

NATIONAL Assessment Centre Services (part 1 of 2) SM0922R10005			
Date In: 28/11/2022 17:38	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/SM0220117944	E-mail (within 3hrs, AIC 2hrs)		
Veh No: FB01 659TP	I-Motor Claim Form		
D.O.A: 28/11/2022 14:50	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/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SMZ 3972 I INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: () (Note: Ltd Status (WO): N: 0-2034, P: 21-7934, F: 80-14034)		
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 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:

NA2203302	Invoice Preparation Checklist		Ass'n Fee	Ass'n Bill
Insured's Particulars:	1) AR: Accident Reporting (\$30)			
Owner/Owner:	2) DA: Damage Assessment (\$100)	INC (\$38)		
Contact No:	3) TP: Towing Fee	\$40/\$45		
Assigned Portion:	4) FT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
	Transferring status INC Only (use of 10 Jan 2023)			
	6) TR: Re-inspection	\$20		
	7) NI: H&A DA + SMRT Survey	\$140		
	8) NTUC Additional Fee-Dev.			
	OD:			
	*NI: Courtesy Car / Tpt Allowance	\$5		
	*NI: Repair Coordination	\$15		
	*NI: Post Repair Inspection	\$25		
	*NI: DV / Collect Excess Coordination	\$1		
	*TP (NI): TP (NI) INC against INC	\$10		
	9) NI: 30 Days Module	10		
	Invoice dated:	Fee Charged		
		Use of 10 Jan 2023		

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	23/11/2022 17:38 (SGT)
Reported by	Both
Date of Accident	22/11/2022 14:50 (SGT)
Exact Location of Accident	Yishun Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ5591P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMAD SANI BIN AHMAD
NRIC No	SXXXX890F
Email Address	fullstop423@gmail.com
Mobile Phone No	(Phone) +65-88453552
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mx king t150
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	150

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTMC01005628

DRIVER

Name of Driver	MOHAMAD SANI BIN AHMAD
NRIC No	SXXXX890F
Date Of Birth	03/06/1962
Occupation	Indoor

Date Of Driving Pass	29/03/1985
Driving experience	37 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88453552
Alt. Phone Number	-
Email Address	fullstop423@gmail.com
Address	BLK 703 YISHUN AVENUE 5 #03-278
Address complement	-
Postcode	760703
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 - U-Turn
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?	No
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	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/20221123/2034

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	SMZ3972J
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	MOHAMAD SANI BIN AHMAD
Gender	Male
Phone No	(Phone) +65-88453552
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBQ5591P
Were seat belts worn?	-
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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

AS PER ATTACHED

CAR NO SIGNAL
 CAR MAKING U-TURN WITHOUT CHECKING
 CAR NOT ADMITTING

TOUJARDS SEMBANDANG



TOUJARDS UPPER THOMSON

SEMBANDANG RD

A: FBQ 5591P
 B: SMZ 3972J

ROADWORKS

YISHUN AVE 5

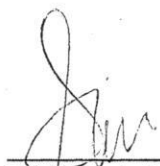
28/11/2022

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report 11/2022/1123/2034

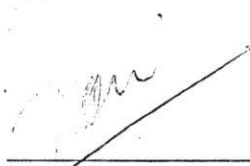
DECLARATION

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

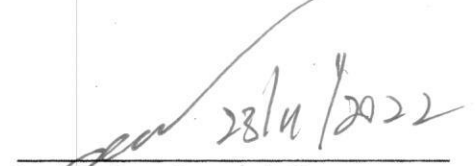


Policyholder's Signature Date
& Time:

GIARMC SketchPlanForm_V3



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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20221123/2034

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

1 of 4

Report No. T/20221123/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2022 11:58		Vide Report No.:		Station Diary No.: 39	
Informant's Particulars					
Name of Informant: MOHAMAD SANI BIN AHMAD		Address: APT BLK 703 YISHUN AVENUE 5 #03-278 SINGAPORE 760703			
ID Type / ID No.: NRIC NO / S1528890F		Contact No.: Home/Office: Mobile: 88453552			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 60	Date of Birth: 03/06/1962	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Bus driver		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/11/2022 14:50	Type of Location: Straight Road
Location: YISHUN AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ5591P	Motorcycle	YAMAHA	MX KING T150 MANUAL	Black	Slightly Damaged	0
SMZ3972J	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20221123/2034

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

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Report No. T/20221123/2034

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ5591P	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC01005628	25/10/2022	24/10/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MOHAMAD SANI BIN AHMAD		ID No.	S1528890F
Related Vehicle	FBQ5591P (Motorcycle)		Contact No.	88453552
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/11/2022		Date Discharge	22/11/2022
No. of Days granted Medical Leave		04	Degree of Injury	Slight
Driver				
Name	Syed Ashri Bin Moosar		ID No.	S9236142Z
Related Vehicle	SMZ3972J (Car)		Contact No.	93434534
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 22/11/2022 at around 1450hrs, I (FBQ5591P) was riding along Yishun Ave 5 behind a car (SMZ3972J) on a two-lane road intending to turn right into Sembawang Road. There were construction works on the right lane hence there was only one lane for vehicles to make a u-turn or a right turn.

When the light turned green, I moved forward to the right side of the car and was proceeding to turn right. However, the car was intending to make a u-turn which caused the car to hit me on my front. I suffered pain to my left ribs, back and neck. I would like to state that the car did not signal right.

My motorcycle sustained damages to the handle, brake lever and box while the car sustained no damages. There was no Traffic Police or Ambulance who attended to the incident.

On 22/11/2022 at around 1800hrs, I realized that the pain on my left ribs was not subsiding hence I decided to go to Khoo Teck Puat Hospital A&E to get myself checked. I was issued 4-days MC and prescribed painkillers for the pain. The doctor informed me that I had bruising at my ribs.



**SINGAPORE
POLICE FORCE**



T/20221123/2034

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

3 of 4

Report No. T/20221123/2034

CONTINUATION OF REPORT

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.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 22 / 11 / 2022 (dd/mm/yy)

Time of Accident: 14 : 50 (24-HR-FORMAT)

Vehicle No.: FBA 5591P Vehicle Make & Model: _____

Exact location of Accident: Yishun Ave 5

Policyholder's Name: Mohamad Sani Bin Ahmad I/C / UEN: 51528890F

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 88453552 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: fullstop423@gmail.com Insurance Company: Sompo

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?**

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

***No. of Passengers (Including Driver):** 01

***Passanger Name:** _____

Gender: Male / Female *Passanger

Name: _____

Gender: Male / Female

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

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

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

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

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SMZ 3972J

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. : D22MTMC01005628
Insured : MOHAMAD SANI BIN AHMAD
Motor Vehicle (Regn No.) : FBQ5591P
Cover : Third Party, Fire & Theft
Policy Commencement Date : 25 OCTOBER 2022 00:00
Policy Expiry Date : 24 OCTOBER 2023 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$300 - Section I
Named Driver 1 : MOHAMAD SANI BIN AHMAD
HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
MOHAMAD SANI BIN AHMAD

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.

Limitation As to Use

- (a) Use only for social, domestic and pleasure purposes and in connection with the Insured's business or profession
- (b) Use for food / parcel / other delivery services

The Policy does not cover

- (i) Use for racing pacemaking, reliability trial or speed-testing
- (ii) Use for the carriage of passengers for hire or reward
- (iii) Use for any purpose in connection with the Motor Trade

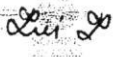
Accident Reporting

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 : 04 OCTOBER 2022 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 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: MY100 L0DSSH2N40M0MPAJ