

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

SN09236 R0005

Date In: 27/06/2023 16:37	Job description	Date & Time Completed	Done by
Ref No: X/BA/8M0280064871/1	SAS e-filing		
Veh No: FBV 5243K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/06/2023 17:30	i-Motor Claim Form		
OD / <u>TP</u> / Reporting Only	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: SKH 4778R	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

X/BA2301899	Invoice Preparation Checklist	Amf (\$)	Amf
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);	1st Bill	Add
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : 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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac 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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	27/06/2023 16:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/06/2023 17:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN5243K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NURALIA KHOIRUNISA BINTE ZAHID
NRIC No	SXXXX317H
Email Address	nuraliakhoirunisa@gmail.com
Mobile Phone No	(Phone) +65-81217240
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb150r
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	D22MTMC01005787

## DRIVER

Name of Driver	NURALIA KHOIRUNISA BINTE ZAHID
NRIC No	SXXXX317H
Date Of Birth	03/09/1993
Occupation	Indoor

Date Of Driving Pass	28/03/2016
Driving experience	7 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81217240
Alt. Phone Number	-
Email Address	nuraliakhoirunisa@gmail.com
Address	BLK 524 BUKIT BATOK STREET 52 #04-767
Address complement	-
Postcode	650524
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?	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230622/7044

#### 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	SKH4778R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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	NURALIA KHOIRUNISA BINTE ZAHID
Gender	Female
Phone No	(Phone) +65-81217240
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBN5243K
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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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

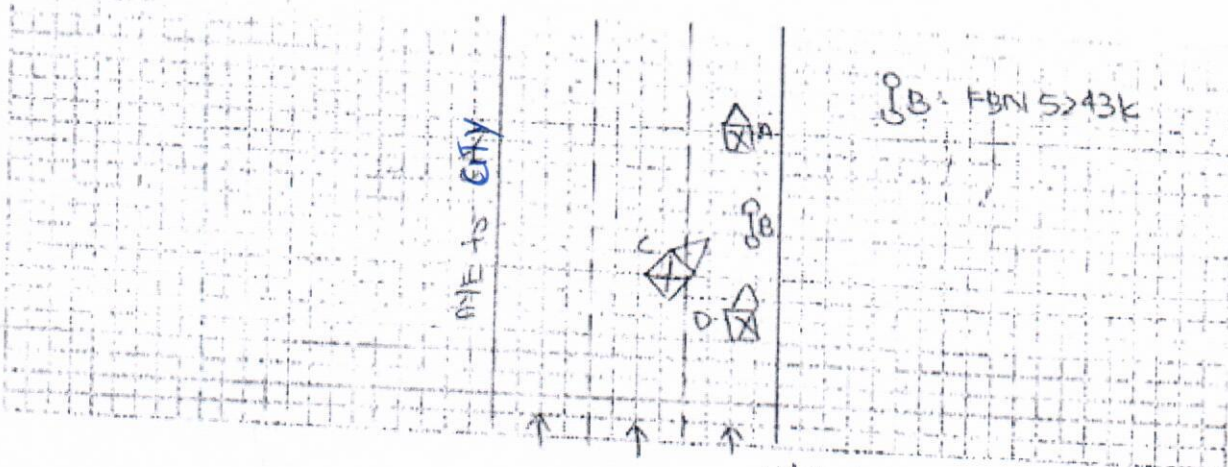
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Note: Rider does not recall incident.  
only able to illustrate after incident occurred.

Describe Circumstances of the Accident

As per police report

T/20230622/7044

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

27/06/2023





# SINGAPORE POLICE FORCE



T/20230622/7044

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20230622/7044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/06/2023 14:32	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: NURALIA KHOIRUNISA BINTE ZAHID			Address: 524 BUKIT BATOK STREET 52 #04-767 SINGAPORE 650524		
ID Type / ID No.: NRIC NO / S9331317H			Contact No.: Home/Office: Mobile: 81217240		
Nationality: SINGAPORE CITIZEN			Email: nuraliakhoirunisa@gmail.com		
Sex: Female	Age: 29	Date of Birth: 03/09/1993	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Building construction engineer			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/06/2023 17:30	Type of Location: Straight Road
Location:  CLEMENTI AVENUE 3				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
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
FBN5243K	Motorcycle	HONDA	CB150R MANUAL	Green	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN5243K	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC0100578 7	17/10/2022	16/10/2023



**SINGAPORE  
POLICE FORCE**



T/20230622/7044

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20230622/7044

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	NURALIA KHOIRUNISA BINTE ZAHID	ID No.	S9331317H
Related Vehicle	FBN5243K (Motorcycle)	Contact No.	81217240
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	16/06/2023	Date	18/06/2023
No. of Days granted Medical Leave	20	Degree of	Serious

**Brief Details.**

On 16/6/2023, at approximately 1730 hours, I was riding my motorcycle (FBN 5243K) on AYE to City, after Jurong Town Hall exit.

I was travelling on the first lane when I suddenly blacked out, I then regain consciousness and was sitting on the first lane, with my bike pinning my left leg.

There was a witness who told me he witnessed the accident. Traffic police and the ambulance arrived, where the officer and paramedic mentioned there was video footage of the accident.

I was conveyed to NUH and sustained abrasions on left shoulder, arm, inner thigh and feet and right neck pain. The hospital performed 2 x-rays and 1 CT scan. I was hospitalized for 2 days and received 20 days hospitalization leave.

I do not have the other vehicle's car plate number nor the witness' contact as of now.





**SINGAPORE  
POLICE FORCE**



T/20230622/7044

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20230622/7044

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
MOHAMED SUFIAN BIN MOHAMED JUNID  
Contact No.: 65476247

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
22/06/2023 14:32

Classification Of Case:

VEHICLE NO: FBN 5243k		MAKE & MODEL : Honda CB150R		AUTO / <u>MANUAL</u>	
DATE OF ACCIDENT		16 / 6 / 2023		*C.C. 150	
TIME OF ACCIDENT		1730 AM / <u>PM</u>			
LOCATION OF ACCIDENT		AYE			
ACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE			
NAME OF OWNER		Nuralia Khoirunisa Birte Zahid			
MAIL: nuraliakhoirunisa@gmail.com		Office:		MOBILE: 8121-7240	
IRIC 59331317H					
CLAIM TYPE		OD / <u>THIRD PARTY</u> / REPORTING ONLY			
LEET POLICY:		YES / <u>NO</u> ?			
INSURANCE CO.		Sampo Insurance			
YPE OF COVERAGE		Comprehensive / Third Party / <u>Third Party Fire &amp; Theft</u>			
OLICY NO.		D22MTM101005787			
NAME OF DRIVER		AS <u>ABOVE</u> / IF NO:			
IRIC					
DATE OF BIRTH		03 / 09 / 1993			
ANY PASSENGER		YES / <u>NO</u>			
NAME OF PASSENGER					
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / <u>Indoor</u>			
DATE OF DRIVING PASS		28 / 03 / 2016			
ENDER		Male / <u>Female</u>			
CONTACT NO.		Mobile:		Office:	
MAIL:					
ADDRESS		524 Bukit Bukit st 52 #04-767 6650524			
DOES DRIVER OWN OTHER VEHICLES?		<u>NO</u> / If yes, Reg No.		INSURER:	
RELATIONSHIP		Employee / If No:			
VEATHER CONDITION		<u>Clear</u> / Raining / Other:			
ROAD SURFACE		<u>Dry</u> / Wet / Other:			
ANY INJURIES		No / If <u>yes</u> Who? Rider of FBN 5243k			
CONVEYED BY AMBULANCE		No / If <u>yes</u> Who? Rider of FBN 5243k			
POLICE REPORT		No / If <u>yes</u> Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		NO/IF YES: WHO?			
VEHICLE B NO.		SKH4778R		Any Passenger:	
NAME					
CONTACT NO.					
VEHICLE C NO.		Any Passenger:			
VEHICLE D NO.		Any Passenger:			
VEHICLE E NO.		Any Passenger:			
VEHICLE F NO.		Any Passenger:			
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		YES / <u>NO</u>			
WAS THERE ANY AUDIO RECORDED?		YES / <u>NO</u>			
SCENE ACCIDENT PHOTOS TAKEN?		YES / <u>NO</u>			
Person Reporting		Driver / Owner / <u>Both</u>			
Original Language Used		<u>English</u> / Mandarin / Others:			
Have you been approach by unknown person soliciting (s) /					
Offering accident claims assistance?		YES / <u>NO</u>			



**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.** : D22MTMC01005787  
**Insured** : NURALIA KHOIRUNISA BINTE ZAHID  
**Motor Vehicle (Regn No.)** : FBN5243K  
**Cover** : Third Party, Fire & Theft  
**Policy Commencement Date** : 17 OCTOBER 2022 00:00  
**Policy Expiry Date** : 16 OCTOBER 2023 23:59  
**Maximum Liability (Section I)** : Market value at time of loss  
**Excess\*** : \$300 - Section I  
**Named Driver 1** : NURALIA KHOIRUNISA BINTE ZAHID  
**Named Driver 2** : AYOB BIN ARSA'AT  
**HIRE PURCHASE OWNER** : GP MOTORING PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
NURALIA KHOIRUNISA BINTE ZAHID, AYOB BIN ARSA'AT

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

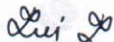
**Accident Reporting**

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](http://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 : 11 OCTOBER 2022 13:30

**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 LXF4DZLQ2K0MMMPA

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

317H

### Vehicle Details

Vehicle No.:

FBN5243K

Vehicle to be Exported:

Yes

Intended Deregistration Date:

25 Jun 2023

Vehicle Make:

HONDA

Vehicle Model:

CB150R MANUAL

Primary Colour:

Green

Manufacturing Year:

2018

Engine No.:

KC32E0028516

Chassis No.:

MLHKC2889J5028516

Maximum Power Output:

-

Open Market Value:

\$3,739.00

Original Registration Date:

17 Oct 2018

First Registration Date:

17 Oct 2018

Transfer Count:

1

Actual ARF Paid:

\$561.00

### Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

### Intended COE Rebate Details

COE Expiry Date:

16 Oct 2028

COE Category:

D - Motorcycle

COE Period(Years):

10

QP Paid:

\$4,109.00

COE Rebate Amount:

\$2,180.00

**Total Rebate Amount:**

**\$2,180.00**

The information contained herein is correct as at 25 Jun 2023

OK