

NATIONAL Assessment Centre Services (Ref: 1/2022)

2022/22B/0008

Date In: 04/11/2022 17:05	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: NPA/FWD2201/0504	E-mail (within 3hrs, A/C 2hrs)		
Veh No: FBST 3996X	i-Motor Claim Form		
D.O.A: 28/10/2022 22:08	i-Motor W/O (within 24 hrs, 24 hrs)		
OD: TP / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkap / INC Assign Wkap / QW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: SKP 46204	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: ()	(Note: List 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 repeller.

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

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

Remarks: () (INC hotline: 6788 0016)	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

NA2203105	Invoice Preparation Checklist	AMT (S)	AMT (S)
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$58)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PF: Follow-Through Survey (Resurvey)	\$30		
6) TR: Re-inspection	\$70		
7) NT: New DA & SMET Survey	\$140		
8) NTUC Additional Services			
9) QM			
*N: Courtesy Car / Trip Allowance	\$5		
*N: Repair Coordination	\$10		
*N: Post Repair Inspection	\$25		
*N: DV / Collect Excess Coordination	\$5		
*N: (N1) TP (Non INC) against INC	\$30		
*N: (N1) TP (Non INC) against INC	\$10		
10) NTUC Additional Services			
Invoice total	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 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	04/11/2022 17:05 (SGT)
Reported by	Both
Date of Accident	28/10/2022 22:05 (SGT)
Exact Location of Accident	Tampines Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG3996X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMAD FAUZI BIN MUHAMAD JUNUS
NRIC No	SXXXX631G
Email Address	radhijr12@gmail.com
Mobile Phone No	(Phone) +65-92963304
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T135
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	135

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNMC2022-00001271

DRIVER

Name of Driver	MUHAMAD RADHI BIN MUHAMAD FAUZI
NRIC No	TXXXX815I
Date Of Birth	07/02/2003
Occupation	Indoor

Date Of Driving Pass	14/02/2003
Driving experience	19 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81250750
Alt. Phone Number	-
Email Address	radhijr12@gmail.com
Address	BLK 307 WOODLANDS AVENUE 1 #05-309
Address complement	-
Postcode	730307
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	Yes
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
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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
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 POLICE REPORT T/20221030/2054

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	SKP4620U
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAI CHUN HAO
NRIC No	SXXXX981I
Contact Number	(Phone) +65-96775894
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	MUHAMAD RADHI BIN MUHAMAD FAUZI
Gender	Male
Phone No	(Phone) +65-81250750
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBG3996X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	RAZALI
Phone	(Phone) +65-96651718
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 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.

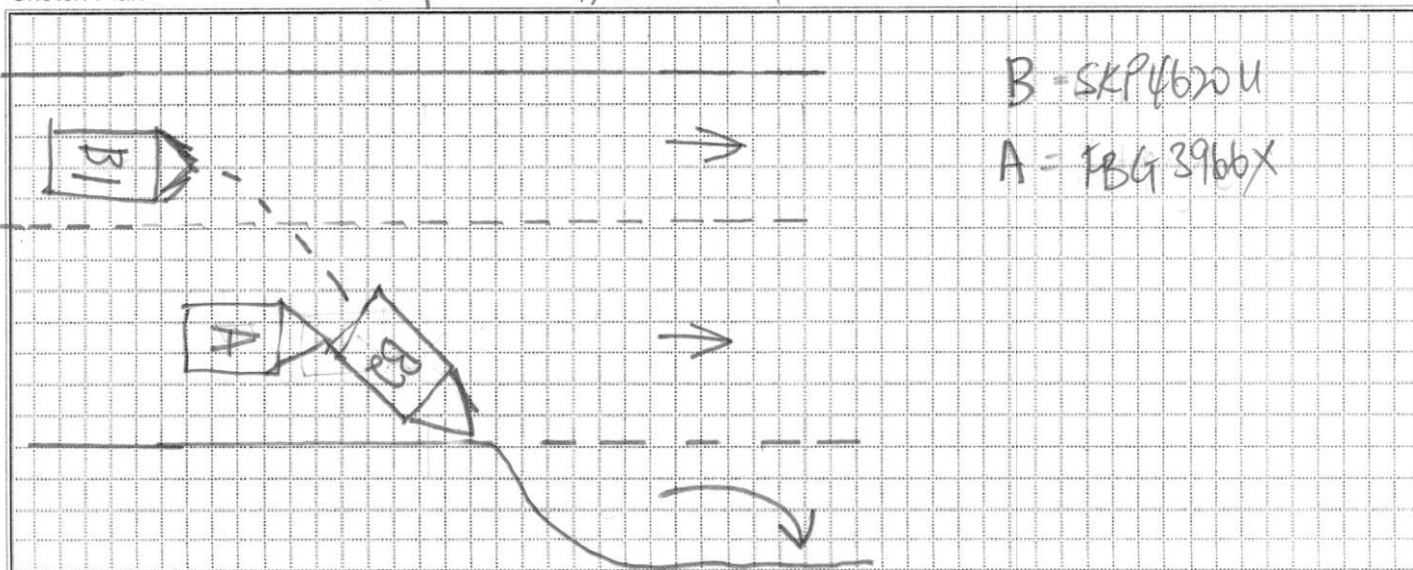
Policyholder's Signature / Date & Time

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

TAMPINES AVENUE 4



Describe Circumstance of the Accident

REFER to police REPORT T/20221030/2054

Declaration

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

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)



**SINGAPORE
POLICE FORCE**



T/20221030/2054

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No. T/20221030/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2022 18:53	Vide Report No.:	Station Diary No.: 65
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Informant's Particulars

Name of Informant: MUHAMAD RADHI BIN MUHAMAD FAUZI		Address: APT BLK 307 WOODLANDS AVENUE 1 #05-309 SINGAPORE 730307	
ID Type / ID No.: NRIC NO / T03048151		Contact No.: Home/Office: Mobile: 81250750	
Nationality: SINGAPORE CITIZEN		Email: radhijr12@gmail.com	
Sex: Male	Age: 19	Date of Birth: 07/02/2003	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name: Republic Polytechnic
Occupation: Student		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/10/2022 10:05	Type of Location: T-Junction
Location: TAMPINES AVENUE 4				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG3996X	Motorcycle				Slightly Damaged	0
SKP4620U	Car				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:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999



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Report No. T/20221030/2054

CONTINUATION OF REPORT

Rider			
Name	MUHAMAD RADHI BIN MUHAMAD FAUZI	ID No.	T0304815I
Related Vehicle	FBG3996X (Motorcycle)	Contact No.	81250750
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	28/10/2022	Date Discharge	29/10/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Chai Chun Hao	ID No.	S8031981I
Related Vehicle	SKP4620U (Car)	Contact No.	96775894
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/10/2022 at about 10.05pm I was riding on the first lane of a two-lane road along Tampines Ave 4. A car, SKP4620U, suddenly cut into my lane from the second lane. The car side swiped me causing me to fall with my bike. I got up and moved to the side of the road (shoulder of second lane) with the help of a passerby. The driver of the car, Chai Chun Hao (S8031981I) pulled over to the side of the road (shoulder of second lane) and approached me. The driver asked me if I want to pursue a private settlement. We exchanged particulars. A passerby came over and asked me if I want an ambulance and I agreed. The ambulance arrived and I was conveyed to Changi General Hospital thereafter. I was discharged on 29/10/2022. I was issued 5 days MC from 29/10/2022 to 02/11/2022.

I am lodging this report to inform the police of this accident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999



T/20221030/2054

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Report No. T/20221030/2054

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 /
INSP (1) Sanjay S/O Krishnasamy

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT SYED MUHAMMAD ISA BIN
OMAR ALHABSHEE
Contact No.: 65476187

Signature Of Informant:

Date/Time:
30/10/2022 18:53

Classification Of Case:

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 10 / 2022) (DD/MM/YYYY), TIME: (22 : 05) (HH:MM)

LOCATION: Tampines Avenue 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 3996X
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNMC 2022-00001271
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha LC135
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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 Fariz Bin Muhammad Aris (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S73446316 CONTACT: 97463304
 c) ADDRESS: Blk 307 Woodlands Avenue 1, #05-309, Singapore 730307

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Radhi Bin Muhammad Fariz (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 103048151 CONTACT: 8125 0750
 c) ADDRESS: Blk 307 Woodlands Avenue 1, #05-309, Singapore 730307

* d) DATE OF BIRTH: (07 / 02 / 2003) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14/03/2022

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son

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: Woodlands West NPC

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SKP462011 MODEL: Nissan

e) DRIVER'S NAME: Chai Chun Han

f) NRIC/FIN/PASSPORT: S80319811 CONTACT: 4677 5894

Email: Radhi12@gmail.com

VIDEO

WITNESS RAZALI 96651718

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: PNM2022-00001271

Plan name: Third Party Fire & Theft

Motorcycle plate number: FBG3996X

Your name (As the policyholder): Muhamad Fauzi Bin Muhamad Junus

Coverage start date: 16/03/2022

Coverage end date: 15/03/2023

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 commercial use in accordance with your contract.

This Policy does not cover use for 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: 16/03/2022



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.