

NATIONAL Assessment Centre Services (Call 1-800-555-1234) **92341008**

Date In: 21/4/23 16:08	Job description: SAS e-filing	Date & Time Completed: /	Done by: /
Ref No: NBA/SM623004/427	E-mail (within 3hrs, A/C 2hrs)		
Veh No: FRT61170	1-Motor Claim Form		
P.O.A: 21/4/23 09:45	1-Motor W/O (within 24 hrs, A/C 2hrs)		
OD: 13 Reporting Only	1-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: Yeh No: **SLD6605C** INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

Confirmed by: () Date: ()

Insured/Driver Liability: () % (Note: Bst Status (WO): 11: 0-30%, F: 21-70%, 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 Cost: to e-mail Insurer URGENTLY.

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

Rentals: () (INC Towing: 07/08/0015) Date & Time Completed: () Done by: ()

1) Apply to: Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date of Incident: ()

Location: ()

Weather: ()

Witness: ()

Police Report: ()

Insurance Claim: ()

Other: ()

1/42301198

Invoice Preparation Checklist:

1) AR: Accident Report (1200)	
2) DA: Damage Assessment (1100)	INC (550)
3) TP: Towing Fee	\$10/\$40
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Courtesy)	\$30
6) TR: Rep/Smear	\$75
7) NI: New DA + SMRT Survey	\$140
8) NTUC Additional Fee	
9) NI: Courtesy Car / Tel Allowance	\$5
10) NI: Repair Coordination	\$10
11) NI: Post Repair Inspection	\$25
12) NI: DV / Collect Excess Coordination	\$5
13) NI: TP (Non-INC) / Survey INC	\$20
14) NI: 21st Mile	10

Checked by (Engi-In-Charge): ()

Signature: ()

Date: ()

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	21/04/2023 16:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/04/2023 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE CHANGI 19.8KM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT6117D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GAN ZHI YUAN
NRIC No	SXXXX002I
Email Address	ZHIYUANGAN@OUTLOOK.SG
Mobile Phone No	(Phone) +65-97358428
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mt-03
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	321

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTMC01004336

DRIVER

Name of Driver	GAN ZHI YUAN
NRIC No	SXXXX002I
Date Of Birth	14/11/1995
Occupation	Outdoor

Date Of Driving Pass	21/07/2022
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97358428
Alt. Phone Number	-
Email Address	ZHIYUANGAN@OUTLOOK.SG
Address	9 UPPER BUKIT TIMAH VIEW
Address complement	#07-03
Postcode	588136
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO:T/20230421/2072

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	SLD6605C
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBK6215B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	AHMAD SYAFIQ
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	FBK6215B
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:

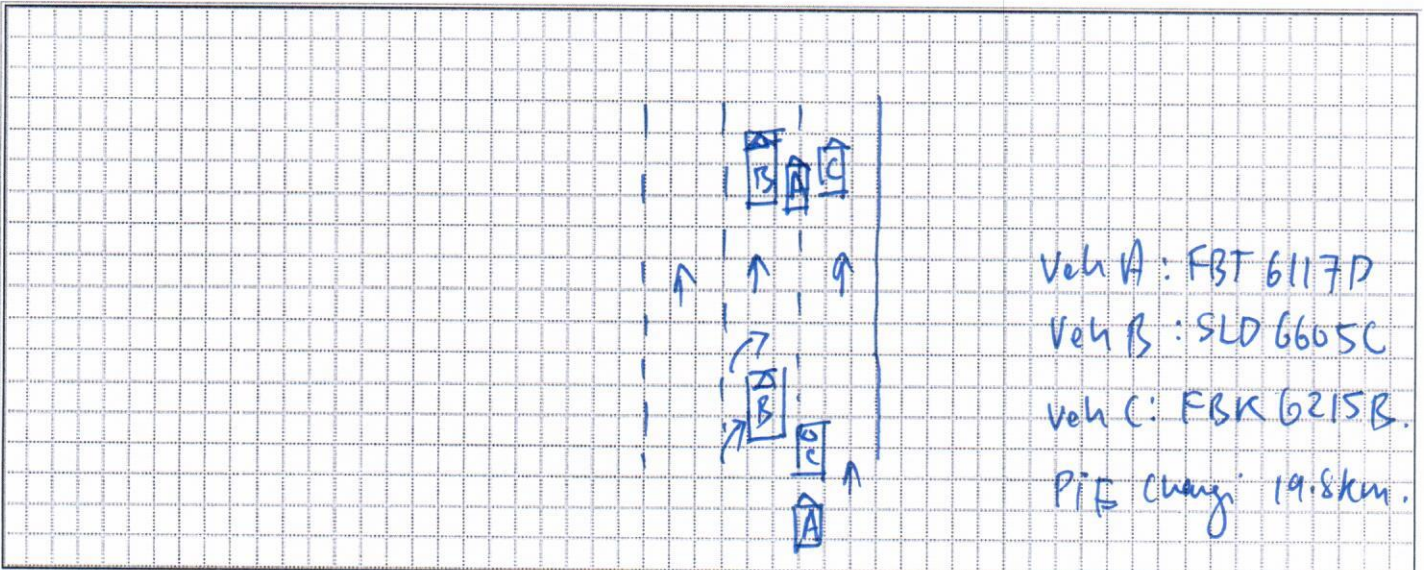
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Amzy. 21.04.23 15:26
Policyholder's Signature / Date & Time

Amzy. 21.04.23 15:26
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan




Describe Circumstance of the Accident

Refer to Police Report T/20230421/2072

Declaration

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

 21.04.23 15:26

Policyholder's Signature / Date & Time

 21.04.23 15:26

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



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



SINGAPORE POLICE FORCE



T/20230421/2072

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20230421/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2023 14:20	Vide Report No.: E/20230421/0044	Station Diary No.: 35
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Informant's Particulars

Name of Informant: GAN ZHI YUAN			Address: 9 UPPER BUKIT TIMAH VIEW #07-03 SINGAPORE 588136	
ID Type / ID No.: NRIC NO / S9544002I			Contact No.:	
			Home/Office:	Mobile: 97358428
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 27	Date of Birth: 14/11/1995	Type of Informant: Rider	
Race: Chinese			Language:	
Occupation: CADET PILOT			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/04/2023 07:45	Type of Location:
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 986				
Weather: Raining		Road Surface: Wet		
Traffic Flow:		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
FBK6215B	Motorcycle					0
FBT6117D	Motorcycle	YAMAHA	MT-03 ABS'20 (MTN320-A)	Grey	Seriously Damaged	0
SLD6605C	Car					3

Details of Vehicle Insurance

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



T/20230421/2072

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20230421/2072

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT6117D	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC0100433 6	06/08/2022	05/10/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	AHMAD SYAFIQ		ID No.	S9330816F
Related Vehicle	FBK6215B (Motorcycle)		Contact No.	97110134
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
Rider				
Name	GAN ZHI YUAN		ID No.	S9544002I
Related Vehicle	FBT6117D (Motorcycle)		Contact No.	97358428
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	Slight
Driver				
Name	SIM WEE KWANG		ID No.	S1157800D
Related Vehicle	SLD6605C (Car)		Contact No.	89330312
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



**SINGAPORE
POLICE FORCE**



T/20230421/2072

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Report No. T/20230421/2072

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Brief Details.

On 21/04/2023 at about 0745hrs, I was riding my motorcycle bearing FBT6117D along PIE towards Airport inbetween of lane one and two about 2 secs behind a motorcycle bearing FBK6215B. There was also a motorcar bearing SLD6605C cruising along lane 2 close to the bike infront of me. Afterwhich, the driver of SLD6605C changed lane to lane 1 and the bike infront was not able to dodged intime hence it collided with the car, the impact was at the driver's door. As I was just behind, I was not able to stop intime hence I collided in between the car and the bike.

During the impact, I fell to the ground and suffer bruises on my right shoulder and right calf, I then got up and stand at the side of the road. I discovered that there were scratches on my bike and my rear brake pedal was damaged. I then exchange my details with the rider and driver. The traffic police was at scene and the rider of FBK6215B was conveyed to hospital. I did not see if the car infront had signaled before changing lane. There was a driver(SLV9667J) namely Kenny, (98392475) who is a private hire stopped at the scene informed that he has a in car camera which recorded the incident however it was build in and the camera belongs to GRAB. He also made a check and informed that the company doesn't allow him to retrieve the footage. The driver of SLD6605C claims that he did not see the rider of FBK6215B.



**SINGAPORE
POLICE FORCE**



T/20230421/2072

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20230421/2072

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

D /

SGT 1 MONG CHU KAI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SGT 2 PHUA TIAK YEE

Contact No.: 65476200

Signature Of Informant:

Date/Time:

21/04/2023 14:20

Classification Of Case:

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 4 / 2023 (DD/MM/YYYY), TIME: 07.45 (HH:MM)

LOCATION: PIE Changi 19.8km.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FRT 6117 D
 b) INSURANCE COMPANY: Sompo Ins
 c) POLICY NUMBER: 222MTM01004336
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha MT-03
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Gan Zhi Yuan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9544002T CONTACT: 97358428
 c) ADDRESS: 9 Upper Bukit Timah View #07-03 (S588B1)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

d) DATE OF BIRTH: 19 / 11 / 1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21/7/22

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: Bukit Merah West NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLD 6605C MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FRK 6215 B MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

Email: zhiyuan@outlook.sg
 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. : D22MTMC01004336
Insured : ZHI YUAN GAN
Motor Vehicle (Regn No.) : FBT6117D
Cover : Comprehensive
Policy Commencement Date : 06 AUGUST 2022 00:00
Policy Expiry Date : 05 AUGUST 2023 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$500 - Section I
Named Driver 1 : ZHI YUAN GAN
HIRE PURCHASE OWNER : NIL

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
ZHI YUAN GAN

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

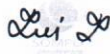
Accident Reporting

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 : 23 JULY 2022 18:52

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 3PDZHM4_4R01MYAJ