

# NATIONAL Assessment Centre Services. (wef 1 Jan 2005)

Date In: 15/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/6A217023827/13	SAS e-filing		
Veh No: FBF2686C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/12/17 1730	i-Motor Claim Form		
OD (TP) 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: SHD2271E 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% 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:- (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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl 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: Idao Mobile 30		
	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 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	15/12/2017 14:24
Date Of Accident	06/12/2017 17:30
Exact Location Of Accident	ALONG WEST COAST DRIVE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF2686C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CERTIS CISCO SECURITY PTE LTD
Co Reg No	-
Email Address	YONG_KAI_KEAT@CERTISSECURITY.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96315533

#### Vehicle Particulars

Manufacturer	YAMAHA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	YES
Policy Number	MOMVM000001676-00-000
Cover Note Number	

#### Driver

Name of Driver	RAMANAGURU MARATHANDAVAR
Passport No/FIN	G8522028X
Date Of Birth	14/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(FOREIGN) 014-6368383
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	JALAN SURIA MUFAKAT 1 TAMAN TASEK JOHOR BAHRE(EPIC RESIDENCE)
Postcode	812000
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	SIDE SWIPE
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG WEST COAST DRIVE TWDS CLEMENTI AVE 3. SUDDENLY VEH(B) BEARING REG NO SHD2271E SWERVED HIS VEH TO THE LEFT AND HIT ONTO MY REAR RIGHT SIDE PORTION OF MY VEH, DUE TO INFRT OF HIS VEH STATIONARY WAITING TO MAKE A RIGHT TURN.

#### 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	SHD2271E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHU CHI SHING DANNY
NRIC/Passport Number	S2662012J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	RAMANAGURU MARATHANDAVAR
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SHD2271E
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## 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.

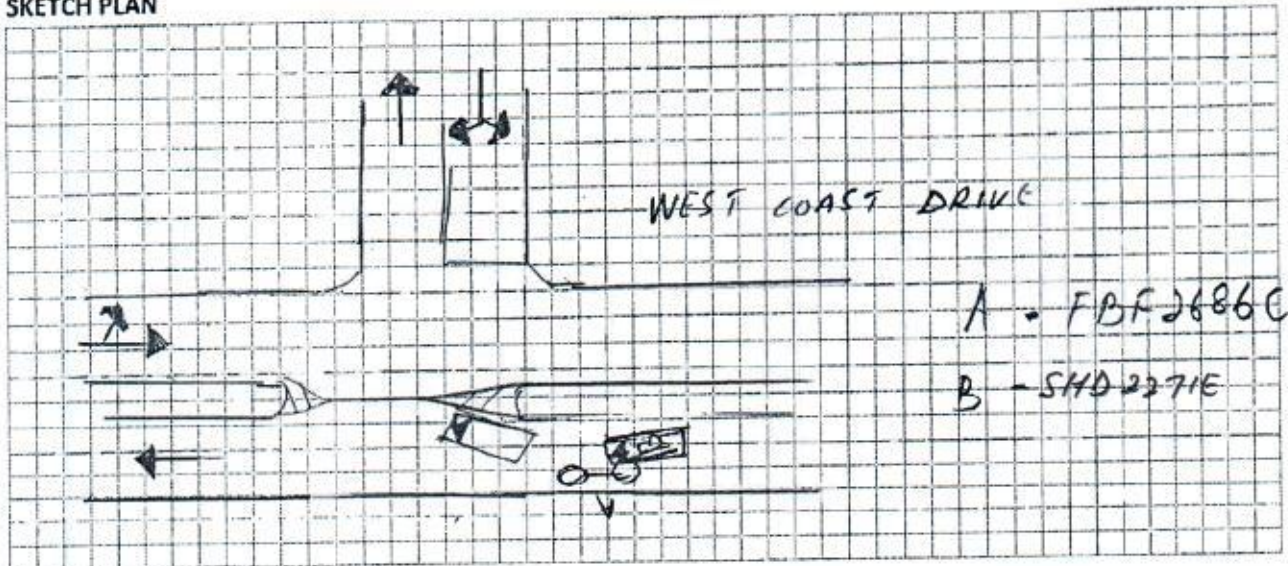
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*P/s refer to the statement.*

### 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:

*Sym 15/12/17*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## ACCIDENT STATEMENT

ACCIDENT DATE: 06/12/2017 (DD/MM/YYYY). TIME: 5:30 (HH:MM)

LOCATION: West coast Drive

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 2686C  
b) INSURANCE COMPANY: GREAT AMERICAN  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Yamaha  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96315533  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: Ramanaguru A/c Marathandavar (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G8522028X CONTACT: 014-6368383  
c) ADDRESS: 041F, Epic Residence Jalan Suria Mutakat 1, Taman  
Tasek Johor Bahru 81200 Johor Bahru  
\*d) DATE OF BIRTH: (14/03/1990) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 10 years

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: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 2271E MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: CHU CHI SHING DANNY  
c) NRIC/FIN/PASSPORT: S2662012J CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Email =

Fax =

15/12/17  
waiting for  
company stamp for  
claim form



**LESEN MEMANDU**  
DRIVING LICENCE

**MALAYSIA**

**RAMANAGURU A/L MARATHANDAVAR**

Negara/Nationality: **MALAYSIA** No Pengangkutan / Identity No: **900314065805**

Kelas / Class: **B2 D**

Tamaddun / Issued: **20/03/2017 - 14/03/2019**

Alamat / Address: **NO 23 JALAN TJ 2  
TAMAN TEMERLOH JAYA  
28000 TEMERLOH  
PAHANG**

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **CERTIS CISCO AUXILIARY POLICE FORCE PTE. LTD.**

Sector: **SERVICE**

Name: **RAMANAGURU MARATHANDAVAR**

Occupation: **COMPLIANCE OFFICER**

Work Permit No.: **4 06152162**

Date of Application: **27-09-2017**

Date of Issue: **04-10-2017**

Date of Expiry: **03-10-2019**

**L8361107**

**JPJL6**

A. Kendaraan Orang Kecil (Berat maksimum 450 kg termasuk Cangkai/Motor Cycle weight not exceeding 450 kg)

A1. Kendaraan Orang Kecil (Berat maksimum 450 kg termasuk Cangkai/Motor Cycle weight not exceeding 450 kg)

B. Motor Cycle exceeding 200 cc

B1. Motor Cycle exceeding 200 cc

B2. Motor Cycle exceeding 200 cc

C. Motor Cycle exceeding 200 cc

D. Motor Cycle exceeding 200 cc

D1. Motor Cycle exceeding 200 cc

D2. Motor Cycle exceeding 200 cc

E. Motor Cycle exceeding 200 cc

F. Motor Cycle exceeding 200 cc

G. Motor Cycle exceeding 200 cc

H. Motor Cycle exceeding 200 cc

I. Motor Cycle exceeding 200 cc

J. Motor Cycle exceeding 200 cc

K. Motor Cycle exceeding 200 cc

L. Motor Cycle exceeding 200 cc

M. Motor Cycle exceeding 200 cc

N. Motor Cycle exceeding 200 cc

O. Motor Cycle exceeding 200 cc

P. Motor Cycle exceeding 200 cc

Q. Motor Cycle exceeding 200 cc

R. Motor Cycle exceeding 200 cc

S. Motor Cycle exceeding 200 cc

T. Motor Cycle exceeding 200 cc

U. Motor Cycle exceeding 200 cc

V. Motor Cycle exceeding 200 cc

W. Motor Cycle exceeding 200 cc

X. Motor Cycle exceeding 200 cc

Y. Motor Cycle exceeding 200 cc

Z. Motor Cycle exceeding 200 cc

0106151 6crOT3as

**Ketua Pengarah Pengangkutan Jalan**

**VISIT PASS**  
Immigration Regulations

Name: **RAMANAGURU MARATHANDAVAR**

Date of Birth: **14-03-1990** Sex: **M** Nationality: **MALAYSIAN**

FIN: **68522028X** Date of Issue: **04-10-2017** Date of Expiry: **03-10-2019**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

### Policy Details

Certificate Number	: MOMVM000001676-00-000	Cover	: Motor Cycle (Comprehensive)
Policyholder Name	: Certis Cisco Security Pte Ltd	Chassis Number	: LBPKE1288A0040836
NCD Entitlement	: 20% Fleet Discount	Engine Number	: E3D6E004154
Hire Purchase	: N/A	Registration Number	: FBF2686C
Period of Insurance	: From 30/10/2017 (00:00) To 31/07/2018 (23:59) (Both Dates Inclusive)		

### Persons or Classes of Persons entitled to Drive

- a) The Primary Rider
- b) Any Named Rider as stated in the policy

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

### Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business

This Policy does not cover:

- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- c) Use for carriage of goods (other than samples) in connection with any trade or business
- d) Use for any purpose in connection with Motor Trade

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

Excess (Section 1)	: SGD 750.00 - including Fire & Theft outside Singapore
Excess (Section 2)	: N/A

### Driver Details

Primary Rider	: Any persons who is driving on the policyholder's order or with their permission
Named Rider 1	: N/A
Named Rider 2	: N/A
Name of Intermediary	: Jardine Lloyd Thompson Private Limited
Date of Issue	: 17/10/2017

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

**Great American Insurance Company**



Authorised Signatory

mlow