

NATIONAL Assessment Centre Services

Date In: 07/02/2023 16:44	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBR 8MD23001279	E-mail (within 3hrs, A/C this)		
Vol No: 4BR 3261A	i-Motor Claim Form		
D.O.A: 17/01/2023 13:00	i-Motor W/O (within 24 hrs, 24 hrs)		
OD: 79 Reporting Only	i-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Yel No: UNKNOWN - CAR	INC () / Non-INC ()
Owner / Driver: (Tel:)
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (93) (Note: 1st Status (WO): N: 0-30%, P: 21-72%, P: 30-100%)	
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 Case: to e-mail Insurer URGENTLY.

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

Remarks: NINC No: 0788-0014

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time: Actions:

NA2300387	Invoice Preparation Checklist	AMBI	Asst AM
TP Particulars:	1) AR: Accident Reporting (\$30)		
Owner/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TF: Towing Fee \$10/\$40		
Damaged Portion: 4444	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-Survey \$20		
	7) NI: New DA, * SMRT Survey \$140		
	8) NTUC Additional Services		
	9) DM		
	* NI: Courtesy Car / Tel Allowance \$5		
	* NI: Repair Coordination \$10		
	* NI: Post Repair Inspection \$20		
	* NI: DV / Collect Excess Coordination \$5		
	* NI: (1) TP (Non-INC) applies INC \$20		
	* NI: (2) New Motor \$5		
	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	07/02/2023 16:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/01/2023 13:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI NEAR KALLANG WAY(LAMPOST 672)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR3261A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JULEO 'ZE' ZENDEN BIN MOHAMMAD ZAINEE
NRIC No	TXXXX139C
Email Address	juleozezen@gmail.com
Mobile Phone No	(Phone) +65-98535776
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	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTMC01005511

DRIVER

Name of Driver	JULEO 'ZE' ZENDEN BIN MOHAMMAD ZAINEE
NRIC No	TXXXX139C
Date Of Birth	12/08/2001
Occupation	Indoor

Date Of Driving Pass	24/05/2022
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98535776
Alt. Phone Number	-
Email Address	juleozezen@gmail.com
Address	BLK 35 TEBAN GARDENS ROAD #03-281
Address complement	-
Postcode	600035
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	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?	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 T/20220126/2099

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	-
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
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	JULEO 'ZE' ZENDEN BIN MOHAMMAD ZAINEE
Gender	Male
Phone No	(Phone) +65-98535776
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBR3261A
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 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.

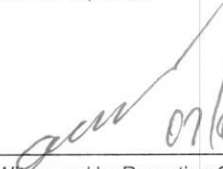
8. Consent under the Personal Data Protection Act (PDPA)

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.

 7/2/23
Policyholder's Signature / Date & Time

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

 07/02/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

31R TOWARDS CHANGI NEAR COMPOST 672

A) FBR 3261A	B) UNKNOWN CAR
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Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20230126/2099

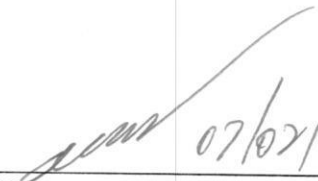
Declaration

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

 7/2/23

Policyholder's Signature / Date & Time

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

 07/02/2022

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



SINGAPORE POLICE FORCE



T/20230126/2099

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20230126/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2023 18:21		Vide Report No.: G/20230117/0108		Station Diary No.: 68	
Informant's Particulars					
Name of Informant: JULEO 'ZE' ZENDEN BIN MOHAMMAD ZAINEE			Address: APT BLK 35 TEBAN GARDENS ROAD #03-281 SINGAPORE 600035		
ID Type / ID No.: NRIC NO / T0124139C			Contact No.: Home/Office: Mobile: 98535776		
Nationality: SINGAPORE CITIZEN			Email: juleozezen@gmail.com		
Sex: Male	Age: 21	Date of Birth: 12/08/2001	Type of Informant: Rider		
Race: Malay			Language: Malay		Institution / School Name:
Occupation: GYM ASSOCIATES			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/01/2023 13:00	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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
FBR3261A	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR3261A	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC0100551 1	28/09/2022	27/09/2023



**SINGAPORE
POLICE FORCE**



T/20230126/2099

2 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20230126/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JULEO 'ZE' ZENDEN BIN MOHAMMAD ZAINEE	ID No.	T0124139C
Related Vehicle	FBR3261A (Motorcycle)	Contact No.	98535776
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	17/01/2023	Date Discharge	18/01/2023
No. of Days granted Medical Leave	15	Degree of Injury	Serious

Brief Details.

On 17/01/2023 at about 1300hrs, I was riding my black Yamaha Aerox motorcycle with the registration plate number, FBR3261A at along Pan-Island Expressway (PIE) towards Changi, near to Kallang Way (Lamp-Post 672). I was riding my motorcycle at along lane 1 when suddenly a Silver Toyota Harrier, which was travelling on lane 2, suddenly cut into my lane which causes our vehicle to sideswipe against each other. The driver of the said car continue to drive the car without even trying stop and fled from the scene. In the meantime, when that happened, I was trying to control my wobbly motorcycle before I eventually fall at the road shoulder area.

A few witnesses stopped their vehicle to render assistance to me and also calling for the Ambulance and Police. When the ambulance arrived, the paramedics did a check on me before deciding to convey me to the nearest hospital.

I was then given 15 days of hospitalization by Raffles Hospital for the injuries that I sustained on my both my left and right hand, right shoulder, left thigh, lower limp of left my leg.

I wished to state that I do not remember the vehicle plate number of the silver Toyota Harrier as it happened too fast just for anyone to react to see the vehicle plate number.



**SINGAPORE
POLICE FORCE**



T/20230126/2099

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20230126/2099

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 JASMI BIN JUMA'AT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Signature Of Informant:

Date/Time:
26/01/2023 18:21

Classification Of Case:

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 17 / 1 / 2023 (DD/MM/YYYY), TIME: 13 : 00 (HH:MM)

LOCATION: along PIE towards Changi, near Kallang Way (Lampost 672)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F8R3261A
 b) INSURANCE COMPANY: Sompo Insurance
 c) POLICY NUMBER: D22NTMC01005511
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: AEROX GDR15SA CVT ABS
 f) TYPE: SAEON / 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: Juleo 'Ze' Zenden (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 98535776
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
()

- DRIVER
 a) NAME: Juleo 'Ze' Zenden (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 98535776
 c) ADDRESS: _____

* d) DATE OF BIRTH: 12 / 08 / 2001 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 24/05/2022

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: Clementi

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

Email: juleozezenen@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. : D22MTMC01005511
Insured : JULEO 'ZE' ZENDEN BIN MOHAMMAD ZAINEE
Motor Vehicle (Regn No.) : FBR3261A
Cover : Third Party, Fire & Theft
Policy Commencement Date : 28 SEPTEMBER 2022 11:15
Policy Expiry Date : 27 SEPTEMBER 2023 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$300 - Section I
Named Driver 1 : JULEO 'ZE' ZENDEN BIN MOHAMMAD ZAINEE
HIRE PURCHASE OWNER : REVO FINANCIAL PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
JULEO 'ZE' ZENDEN BIN MOHAMMAD ZAINEE

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

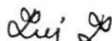
Accident Reporting

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 : 28 SEPTEMBER 2022 11:15

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: MY3 XDKDOHB424JLDMYA