

# NATIONAL Assessment Centre Services

(Form 1 Jan 2008)

NA/1707508

Date In: 06/12/2018 12:20	Job description	Date & Time Completed	Done by
Ref No: NA/1707508 3140/4	SAS e-illing		
Veh No: 136 988D	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 01/12/2018 15:45	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor Y/O (within OD 2hrs, TP 1hr)		
	I-Photo Uploaded		
TP Insured	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( )	Tel: ( )	Fax: ( )
TP Particulars: Yeh No: SKW 988D	INC ( ) / Non-INC ( )	
Owner / Drivers: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( ) % (Note: Est. Status (WO): N: 0-20%; P: 21-79%; P: 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: UNO hotline 6788 6016	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	Action

NA/1707508	Invoice Preparation Checklist	Amount	Actual Bill
Customer's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$40		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	Forfeiting against INC Only (Ref 10 Jan 2008)		
	6) TR: Re-inspection \$35		
	7) NI: 1 day DA + SMRT Survey \$160		
	8) NTUC Additional Services		
	9) NI: ( )		
	*N1: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$35		
	*N8: DY / Collect Excess Coordination \$5		
	TR (Nil) : TP (Nil) : INC (Nil) : \$30		
	9) N12: 1 day Mobile \$10		
	Invoice dated	Fee Charged	
	Invoice Used	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 Authorised 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 ability.
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 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 Report	06/12/2017 12:20
Date Of Accident	01/12/2017 15:45
Exact Location Of Accident	ALONG CROSS STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9783D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	20090088K
Email Address	JEREMYC_QUEK@CERTISSECURITY.COM
Mobile Phone No	(LOCAL) +65-84895707
Alternative Phone No	OFFICE-84895707

### Vehicle Particulars

Manufacturer	HONDA
Model	GLH125-125CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20171655

### Driver

Name of Driver	ISMAIL BIN ABDUL MALIK
NRIC No	S7433887I
Date Of Birth	10/10/1974
Occupation	OUTDOOR
Date Of Driving Pass	27/07/2007
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84895707
Fax Number	
Contact Number	OTHERS-84895707
Email Address	JEREMYC_QUEK@CERTISSECURITY.COM

Address	BLK 180B MARSILING ROAD #03-2226
Postcode	732180
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KRETA AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 32 NORTH CANAL ROAD , POSTCODE: 059282 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5359999 - FAX NO: 62362541
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171201/2156

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW9512D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	STEVEN HALIM
NRIC/Passport Number	S7578623I
Contact Number	90098315
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name ISMAIL BIN ABDUL MALIK

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBG9783D

Were seat belts worn?

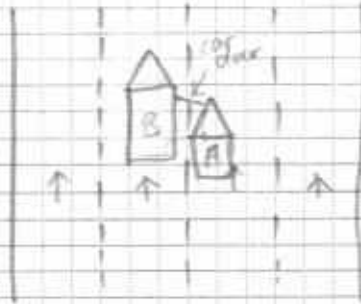
Was injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

Along cross STREET



A) FBG 9783D  
B) SKW 9512D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See attached police report.

DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 4/12/17

Reporting Centre Personnel's Signature  
Name: Rosdi WABAS  
NRIC/FIN 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 Authorised 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 4/12/19  
1245

06/12/2017

Reporting Centre Personnel's Signature  
Name: Jedd WATAR  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20171201/2156

Police Station Of Origin:  
Kreta Ayer NPP  
32 North Canal Road SINGAPORE 059282  
Tel No: 1800-5359999

1 of 3

Report No. T/20171201/2156

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/12/2017 19:56		Vide Report No.:		Station Diary No.: 67	
<b>Informant's Particulars</b>					
Name of Informant: ISMAIL BIN ABDUL MALEK		Address: APT BLK 180B MARSILING ROAD #03-2226 SINGAPORE 732180			
ID Type / ID No.: NRIC NO / S7433887I		Contact No.: Home/Office: Mobile: 84895707			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 43	Date of Birth: 10/10/1974	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: ENFORCEMENT OFFICER		Driving Licence Information: Class: 2		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/12/2017 15:45	Type of Location: Straight Road
Location: Along Road 1 CROSS STREET After Club Street, before South Bridge Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Stationary vehicle opened door against moving vehicle				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG9783D	Motorcycle				Slightly Damaged	1
SKW9512D	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20171201/2156

2 of 3

Police Station Of Origin:  
Kreta Ayer NPP  
32 North Canal Road SINGAPORE 059282  
Tel No: 1800-5359999

Report No. T/20171201/2156

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	ISMAIL BIN ABDUL MALEK	ID No.	S74338871
Related Vehicle	FBG9783D (Motorcycle)	Contact No.	84895707
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	01/12/2017	Date Discharge	01/12/2017
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	Steven Halim	ID No.	S75786231
Related Vehicle	SKW9512D (Car)	Contact No.	90098315
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

**Brief Details.**

On 1/12/2017, at about 3.45pm, I was riding along Cross Street. When I passed by a car, bearing license plate number SKW9512D, the driver of the car swung open the door and hit my bike. As a result, I fell off the bike. I suffered a small cut below my nostril, bruises on head and a sprained ankle. The driver then called for ambulance and police.

On 1/12/2017, at about 5.50pm, I was conveyed to Singapore General Hospital by the ambulance. I was discharged on the same day. I was given 4 days MC.





**SINGAPORE  
POLICE FORCE**



T/20171201/2156

Police Station Of Origin:  
Kreta Ayer NPP  
32 North Canal Road SINGAPORE 059282  
Tel No: 1800-5359999

3 of 3

Report No. T/20171201/2156

**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:

A /

Insp RADYAMANSYAH BIN JAMALUDDIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

01/12/2017 19:56

Classification Of Case:

Authentication Stamp

NP168



ORIGINAL

MEDICAL CERTIFICATE

EMD20172092473

<b>Name</b> ISMAIL BIN ABDUL MALEK		<b>NRIC No.</b> S7433887I
This is to certify that the above-named is unfit for duty for a period of <u>4</u> days from <u>01-Dec-2017</u> to <u>04-Dec-2017</u> inclusive.		
<b>Type of medical leave granted :</b>		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
<b>Diagnosis</b>	<b>Surgical Operation (if applicable)</b>	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
<b>Comments :</b>		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
<b>Hospital/Clinic</b> Emergency Medicine Singapore General Hospital	<b>Ward No.</b> Emergency Department <b>Date</b> 01-Dec-2017	<b>Signature, Name (in BLOCK LETTERS) and Designation/MCR No.</b>  MARCUS WONG WAI HOONG, 61878J



## ACCIDENT STATEMENT

ACCIDENT DATE: 01 / 12 / 17 (DD/MM/YYYY), TIME: 15 : 45 (HH:MM)

LOCATION: CROSS STREET

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 9783D  
b) INSURANCE COMPANY: GREAT AMERICAN  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORK / OPERATION  
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: ISMAIL B. ABDUL MALEK (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S74338871 CONTACT: 8449 5707  
c) ADDRESS: Blk 180B MARILING ROAD #03-2226  
S7932180

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 10 / 10 / 1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

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: KRETA AYER NIPP

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKW4512D MODEL: MAZDA  
b) DRIVER'S NAME: STEVEN HALIM  
c) NRIC/FIN/PASSPORT: S75986731 CONTACT: 90098315

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = jeremyg-quek@certisecurity.com

Fax = \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7433887I



Name

ISMAIL BIN ABDUL MALEK

اسماعيل بن عبدالمالك

Race

MALAY

Date of birth

10-10-1974

Sex

M

S7433887I

Country/Place of birth

SINGAPORE



**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T  
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER  
SINGAPORE 039190  
TEL: +65 6804 6000  
FAX: +65 6235 2616

**MOTOR COVER NOTE: MT20171655**

The Insured mentioned in this Cover Note, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Insured Nric/Passport No/ Roc	: 200900882K
Policy Coverage	: COMPREHENSIVE
Make And Description Of Vehicle	: Honda GLH125 Motor Cycle
Vehicle Registration No	: FBG9783D
Year Of Manufacture	: 2012
Engine No.	: JA11E2004950
Chassis No.	: LALJA11U6C3136423
Engine Capacity/ Tonnage/ Seater	: 125 cc
Hire Purchase	: Nil
Value (S\$)	: AS PER MARKET VALUE
Period Of Insurance	: FROM: 01/04/2017 TO: 31/03/2019
Excess (S\$)	: Section I : \$ 750
	: Section II : Nil
	: Windscreen Excess : \$ 100
Great American Authorized Workshop	: Chin Meng Motors + Authorized Workshop

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company  
Authorized Signatory

Date of Issue : 29/03/2017

Intermediary : Jardine Lloyd Thompson Pte Ltd

MTR/COVERNOTE/V02/16