

NATIONAL Assessment Centre Services

Date In: 11/01/2018 14:39	Job description	Date & Time Completed	Done by
Ref No NA/GAI18000688/K4	SAS e-filing		
Veh No: FBD5412S	E-mail (within 8hrs, AIC 2hrs)		
DOA 08/01/2018 11:50	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: SLA9682A	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

NA1800296	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	Add On
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) i-T: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11): TP (N'n INC) against INC \$20		
Auditors' Comments:-	9) N12: Idac Mobile \$0		
at 1:	Invoice dated	Fee Charged	
at 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 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	11/01/2018 14:39
Date Of Accident	08/01/2018 11:50
Exact Location Of Accident	FINLAYSON GREEN / RAFFLES QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD5412S
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Insured/Policyholder

Name Of Registered Owner	CERTIS CISCO SECURITY PTE LTD
Co Reg No	-
Email Address	YONG_KAI_KEAT@CERTISSECURITY.COM
Mobile Phone No	(LOCAL) +65-91232761
Alternative Phone No	OFFICE-91232761

Vehicle Particulars

Manufacturer	YAMAHA
Model	125
Exact Purpose for which vehicle was being used at time of accident	WORK
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	GOVIN PILLAY T P CHANDRAN
Passport No/FIN	G8568277L
Date Of Birth	11/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91232761
Fax Number	
Contact Number	OTHERS-91232761
EMail Address	YONG_KAI_KEAT@CERTISSECURITY.COM

Address NO 11 JALAN ZAHIR 24 / TAMAN MALIM JAYA / 75250 BANDAR MELAKA
MELAKA

Postcode

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 WET

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? YES

Was any injured conveyed to hospital by
ambulance? NO

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 JURONG EAST NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY:
SINGAPORE

Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180108/2149

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 SLA9682A
Vehicle Make/Model/Colour BMW
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver CHNG SIANG LENG
NRIC/Passport Number S7139837D
Contact Number +6596311358
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	GOVIN PILLAY T P CHANDRAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBD5412S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

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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:

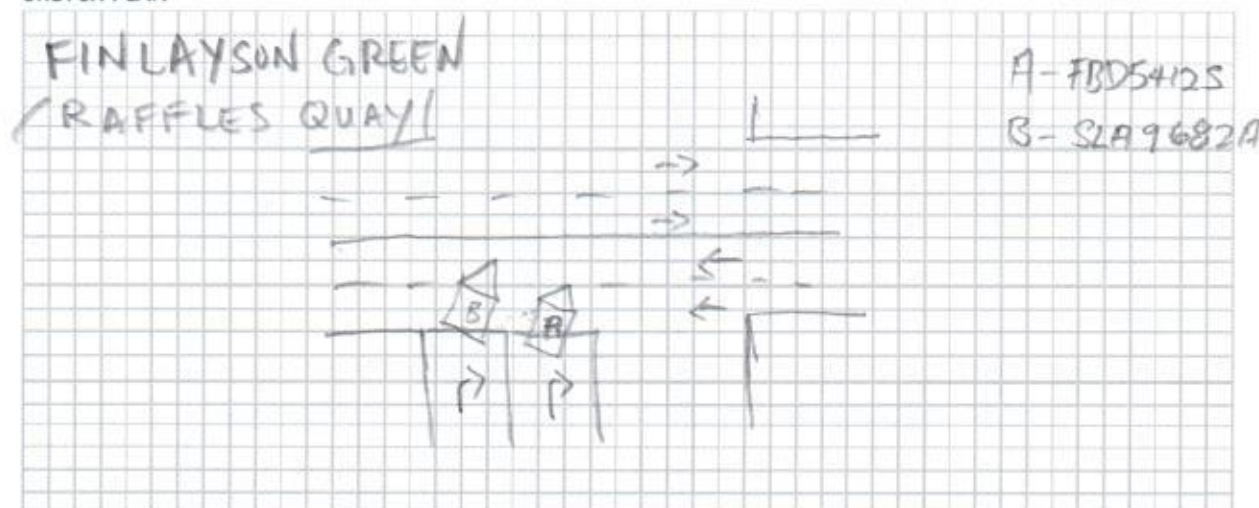
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

See attached police report : T/20180108/2149

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:

11/1/2018 11:45 am

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

11/1/2018



SINGAPORE POLICE FORCE



T/20180108/2149

1 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20180108/2149

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2018 17:37		Vide Report No.:		Station Diary No.: 55
Informant's Particulars				
Name of Informant: GOVIN PILLAY T P CHANDRAN		Address: APT BLK 554 Bedok North Street 3 #05-245 SINGAPORE 460554		
ID Type / ID No.: NRIC NO / G8568277L		Contact No.: Home/Office: Mobile: 91232761		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 25	Date of Birth: 11/09/1992	Type of Informant: Rider	
Race: Indian		Language:	Institution / School Name:	
Occupation: Private security officer		Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 08/01/2018 11:50	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 FINLAYSON GREEN RAFFLES QUAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD5412S	Motorcycle				Seriously Damaged	0
SLA9682A	Car			Blue	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20180108/2149

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 3

Report No. T/20180108/2149

CONTINUATION OF REPORT

Brief Details.

On 8/1/2018 at about 1150 hrs , I was travelling along 1 Finlayson Green towards Chai Chee Street to attend an incident. When I was making a right turn with my company (LTA)'s motorbike license plate FBD5412S behind the blue vehicle bearing license plate: SLA9682A. However, during the turn I made an emergency brake as the other driver's car was too close to my motorbike. The left front side of my motorbike then collided with her right rear side and I had toppled down from the motorbike and sustained abrasions on both my right elbow and right knee. I was then picked up by my supervisor and headed to Summit Medical Clinic and received 2 days of medical leave.

I would like to add that my company required me to make a police report for this traffic incident.



**SINGAPORE
POLICE FORCE**



T/20180108/2149

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20180108/2149

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:

D /

Sgt 2 LOW SI JIA, AMANDA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

08/01/2018 17:37

Classification Of Case:

Authentication Stamp



NP168
SINGAPORE
POLICE FORCE

SN 34

SIGNATURE

Reported on 11/11/2018
Email to: Yong-Kai-Keat @ certissecurity.com ✓ @ 1315 HRS.

Certis Fleet Management Section						Version: 1.1
Traffic Accident Reporting Form						
Section 1: DRIVER DECLARATION						
a) Driver Particulars						
Name:	<u>GOV2N P2LLA7</u>			Contact number:	<u>9123 2761</u>	
NRIC/ FIN/ Passport:	<u>G8568277L</u>			Driving Pass Date:	<u>11/4/2016</u>	
Date of Birth:	<u>11-9-1992</u>					
b) Vehicle Details - Certis						
Vehicle Number:	<u>SLA 9682 A FBD 5412 S</u>			Vehicle Category:	<u>Commercial / Motorcycle / Car</u>	
Vehicle brand:	<u>BMW YAMAHA</u>					
Vehicle Model:	<u>125</u>			Number of passengers (Include driver):	<u>1</u>	
c) Accident Details						
Date:	<u>8/11/2018</u>			Are you on more than 3 days medical leave (MC)?	<u>No / Yes</u>	
Time:	<u>11.50 am</u>			Any personnel taken to hospital?	<u>No / Yes</u>	
Location:	<u>Finlayson Green</u>			Damaged to Government Property or Material?	<u>No / Yes</u>	
Type of Collision: (Please Circle)	<u>Rear-End / Side-impact / Sideswipe</u>			Foreign Vehicle(s) Involved?	<u>No / Yes</u>	
	<u>Head-on / Single Car / Chain Collision</u>			*If any above questions consist of a "Yes", proceed to make police report		
	<u>Hit-and-Run / Rollover / Self-Skidded</u>			Police report required?	<u>No / Yes</u>	
Weather Condition:	<u>Clear / Rainy / Groomy</u>			If Yes, police station name?		
Road Surface:	<u>Wet / Dry</u>			Any Other Vehicle Involved?	<u>No / Yes</u>	
Any Fatality/Major Injury?	<u>No / Yes</u>			*If above question consist of "Yes", proceed to part (d)		
Did you violate any Traffic Rules?	<u>No / Yes</u>			Any Prosecution Given by TP?	<u>No / Yes</u>	
Traffic Police Activated?	<u>No / Yes</u>					
d) 3rd Party Vehicle Details						
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	
Vehicle Number:	<u>SLA 9682 A</u>					
Vehicle brand:	<u>BMW</u>					
Vehicle Model:						
Name:	<u>CHUN SIANG LEAH</u>					
NRIC/ FIN/ Passport:	<u>S7139837D</u>					
Contact Number:	<u>+6596311358</u>					
e) Witness Details (if any)						
Name:				Contact number:		
f) Accident Statement						
Please proceed to write Description of Accident. See Page 4.						
g) Acknowledgement						
I/We declare the foregoing particulars are true in every aspect.						
Driver Signature:	<u>[Signature]</u>			Supervisor Signature:		
Date:	<u>11/11/2018</u>			Date:		
Time:	<u>11.41 am</u>			Time:		

✓ W.Tuc certificate is expiry Date

→ Waiting for Certificate?

Driver say company got GAI?

min 31/10/2016?

OK

Section 2: FOR FMU STAFF ONLY

a) Insurance Information

Claim purposes:	Own Damage / 3rd Party / Reporting Only	Is Driver employee of Company?:	No / Yes
Insurance Company:	See Attached	Is driver the owner of the vehicle?	No / Yes
Policy Number:	Comprehensive / 3rd Party / Fire & Theft		

b) Certis Demerit Point Recommendation

At-Fault Accident?	No / Yes	BOLA Reference Number:	30
Accident Type:	Minor / Major	Demerit points allocated:	3

Driver Acknowledgement:

Head of FMS
Acknowledgement:

Date and Time:

AK
11/11/2018 11.45 am

Date and Time:



LESEN MEMANDU
DRIVING LICENCE



MALAYSIA



GOVIN PILLAY A/L
T.P. CHANDRAN

Kewarganegaraan / Nationality No. Pendaftaran / Identity No.
MALAYSIA 920911045501

Kategori / Class

B D

Tenggah / Validity

11/04/2016 - 11/09/2018

Alamat / Address

NO 11 JALAN ZAHIR 24
TAMAN MALIM JAYA
75250 BANDAR MELAKA
MELAKA



WORK PERMIT

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

Employer

CERTIS CISCO AUXILIARY POLICE FORCE PTE. LTD.

Sector: SERVICE

Name

GOVIN PILLAY T P CHANDRAN

Occupation

COMPLIANCE OFFICER



Work Permit No.

4 06274780

Date of Application

09-10-2017

Date of Issue

17-10-2017

Date of Expiry

16-10-2019



L8388866

JPJL6

- A Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 450 kg
- A1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- B Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 2500 kg
- B1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 500 kg
- B2 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 250 kg
- C Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 250 kg
- D Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- D1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
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- F Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
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- K Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
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- L Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- L1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- L2 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- M Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- M1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
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- N Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- N1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
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- O Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- O1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- O2 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- P Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- P1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- P2 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- Q Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- Q1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- Q2 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- R Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- R1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- R2 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- S Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- S1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- S2 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- T Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- T1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- T2 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- U Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- U1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- U2 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- V Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- V1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- V2 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- W Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- W1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- W2 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- X Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- X1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- X2 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- Y Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- Y1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- Y2 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- Z Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- Z1 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg
- Z2 Kenderaan Utang Cawal Berkelengkapan STM tidak melebihi 3000 kg

- F Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- G Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- H Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- I Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- J Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- K Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- L Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- M Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- N Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- O Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- P Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- Q Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- R Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- S Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- T Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- U Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- V Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- W Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- X Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- Y Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg
- Z Traktor/Jenama Bergas Ringan (Berat) STM tidak melebihi 5000 kg

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VISIT PASS

Immigration Regulations

Name

GOVIN PILLAY T P CHANDRAN



Date of Birth

11-09-1992

Sex

M

Nationality

MALAYSIAN

FIN

G8568277L

Date of Issue

17-10-2017

Date of Expiry

16-10-2019

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, 1969 (Malaysia)

Policy Details

Certificate Number	: MOMVM000001676-00-000	Cover	: Motor Cycle (Comprehensive)
Policyholder Name	: Certis Cisco Security Pte Ltd	Chassis Number	: LBPKE128490030462
NCD Entitlement	: 20% Fleet Discount	Engine Number	: E3D6E001092
Hire Purchase	: N/A	Registration Number	: FBD5412S
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 of 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

m1ow