

NATIONAL Assessment Centre Services

(incl. GST)

SW0922BA0008

Date In: 18/11/2022 17:57	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NB8/PWD22011302/V	E-mail (within 2hrs, A/C 2hrs)		
Veh No: F2-634Y	I-Motor Claim Form		
D.O.A: 30/10/2022 00:20	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
00 (TP) / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: FBK 7811X	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 repair.

() 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: _____

MA2203165	Invoice Preparation Checklist
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$40/\$40
4) PT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
For claims against INC only (over 12 Jan 2023)	
6) TR: Re-inspection	\$75
7) NI: Idea DA + SMRT Survey	\$140
8) NTUC Additional Services:	
QW:	
*NB: Courtesy Car / Tpt Allowance	\$5
*NC: Repair Coordination	\$10
*NT: Post Repair Inspection	\$25
*NI: DV / Collect Excess Coordination	\$5
*TP (Nil): TP (Nil) INC against INC	\$20
9) 24hrs Hotline	\$0
Invoice dated:	Fee Charged
Invoice total:	

Checked by (Engr-In-Charge): _____

Comments: _____

1/2/3:

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	10/11/2022 17:57 (SGT)
Reported by	Both
Date of Accident	30/10/2022 00:20 (SGT)
Exact Location of Accident	Keppel Rd, Singapore
Additional Location Information	FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ4434Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD SAIDI SAID
NRIC No	SXXXX885J
Email Address	decalprit@hotmail.com
Mobile Phone No	(Phone) +65-98789972
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
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	155

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNMC2022-00001835

DRIVER

Name of Driver	MOHAMED SHAIRUL IMAN BIN MOHAMED SHAIFUL
NRIC No	TXXXX899Z
Date Of Birth	15/08/2002
Occupation	Indoor

Date Of Driving Pass	16/04/2022
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91013947
Alt. Phone Number	-
Email Address	decalprit@hotmail.com
Address	BLK 515 WEST COAST ROAD #10-529
Address complement	-
Postcode	120515
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 to Rear
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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT D/20221109/7017

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	FBK7812X
Vehicle Manufacturer	Yamaha
Vehicle Model	SNIPER T150
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD ALIF HAMZA BIN HAMDAN
NRIC No	TXXXX507D
Contact Number	(Phone) +65-97226956
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	MOHAMED SHAIRUL IMAN BIN MOHAMED SHAIFUL
Gender	Male
Phone No	(Phone) +65-91013947
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FZ4434Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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

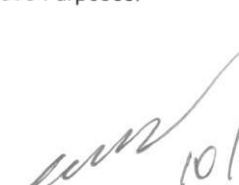
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &
Time

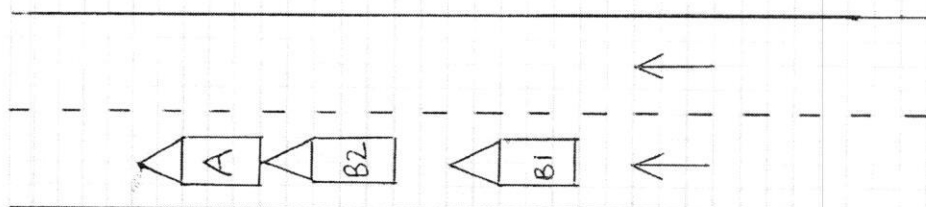


Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel

Sketch Plan



KEPPEL FLYOVER

A - F24434Y
B - FBK7812X

Describe Circumstances of the Accident

REFER TO THE POLICE REPORT 01/2022/1109/7017

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**



D/20221109/7017

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POLICE REPORT (NP299)

Report No. D/20221109/7017

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 09/11/2022 12:01	Vide Report No.	Station Diary No.
Name Of Informant MOHAMED SHAIRUL IMAN BIN MOHAMED SHAIFUL	Address 515 WEST COAST ROAD #10-529 SINGAPORE 120515	
ID Type / ID No. NRIC NO / T0223899Z	Contact No. Home/Office:	Mobile: 91013947
Nationality SINGAPORE CITIZEN	Email Address SHAIRULIMAN24@GMAIL.COM	
Occupation Student	Sex Male	Age 20
Institution/School Name	Date of Birth 15/08/2002	Race Malay
Date/Time Of Incident 30/10/2022 00:20 - 30/10/2022 00:35	Location Of Incident 515 WEST COAST ROAD #10-529 SINGAPORE 120515	

Brief details.

I was riding along Keppel flyover on the said date and time during the incident. Someone knock me from behind while I was riding my bike. I didn't know what happen next as when I woke up I was already in SGH. I was admitted in the hospital for 3 days and was given medical leave for 1 month.

Subjects Involved	
Suspect	
Person Name	Alif

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: 09/11/2022 12:01
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20221109/7017

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20221109/7017

Gender	Male	Age	20-20
Language	Malay		
Victim			
Person Name	MOHAMED SHAIRUL IMAN BIN MOHAMED SHAFUL		
ID Type	NRIC NO	ID No	T0223899Z
Gender	Male	Age	20
Race	Malay	Language	English
Occupation	Student	Address	515 WEST COAST ROAD #10-529 SINGAPORE 120515
Mobile No	91013947	Is Informant A Victim?	Yes
Person Name MOHAMED SHAIRUL IMAN BIN MOHAMED SHAFUL (Informant)			

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
09/11/2022 12:01

Classification Of Case:

ACCIDENT REPORTING FORM

BASIC INFORMATION			
Date of Accident:*	30/10/2022	Time of Accident:*	00:20
Exact Location:*	KEPPEL FLYOVER		
DETAILS OF OWN VEHICLE			
Vehicle Registration No. *	F244344	NRIC / FIN / UEN No. *	S84228853
Name of Registered Owner:*	MUHAMMAD SAIDI SAID		
Owner's Email & Contact No.:	DECALPRIT@HOTMAIL.COM	*98789972	
Owner's Address:*	747 PASIR RIS STREET 71 #09-48 SINGAPORE 510747		
Vehicle Make:	YAMAHA	Vehicle Model:	AEROX 155
Engine Capacity:	155	Transmission:	Auto / Manual
Type of Claim:*	Claim Own Insurance / Third Party / Reporting Only		
Vehicle Category:*	Private / Commercial / Private Hire		
Insurance Company:	FWD		
Policy Type:	Comprehensive / Third Party Only / Third Party Fire & Thief		
Policy Number:	PNMC2022-00001835		
DRIVER'S CONTACT			
Name of Driver: *	MOHAMED SHAIRUL IMAN BIN MOHAMED SHAFUL		
NRIC / FIN No. *	T02238992	Date of Birth:*	15/08/2002
Occupation:*	Indoor / Outdoor	Driving Pass Date:*	16/04/2022
Contact Number:*	91013947	Gender:	Male / Female
Address:*	BKK 514		
Relationship with Owner:	Spouse / Parents / Children / Sibling / Employee / Others: RELATIVE		
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain Collision / Side Swipe / Head to Rear / Others:		
Weather Condition:	Clear / Raining / After Rain		
Road Surface	Dry / Wet / Others:		
Was Anybody Injured?	Yes / No	Police Report Made?	Yes / No
Any Video Captured?*	Yes / No		
No. of Passenger onboard (Including driver):	01		
Exact Purpose Used At The Time Of Accident:	Private Use / Work Purpose / Private Hire		
Name of Passenger 01		Gender	Male / Female
Name of Passenger 02		Gender	Male / Female
Name of Passenger 03		Gender	Male / Female
Name of Passenger 04		Gender	Male / Female
DETAILS OF THE OTHER VEHICLE			
	Vehicle 01	Vehicle 02	Vehicle 03
Vehicle Registration No.	FBK7810X		
Vehicle Make / Model.	YAMAHA SWIPE LT150		
Name of Driver.	MUHAMMAD ALIF HAMZA BIN HAMIRAN		
NRIC / FIN No.	T02135070		
Contact Number:	97226956		
Driver's Address:			

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: **PNMC2022-00001835**

Plan name: Third Party Fire & Theft

Motorcycle plate number: **FZ4434Y**

Your name (As the policyholder): **Muhammad Saidi Said**

Coverage start date: **18/04/2022**

Coverage end date: **17/04/2023**

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: **18/04/2022**



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.