

NATIONAL Assessment Centre Services. [wef 1 Jan 09] MNA117169987

Date In: 27/12/17-15:29	Job description	Date & Time Completed	Done by
Ref No: NA/GAZ17024502/24	SAS e-filing		
Veh No: FBF261514	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/12/17-09:50	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: SKV18096	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

NA1707992	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non 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 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	27/12/2017 15:29
Date Of Accident	18/12/2017 09:50
Exact Location Of Accident	OUTSIDE HILLBROOKS CONDOMINIUM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF2615H
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO SECURITY PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81882199
Alternative Phone No	OFFICE-81882199

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	NO
Policy Number	MOMVM000001676-00-000
Cover Note Number	

Driver

Name of Driver	ANAND RAJ SHANMUGAM
Passport No/FIN	G2622885P
Date Of Birth	08/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	05/10/2017
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86785116
Fax Number	
Contact Number	OFFICE-86785116
Email Address	NOEMAIL

Address	20 JALAN AFIFI
Postcode	409179
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171218/2071.

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	SKV1809G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA2853S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver CHUA AH TEE
NRIC/Passport Number
Contact Number 91468529
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

S. Chua
Driver's Signature

(If driver is not the policyholder)
Date & Time:

MA
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

A: FBF 2615H

B: SKV18096

C: SHA 28538

[illegible]

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

Signature _____

S. Chaudhary

 Driver's Signature

Signature of the Personnel's

ACCIDENT STATEMENT

ACCIDENT DATE: (18/12/17) (DD/MM/YYYY), TIME: (09:50) (HH:MM)

LOCATION: In front of 4116 Fowler

1. DETAILS OF VEHICLE

- DETAILS OF VEHICLE
- a) VEHICLE NUMBER: FBI-2615H
- b) INSURANCE COMPANY: GAI
- c) POLICY NUMBER: MSMUM000601576-00-000
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- 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)
- IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- INSURED / POLICY HOLDER
A) NAME: Certis Cisco Security Pte Ltd (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 200900882K CONTACT: 96924911 (mobile) / 81882199
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- DRIVER
- a) NAME: Anand Raj Shanmugam (MALE / FEMALE) MALE
- b) NRIC/FIN/PASSPORT: G 2622 AFP CONTACT: 8678 5116
- c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (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) - pending
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- THIRD PARTY VEHICLE
- a) VEHICLE NUMBER: SKV18099 MODEL: _____ *No of passo
- b) DRIVER'S NAME: _____ (Including dr
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____ (1)

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SH 428J3S MODEL: _____
- e) DRIVER'S NAME: Chua Ah Tee No of passengers: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: 91468529 (Including driver) _____

$$Q_{\text{mail}} =$$
$$f_{ax} =$$



**SINGAPORE
POLICE FORCE**



T/20171218/2071

1 of 4

Report No. T/20171218/2071

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2017 13:10		Vide Report No.:		Station Diary No.: 40	
Informant's Particulars					
Name of Informant: ANAND RAJ SHANMUGAM			Address:		
ID Type / ID No.: FIN NO / G2622885P			Contact No.: Home/Office:		Mobile: 86785116
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 29	Date of Birth: 08/10/1988	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: LTA OFFICER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/12/2017 09:45	Type of Location: Straight Road
Location: Along Road 1 HILLVIEW AVENUE Outside Hillbrooks Condominium				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF2615H	Motorcycle				Slightly Damaged	0
SHA2853S	Car				Slightly Damaged	0
SKV1809G	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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Report No. T/20171218/2071

CONTINUATION OF REPORT

Rider			
Name	ANAND RAJ SHANMUGAM	ID No.	G2622885P
Related Vehicle	FBF2615H (Motorcycle)	Contact No.	86785116
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
Driver			
Name	CHUA AH TEE	ID No.	NIL
Related Vehicle	SHA2853S (Car)	Contact No.	91468529
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
Driver			
Name	TAN CHEN LIANG	ID No.	S7807645C
Related Vehicle	SKV1809G (Car)	Contact No.	94518806
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 18/12/17 at about 0945hrs, I was travelling along Hillview Ave when V2) SHA2853S, was making a turn into Hillbrokes Condominium at a slow speed. I stopped directly behind V2 and was about to change lane. Subsequently, V3) SKV1809G, banged into my motorcycle, V1) FBF2615H, causing me to fall to the left side. I felt pain on my right knee, thigh and hip. V3's front bumper was dented and broke, its number plate came off and the bonnet had scratches.

Due to the collision, V1 had some damages. The clutch lever broke, brake light was damaged, the number plate and storage box came off and the front side of V1 near the wheels had scratches too. Due to the collision between V1 and V3, V1 bumped into V2, causing V2's right rear bumper to be scratched. This is the first time such incident happen to me.



**SINGAPORE
POLICE FORCE**

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659840
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T/20171218/2071

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Report No. T/20171218/2071

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20171218/2071

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Report No. T/20171218/2071

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21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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:

J/

AHMAD ZAKI ZUHAIRI BIN AYUB

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/12/2017 13:10

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt LEE SOON LYE

Contact No.: 65476239

Classification Of Case:

Authentication Stamp

NP168



WORK PERMIT

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

Employer

CERTIS CISCO AUXILIARY POLICE FORCE PTE. LTD.

Sector: SERVICE

Name

ANAND RAJ SHANMUGAM

Occupation

COMPLIANCE OFFICER

Work Permit No.
4 05149826

Date of Application
09-10-2017

Date of Issue
20-10-2017

Date of Expiry
19-10-2019



L8391761

VISIT PASS
Immigration Regulations

Name

ANAND RAJ SHANMUGAM



Date of Birth

08-10-1988

Sex

M

Nationality

MALAYSIAN

FIN

G2622885P

Date of Issue

20-10-2017

Date of Expiry

19-10-2019

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





ANAND RAJ A/L SHANMUGAM



Notes / Class
B2 D

05/10/2017 - 08/10/2018

NO 420 TKT 4 BLOK B JALAN SEC
TION: 1/1 TAMAN KAJANG UTAMA

43300 KAJANG
SELANGOR

[illegible]

F	Traut/Jarvis/Bergers/Rogan (Berkeley) STM male; 5000 kg
	Yacht/Melville/Alachua/Light (Berkeley) under weight not exceeding 5000 kg
G	Traut/Jarvis/Bergers/Rogan (Berkeley) STM male; 5000 kg
	Yacht/Melville/Alachua/Light (Berkeley) under weight not exceeding 5000 kg
H	Traut/Jarvis/Bergers/Bent (Berkeley) STM male; 5000 kg
	Yacht/Melville/Alachua/Kearney (Berkeley) under weight 5000 kg
I	Traut/Jarvis/Bergers/Bent (Berkeley) STM male; 5000 kg
	Traut/Jarvis/Alachua/Hare (Trinidad) under breeding 5000 kg
M	Sukarno/Mahmud Court Connection

Ketua Pengarah Pengangkutan Jalan

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	: LBPKE1281A0052715
NCD Entitlement	: 20% Fleet Discount	Engine Number	: E3D6E004296
Hire Purchase	: N/A	Registration Number	: FBF2615H
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