

NATIONAL Assessment Centre Services

(Print & Stamp)

SN0922BE0007

Date In: 14/4/2022 17:38	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A 18MO 220414061	E-mail (within 3hrs, A/C 2hrs)		
Veh No: FBR 78987	I-Motor Claim Form		
D.O.A: 05/08/2022 13:15	I-Motor W/O (within 3hrs, A/C 2hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Visor		

Preferred Wkap / INC Assgn Wkap / QW: (

Tel:

Fax:

TP Particulars: Veh No: SUB 5285J 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 repeller.

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

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

Remarks: (INC hotline: 6788 6616)

Date:

Time:

Done by

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

2) QC Check / Post Repair Inspection ()

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

Injury: (

Out Turn: Actions

N/A 2203 241

Infant's Particulars:

Owner/Owner:

Contact No:

Assigned Portion: (

C. Checked by (Engr-In-Charge):

All Notes Comments:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$10/\$40
4) PT: Follow-Through Survey	\$100
5) FT: Follow-Through Survey (Resurvey)	\$30
For all claims against INC Only (over 10 Jan 2023)	
6) TR: Resurvey	\$70
7) NI: New DA + SMRT Survey	\$140
8) NTUC Additional Services:	
OD:	
*NS: Courtesy Car / Tpt Allowance	\$3
*NG: Repair Coordination	\$10
*NT: Post Repair Inspection	\$20
*NV: DV / Collect Excess Coordination	\$1
*TP (N11): TP (Non-INC) against INC	\$10
9) N12: 1st Mile	10

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 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	14/11/2022 17:38 (SGT)
Reported by	Driver
Date of Accident	05/08/2022 13:15 (SGT)
Exact Location of Accident	Tiong Bahru Rd, Singapore
Additional Location Information	NEAR SHELL STATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR7898L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ZULFIQAR BIN ZAINAL
NRIC No	TXXXX108D
Email Address	aqiltyler71@gmail.com
Mobile Phone No	(Phone) +65-89223687
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mx king t150
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Motorcycle
Transmission	Manual
CC	155

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTMC01006364

DRIVER

Name of Driver	MUHAMMAD NUH HAQIL BIN ABDUL RAHIM
NRIC No	TXXXX147Z
Date Of Birth	14/12/2000
Occupation	Outdoor

Date Of Driving Pass	17/06/2019
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89223687
Alt. Phone Number	-
Email Address	aqiltyler71@gmail.com
Address	BLK 55 LENGKOK BAHRU #04-409
Address complement	-
Postcode	151055
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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220905/2190

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	SLB5285J
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	MUHAMMAD NUH HAQIL BIN ABDUL RAHIM
Gender	Male
Phone No	(Phone) +65-89223687
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBR7898L
Were seat belts worn?	Yes
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 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:

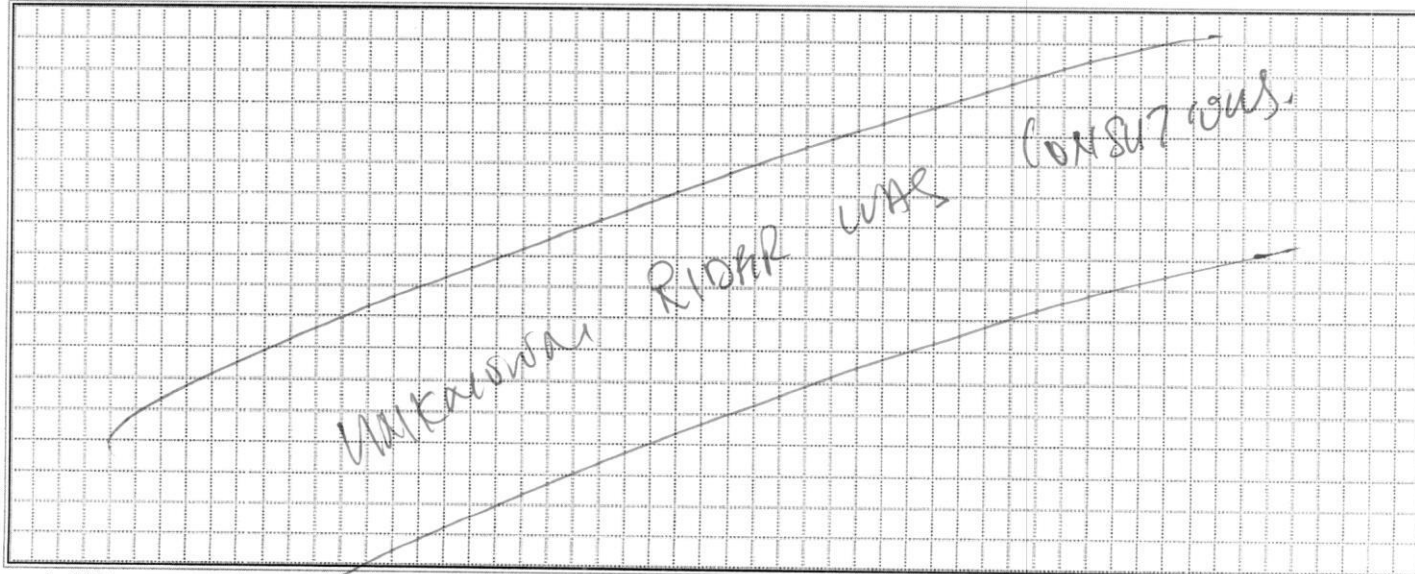
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 7/20220905/2190


Declaration

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

Policyholder's Signature / Date & Time

 14/11/2022 3:52

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

 14/11/2022

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



**SINGAPORE
POLICE FORCE**



T/20220905/2190

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 4

Report No. T/20220905/2190

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2022 18:45		Vide Report No.: T/20220904/2044		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: MUHAMMAD NUH AQIL BIN ABDUL RAHIM			Address: APT BLK 55 LENGKOK BAHRU #04-409 SINGAPORE 151055		
ID Type / ID No.: NRIC NO / T0044147Z			Contact No.: Home/Office: Mobile: 89223687		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 14/12/2000	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: Lift technician			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No.	Date/Time of Accident: 05/08/2022 13:15	Type of Location: Straight Road
Location: TIONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR7898L	Motorcycle	YAMAHA	MX KING T150 MANUAL	Blue	Slightly Damaged	0
SLB5285J	Car	TOYOTA	WISH 1.8 CVT	Black	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220905/2190

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20220905/2190

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD NUH AQIL BIN ABDUL RAHIM	ID No.	T0044147Z
Related Vehicle	FBR7898L (Motorcycle)	Contact No.	89223687
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	05/08/2022	Date Discharge	27/08/2022
No. of Days granted Medical Leave	84	Degree of Injury	Serious
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLB5285J (Car)	Contact No.	NIL
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 05/08/2022 at about 1315hrs, I was riding my motorcycle (bearing registration number FBR7898L) along Tiong Bahru Road towards Henderson Road. There was no vehicle in front of me when I was riding along Tiong Bahru Road. Subsequently, when I was nearing Tiong Bahru Shell Petrol Kiosk, I suddenly saw and realized that there was a car (bearing registration number SLB5285J) that stopped in the right lane of the two lane road just in front of Shell Tiong Bahru Petrol station. The car did not put on his indicators lights (to indicate that he was turning into Shell Petrol Station) nor did he switch on his hazard lights. I tried to swerve out of the way to avoid the car. However, I could not do so in time and subsequently rear-ended the said vehicle.

After I had collided with the said vehicle, I was thrown off my motorcycle and landed on the road. I attempted to stand up, however, I saw that my right leg was fractured and thus unable to stand up. Some passerby at the nearby Mosque came over to assist me and also to control traffic. The driver that I collided with did not alight from her vehicle and proceeded to drive into the Shell Petrol Station as there was a police car there. She went to speak to the police officers and paramedics came and conveyed me to SGH where I was warded for 3 weeks and had to go through 3 surgeries for my right leg.

I sustained the following injuries on 05/08/2022:

- Open Fracture of Femur
- Abrasion, Right Forearm, Wrist and Fingers

I was warded in SGH from 05/08/2022 to 27/08/2022 and was given 84 days Hospitalization leave (MC) from 05/08/2022 to 27/10/2022. I also wished to state that I do not know if there is any CCTV around the vicinity of the Shell Petrol Station.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT



T/20220905/2190

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Report No. T/20220905/2190



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20220905/2190

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Report No. T/20220905/2190

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:

D /

SGT 3 LIU FENGZHAN, GERRY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/09/2022 18:45

Officer In Charge Of Case:

TP / GIT /

SI KOH WEI JIE

Contact No.: 97303412

Classification Of Case:

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (05/08/2022) (DD/MM/YYYY), TIME: (13:15) (HH:MM)

LOCATION: Thiong Bahru Road near shell

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR 7898L
 b) INSURANCE COMPANY: Sompo
 c) POLICY NUMBER: 021MTNC01006364
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha Mx King 150 Manual
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 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 Nuh Aqil Bin Abdul Rahim (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: T00411972 CONTACT: 8922 3687
 c) ADDRESS: BK 55 Lengkok Bahru H 04-409 S(151055)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Zulficar Bin Zainal (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: T0023108D CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (14/12/2000) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17 Jan 2019

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: Queenstown

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLB5285J MODEL: Toyota wish 1.8 CVT
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: Aqil Tyler 71@gmail.com

VIDEO

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. : D21MTMC01006364
Insured : ZULFIQAR BIN ZAINAL
Motor Vehicle (Regn No.) : FBR7898L
Cover : Third Party, Fire & Theft
Policy Commencement Date : 22 OCTOBER 2021 00:00
Policy Expiry Date : 21 OCTOBER 2022 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$300 - Section I
Named Driver 1 : ZULFIQAR BIN ZAINAL
Named Driver 2 : MUHAMMAD NUH AQIL BIN ABDUL RAHIM
HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

ZULFIQAR BIN ZAINAL, MUHAMMAD NUH AQIL BIN ABDUL RAHIM

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

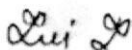
Accident Reporting

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 : 20 OCTOBER 2021 11:25

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