

# NATIONAL Assessment Centre Services

(wef 1 Jan 06)

SN0923780008

Date In: 28/07/2023 15:02	Job description	Date & Time Completed	Done by
Ref No: N/A 8/8mo 23007663/y	SAS e-filing		
Yeh No: FBN 5789C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/07/2023 13:20	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: (

TP Particulars:	Yeh No: SHB 37634	Tel:	Fax:
Owner / Driver: (	INC ( ) / Non-INC ( )		
Policy No: (	Period: (	Tel:	
Confirmed by: (	Cover Type: (		
Insured/Driver Liability: (	Date:	Time:	
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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA2802255

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't
Driver/Owner:		1st Bill	Add.
Contact No:	1) AR: Accident Reporting (\$30);		
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$80)		
QC Checked by (Engr-In-Charge):	3) TP: Towing Fee \$40/\$45		
Auditors Comments:-	4) FT: Follow-Through Survey \$120		
Cat. 1:	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 2/3:	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 (N'n INC) against INC \$20		
	9) N12: Idac 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 First Submission	28/07/2023 15:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/07/2023 13:20 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	TOWARDS TAMPINES EXIT 2B (PIE TUAS)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN5789C
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD ASLI BIN MUHAMMAD AFANDI
NRIC No	SXXXX326H
Email Address	md_ash@hotmail.com
Mobile Phone No	(Phone) +65-90032966
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb150r
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	149

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTMC01005993

#### DRIVER

Name of Driver	MUHAMMAD ASLI BIN MUHAMMAD AFANDI
NRIC No	SXXXX326H
Date Of Birth	12/11/1988
Occupation	Outdoor

Date Of Driving Pass	09/10/2018
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90032966
Alt. Phone Number	-
Email Address	md_ash@hotmail.com
Address	BLK 656B PUNGGOL EAST #16-816
Address complement	-
Postcode	822656
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	Raining
Road Surface	Wet

#### 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	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/20230714/7074

#### 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	SHB3263H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	KOH PUNG CHOR
NRIC No .....	SXXXX879Z
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 .....	MUHAMMAD ASLI BIN MUHAMMAD AFANDI
Gender .....	Male
Phone No .....	(Phone) +65-90032966
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBN5789C
Were seat belts worn? .....	No
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 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.

*Qxli* 28/7/23 1357

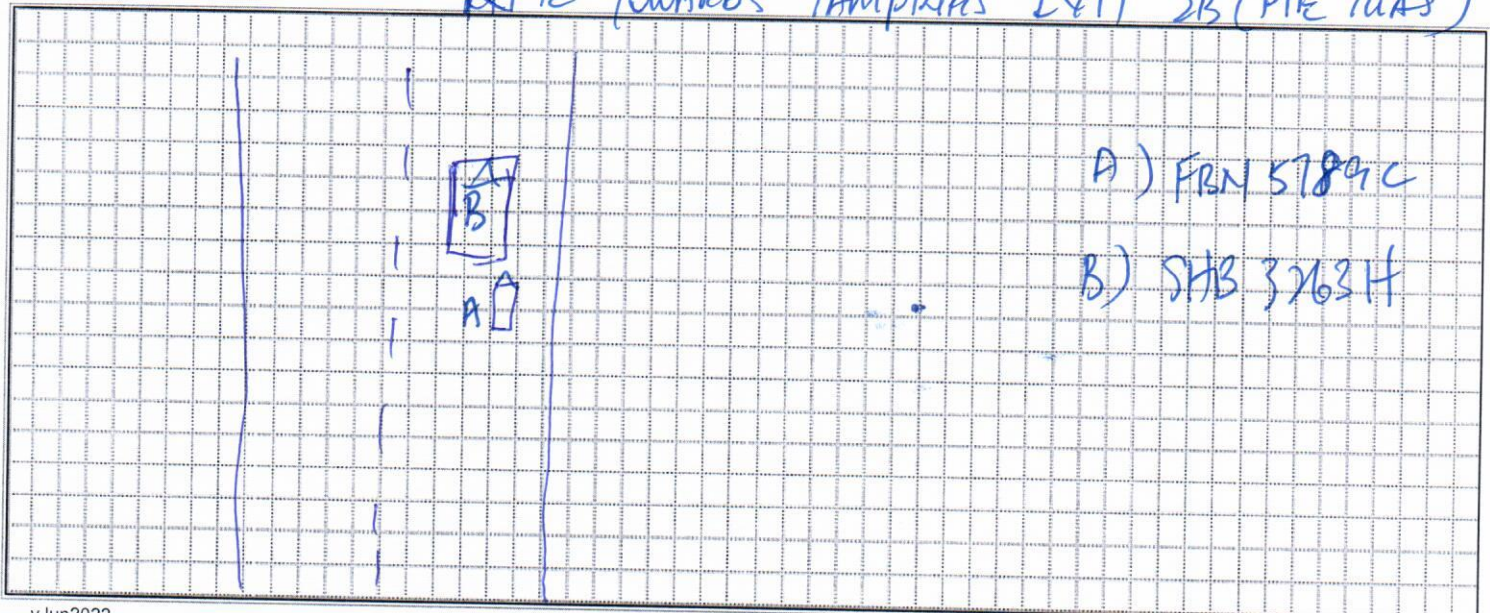
Policyholder's Signature / Date & Time

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

*28/07/2023*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

*KPE TOWARDS JAMPINHAS EXIT 2B (PIE TUAS)*





Describe Circumstance of the Accident

REFER to Police Report 1/20230714/2014

Declaration

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

DAI 28/7/23  
1357

Policyholder's Signature / Date & Time

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

28/07/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# SINGAPORE POLICE FORCE



T/20230714/7074

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

1 of 3

Report No. T/20230714/7074

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/07/2023 20:54	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MUHAMMAD ASLI BIN MUHAMMAD AFANDI			Address: 656B PUNGGOL EAST #16-816 SINGAPORE 822656		
ID Type / ID No.: NRIC NO / S8844326H			Contact No.: Home/Office: Mobile: 90032966		
Nationality: SINGAPORE CITIZEN			Email: MD_ASH@HOTMAIL.SG		
Sex: Male	Age: 34	Date of Birth: 12/11/1988	Type of Informant: Rider		
Race: Indian			Language: English		
Occupation: Air-conditioning/Refrigeration engineering technician			Driving Licence Information: Class: 2B Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/07/2023 13:20	Type of Location: Gradient
Location:  GEYLANG BAHRU				
Weather: Raining		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN5789C	Motorcycle	HONDA	CB150R MANUAL	Green		0
SHB3263H	Car	TOYOTA		Yellow	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN5789C	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC0100599 3	13/11/2022	12/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ASLI BIN MUHAMMAD AFANDI	ID No.	S8844326H
Related Vehicle	FBN5789C (Motorcycle)	Contact No.	90032966
Hospital/Clinic	ONECARE CLINIC BOON LAY	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	14/07/2023	Date	14/07/2023
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	KOH PUNG CHOR	ID No.	S1424879Z
Related Vehicle	SHB3263H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

I (FBN5789C) was riding along KPE tampines, took the exit 2B PIE tuas. It was 1.18pm, road condition is wet, weather raining, traffic is light. The accident took place in between lamp post number 43S26F and 43S27. I notice the taxi (SHB2363H, driver Mr Koh Pung Chor) in front of me was slowing down to the traffic ahead. I slowed down following the traffic. Shortly after, the taxi did an Ebrake. I apply intermittent braking but couldn't be avoided and collide with the taxi at the rear right of the bumper. I was traveling at about 30km/h, the road is wet and the weather is raining as its a gradient downward slope . The driver exited the vehicle and assist me with the recovery of my vehicle and also exchange our particulars. There is a cctv operating at lamp post number 43S28.





**SINGAPORE  
POLICE FORCE**



T/20230714/7074

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

3 of 3

Report No. T/20230714/7074

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Signature Of Informant:

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

Date/Time:  
14/07/2023 20:54

Classification Of Case:



# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 14/07/2023	TIME OF ACCIDENT : 13:20
VEHICLE NO : FBN 5789C	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : HONDA CB150R	LOCATION : KPE TAMPINES EXIT 2B PIETUMS
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : Sompo Insurance Singapore Pte Ltd	POLICY NO : D22MTMC 01005993
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE )
NAME OF OWNER : MD ASLI BIN MD AFANDI	NRIC : S8844326H
ADDRESS : 656B Ponggol East #16-816 S(822656)	CONTACT NO : 90032966
EMAIL ADDRESS : MD ASH @HOTMAIL.SG	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : _____ CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : owner	PASSENGER : _____ MALE ( ) FEMALE ( )
DATE OF BIRTH : 12/11/1988	DRIVING PASSING DATE : 9/10/2018
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : _____
ANY INJURIES : NO, IF YES : Whiplash injury to lower back minor abrasions to left hand	POLICE REPORT : NO / IF YES WHERE ? _____
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : SHB 3263H	VEHICLE C REG NO : _____
DRIVER NAME : KOH PUNG CHOR	DRIVER NAME : _____
NRIC : S14248792	NRIC : _____
CONTACT : _____	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO ) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / NO WERE INJURY CONVEYED BY AMBULANCE : YES / 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.** : D22MTMC01005993  
**Insured** : MUHAMMAD ASLI BIN MUHAMMAD AFANDI  
**Motor Vehicle (Regn No.)** : FBN5789C  
**Cover** : Third Party, Fire & Theft  
**Policy Commencement Date** : 13 NOVEMBER 2022 00:00  
**Policy Expiry Date** : 12 NOVEMBER 2023 23:59  
**Maximum Liability (Section I)** : Market value at time of loss  
**Excess\*** : \$300 - Section I  
**Named Driver 1** : MUHAMMAD ASLI BIN MUHAMMAD AFANDI  
**HIRE PURCHASE OWNER** : YEW HENG CREDIT ENTERPRISE PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
MUHAMMAD ASLI BIN MUHAMMAD AFANDI

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 : 21 OCTOBER 2022 17:18

**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 38DM5J2J4DDBMPAJ