coordination	\$20			
12) NI: Post Repair Inspection	\$20			
13) NI: DV / Collect Excess Coordination	\$5			
14) TP (NI): TP (Non-INC) against INC	\$20			
15) NI: 2nd DA	\$5			
16) NI: 2nd DA	\$5			
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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 Actual 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	03/11/2022 14:58 (SGT)
Reported by	Driver
Date of Accident	02/11/2022 18:10 (SGT)
Exact Location of Accident	476 Yishun Street 44, Singapore
Additional Location Information	LEVEL 2 MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN9757T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD FAREYHIN BIN RAHMAT
NRIC No	SXXXX925H
Email Address	s_nazim97@yahoo.com.sg
Mobile Phone No	(Phone) +65-87528665
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	TMAX530(DX)
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	Private car
Transmission	Auto
CC	530

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNMC2021-00000018-01

DRIVER

Name of Driver	SAIFUN NAZIM BIN SAIFUL ALAM
NRIC No	SXXXX800J
Date Of Birth	09/01/1997
Occupation	Outdoor

Date Of Driving Pass	26/03/2018
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81233576
Alt. Phone Number	-
Email Address	s_nazim97@yahoo.com.sg
Address	BLK 477A YISHUN STREET 44 #03-184
Address complement	-
Postcode	761477
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221102/2113

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFR8910E
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Attrage
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)	-

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

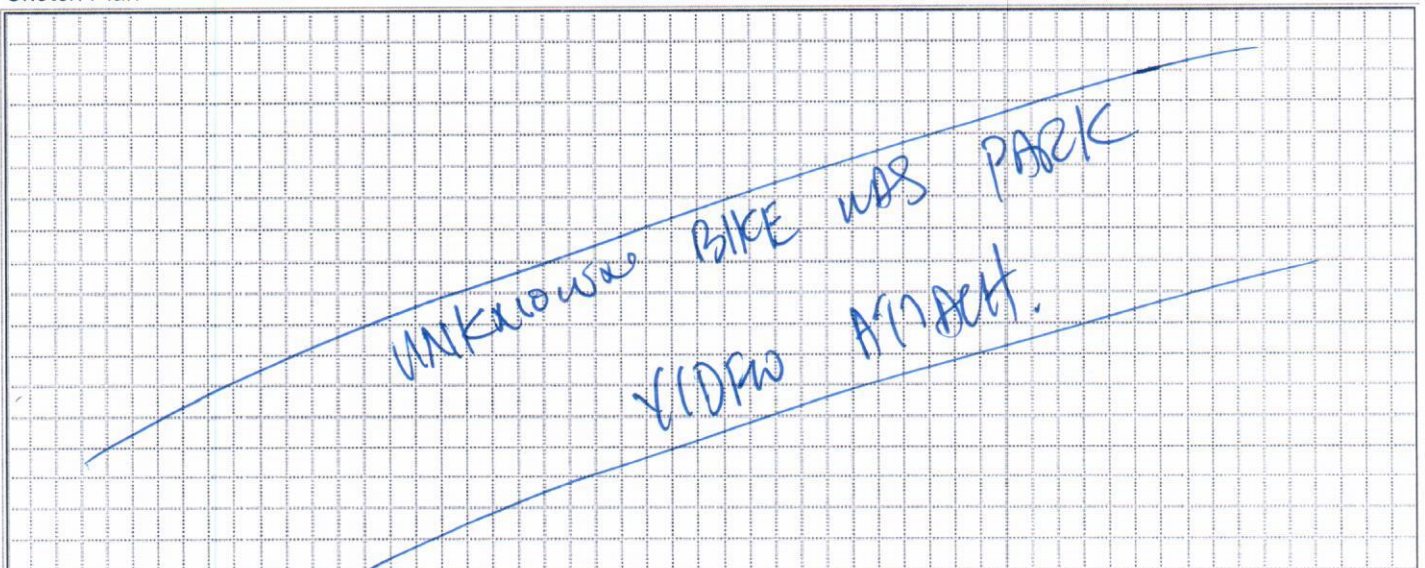
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan




Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20221102/2113

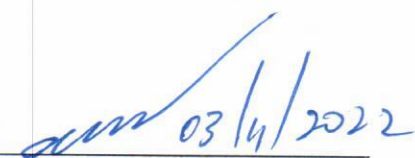
Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 3/11/22, 1440hrs

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

 03/4/2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20221102/2113

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20221102/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2022 23:41		Vide Report No.:		Station Diary No.: 64	
Informant's Particulars					
Name of Informant: SAIFUN NAZIM BIN SAIFUL ALAM		Address: APT BLK 477A YISHUN STREET 44 #03-184 SINGAPORE 761477			
ID Type / ID No.: NRIC NO / S9700800J		Contact No.: Home/Office:		Mobile: 81233576	
Nationality: SINGAPORE CITIZEN		Email: s_nazim97@yahoo.com			
Sex: Male	Age: 25	Date of Birth: 09/01/1997	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: DELIVERY RIDER		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/11/2022 18:10	Type of Location: Car Park
Location: YISHUN STREET 44				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN9757T	Motorcycle				Slightly Damaged	0

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



SINGAPORE POLICE FORCE

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20221102/2113

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Report No. T/20221102/2113

CONTINUATION OF REPORT

Rider			
Name	SAIFUN NAZIM BIN SAIFUL ALAM	ID No.	S9700800J
Related Vehicle	FBN9757T (Motorcycle)	Contact No.	81233576
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I park my motorcycle at 476 Yishun St 44 MSCP, level 2, on 2/11/2022, 0100hrs. I discovered my bike damaged when I went back at 2140hrs. The damages include scratches on right side of bike, slanted right handle bare, dented exhaust cover. I saw a note on my bike stating that "bro I have video of the car bang your bike. Whatsapp me 96994788". I whatsapped the person and he sent me the video. I am unsure of who knocked my bike but from the video, I saw the carplate number is "SFR8910E". My motorcycle has no camera.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20221102/2113

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Report No. T/20221102/2113

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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:
L /
SGT 2 LEONG LE YI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
STAFF SGT SUFIYAN BIN KHAIRI
Contact No.: 65476148

Signature Of Informant:

Date/Time:
02/11/2022 23:41

Classification Of Case:

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (02 / 11 / 2022) (DD/MM/YYYY), TIME: (18 : 09) (HH:MM)

LOCATION: 476 Yishun Street 44 MSCP

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 9757T
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNM 2021-00000018-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha TMAX 530 DX 2019
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private 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 Faruq Bin Bahmat (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9127925H CONTACT: 8752 8665
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Saifun Nazim Bin Saiful Alam (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9700800J CONTACT: 81233576
 c) ADDRESS:

* d) DATE OF BIRTH: (09 / 01 / 1997) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07/01/2016

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: Yishun North NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SFR 8910E MODEL: Mitsubishi Attrage
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

email: S-nazim97@yahoo.com.sg

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: **PNMC2021-00000018-01**

Plan name: Third Party Fire & Theft

Motorcycle plate number: **FBN9757T**

Your name (As the policyholder): **MUHAMMAD FAREYHIN BIN RAHMAT**

Coverage start date: **11/01/2022**

Coverage end date: **10/01/2023**

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: **06/01/2022**



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.