

NATIONAL Assessment Centre Services

Date: 20/04/2023	Job description	Date & Time Completed	Done by
Ref No NA/SM023004082/d4	SAS e-filing		
Veh No FBT 6474Y	E-mail (within 8hrs, A/P 2hrs)		
DOA 19/04/2023 12:25	i-Motor Claim Form		
OD/ TP/ <u>Reporting Only</u>	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SMV 219S	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 repairer.

() 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

NA2301150	Invoice Preparation Checklist	Am't (\$)	Am't
Claimant's Particulars	1) AR: Accident Reporting (\$30);	1st Bill	Add
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Call 1:	6) TR: Re-inspection \$75		
Call 2/3:	7) N1: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) against INC \$20		
	9) N12: Idau Mobile \$0		
	Invoice dated	Fee Charged	
	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	20/04/2023 15:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/04/2023 12:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD FROM PIE TO JALAN EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT6474Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ISHAK BIN ISMAIL
NRIC No	SXXXX730G
Email Address	white0crow94@gmail.com
Mobile Phone No	(Phone) +65-88044219
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	R15 V4 ABS MANUAL
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	D23MTMC01001680

DRIVER

Name of Driver	ISHAK BIN ISMAIL
NRIC No	SXXXX730G

Date Of Driving Pass	04/09/2019
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88044219
Alt. Phone Number	-
Email Address	white0crow94@gmail.com
Address	APT BLK 416 TAMPINES STREET 41
Address complement	# 10-345
Postcode	520416
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 - 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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

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	UNKNOWN
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

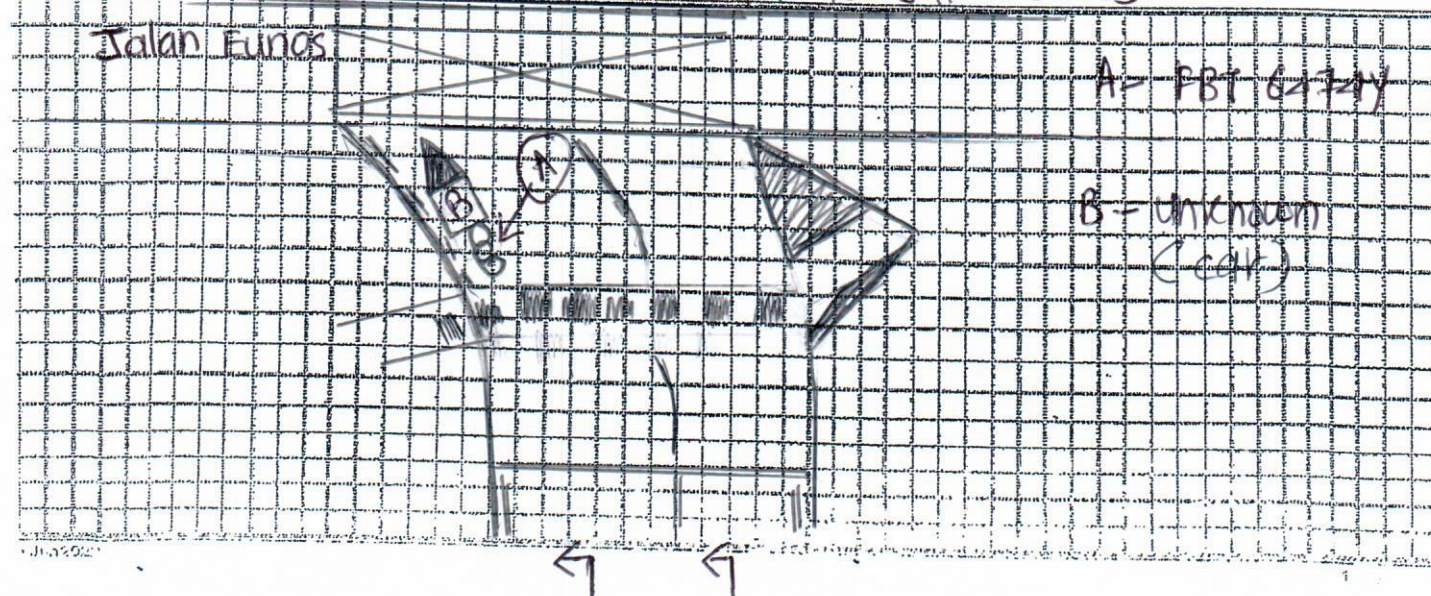
Policyholder's Signature / Date & Time

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

Slip Road from PIE to Jalan Eunos



Google Maps Singapore

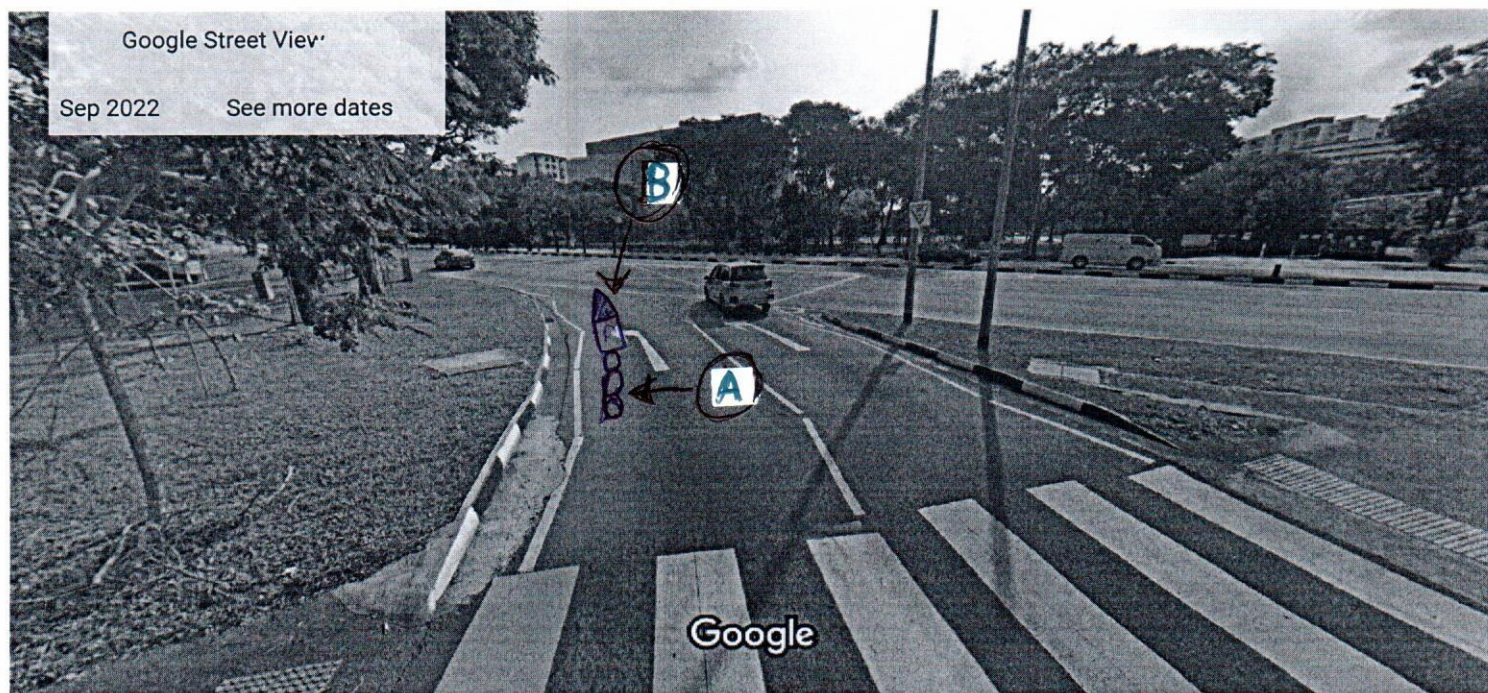


Image capture: Sep 2022 © 2023 Google



A: FBT 6474Y
B: unknown (car)

Describe Circumstance of the Accident

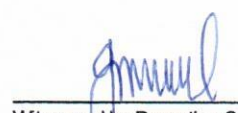
Was about to exit slip road entering Jalan euros from PIE.
At that moment, it was high traffic as it's around 12.20 noon. The car in front of me stopped and i follow while keeping my bike at a distance of 1.5 m away from front vehicle. Upon moving off, did my blind-spot check and checking of incoming traffic, then i realized that the front vehicle did a e-brake despite the road (incoming) was clear. I tried to avoid but couldn't make it on time. My bike hit the rear-right of the vehicle bumper.

Declaration

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

 20/04/23
Policyholder's Signature / Date & Time

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

 20/4/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: 19/04/2023 (DD/MM/YYYY) TIME: 12:25 (HHMM)

LOCATION: slip road from PIE to Jalan Gurus 2

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FBT 6474Y

b) INSURANCE COMPANY: Sompo

c) POLICY NUMBER: D23MTMC01001680

d) POLICY TYPE (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY FIRE & THEFT

e) MAKE & MODEL: Yamaha - R15 AUTO / MANUAL

f) TYPE (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) MOTORCYCLE

g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE

h) PURPOSE OF USING AT ACCIDENT TIME: On the way to work

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: Tehak Bin Ismail (MALE / FEMALE) MALE

b) NRIC/FIN/PASSPORT: S94047309 CONTACT: 88044219

c) ADDRESS: Apt B16 416 Tampines Street 41 # 10-345
8528416

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: As Above (MALE / FEMALE) MALE

b) NRIC/FIN/PASSPORT: As Above CONTACT: As Above

c) ADDRESS: As Above

* d) DATE OF BIRTH: 08/02/1994 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 04/09/2019

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owned

5. a) WEATHER CONDITION: DRY / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: Unknown MODEL: Honda shuffle

b) DRIVER'S NAME: As Above

c) NRIC/FIN/PASSPORT: As Above CONTACT: 94241041

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: As Above MODEL: As Above

b) DRIVER'S NAME: As Above

c) NRIC/FIN/PASSPORT: As Above CONTACT: As Above

Email = whitecrow94@gmail.com

Phone =

Address = 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. : D23MTMC01001680
Insured : ISHAK BIN SMAIL
Motor Vehicle (Regn No.) : FBT6474Y
Cover : Third Party, Fire & Theft
Policy Commencement Date : 16 APRIL 2023 00:00
Policy Expiry Date : 15 APRIL 2024 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : S\$300 - Section I
Named Driver 1 : ISHAK BIN SMAIL
HIRE PURCHASE OWNER : REVO FINANCIAL PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
ISHAK BIN SMAIL

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.05)

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 11 APRIL 2023 13:12

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 Name / Code : ENSURE PTE. LTD. (MOTORCYCLE) / 11E07901 CI Code: MY3 XRDSPZ4K4_TMMYAJ