

NATIONAL Assessment Centre Services

1.01 : 2017/05

Date In: 25/01/2018 17:32	Job description	Date & Time Completed	Done by
Ref No NA/GAI18001568/K4	SAS e-filing		
Veh No FBD9287K	E-mail (within 8hrs, AIC 2hrs)		
DOA 18/01/2018 20:50	i-Motor Claim Form		
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJW2168Y	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:-	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

NA1800583	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
Claimant's Particulars :-	2) DA : Damage Assessment (\$100); INC (\$50)			
Driver/Owner:	3) TP : Towing Fee \$40/\$45			
Contact No:	4) FT : Follow-Through Survey \$120			
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30			
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2003)			
Auditors' Comments :-	6) TR : Re-inspection \$75			
Cat 1:	7) N1 : Idac DA + SMRT Survey \$160			
Cat 2/3:	8) NTUC Additional Services:-			
	OD*			
	*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 (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 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	25/01/2018 17:32
Date Of Accident	18/01/2018 20:50
Exact Location Of Accident	LORNIE ROAD HEADING TWDS FARRER ROAD LANE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD9287K
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	YONG_KAI_KEAT@CERTISSECURITY.COM
Mobile Phone No	(LOCAL) +65-90023403
Alternative Phone No	OFFICE-90023403

Vehicle Particulars

Manufacturer	HONDA
Model	XL125V
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	
Cover Note Number	MT20171691

Driver

Name of Driver	HASHIM BIN MOHAMED YATIM
NRIC No	S14805861
Date Of Birth	30/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1984
Driving Experience	33 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90023403
Fax Number	
Contact Number	OTHERS-90023403
Email Address	YONG_KAI_KEAT@CERTISSECURITY.COM

Address	BLK 298D COMPASSVALE STREET #01-48
Postcode	544298
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 - HEAD TO REAR
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?	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)	2
Passenger 1	NAME: : MOHD HAIKAL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180122/2104

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW2168Y
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)

DETAILS OF INJURED PERSON 1

Name HASHIM BIN MOHAMED YATIM
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? FBD9287K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

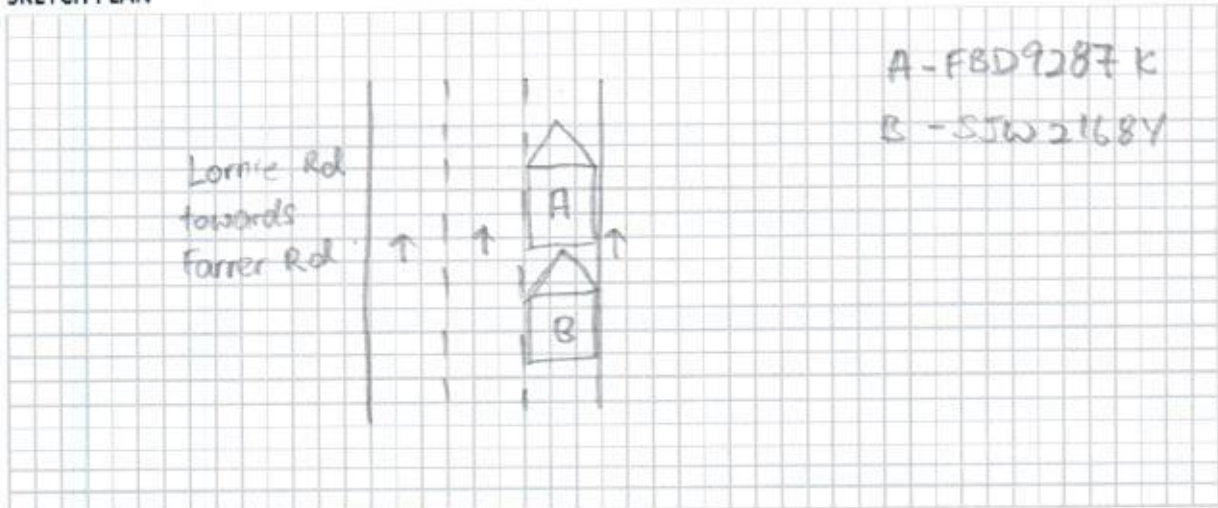
[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/1/2018

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

25/1/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to attach police report. : 1/20180122/2104

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:

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



SINGAPORE POLICE FORCE



T/20180122/2104

1 of 3

Report No. T/20180122/2104

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2018 14:37	Vide Report No.:	Station Diary No.: 112
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Informant's Particulars

Name of Informant: HASHIM BIN MOHAMED YATIM			Address: APT BLK 298D COMPASSVALE STREET #01-48 SINGAPORE 544298	
ID Type / ID No.: NRIC NO / S1480586I			Contact No.: Home/Office: Mobile: 90023403	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 30/10/1961	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: CERTIS CISCO OFFICER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/01/2018 20:50	Type of Location: Straight Road
Location: Along Road 1 LORNIE ROAD				
Along Lornie road heading towards Farrer Road, lane 01				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD9287K	Motorcycle					0
SJW2168Y	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180122/2104

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180122/2104

CONTINUATION OF REPORT

Rider			
Name	HASHIM BIN MOHAMED YATIM	ID No.	S1480586I
Related Vehicle	FBD9287K (Motorcycle)	Contact No.	90023403
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	18/01/2018	Date Discharge	NIL
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

On 18/01/2018 at about 2050hours, I was riding my Certis Cisco company motor bike bearing FBD9287K at along Lornie Road heading towards Farrer road, lane 01. I had a partner by the name Haikal, tel no. 96667411 as my pillion. While I was on the move, I felt an impact coming from behind which caused my partner and myself falling down from my motorbike. Then, I discovered that a Subaru vehicle bearing SJW2168Y had hit onto the rear side of my motorbike. The accident took place near to PIE Exit. Ambulance and police had came to scene. My partner and I was conveyed to Tan Tock Seng Hospital and was given 14 days of Medical Leave. I suffered abrasions on my face, small abrasions on my legs and my hands and fractured rib.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20180122/2104

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Report No. T/20180122/2104

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:

F /
Sgt 3 LEE JIN WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:
22/01/2018 14:37

Classification Of Case:

SN 985

Reported on 25/1/2018
@ 1600hrs

ACCIDENT STATEMENT

ACCIDENT DATE: (18/01/2018) (DD/MM/YYYY), TIME: (20:50 Hrs) (HH:MM)

LOCATION: LORNIER ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FRD 9287K
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
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: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2

2. INSURED / POLICY HOLDER

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

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90023403
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) Slight

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SWN2168Y MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)

(2)

Passenger
Hailan
Male

Ambulance
yes

* No of passenger
(including driver)

()

* No of passenger
(including driver)

()

* Video
yes

email = Tong Kai Keat @ certisecurity.com
fax =

Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.1

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name: Hachin H. Mohal Yatin
 NRIC/ FIN/ Passport: S14805862
 Date of Birth: 30/10/61

Contact number: 90022403
 Driving Pass Date: 7/11/1984

b) Vehicle Details - Certis

Vehicle Number: F130 9287K
 Vehicle brand: Honda
 Vehicle Model: XL 125

Vehicle Category: Commercial / Motorcycle / Car

Number of passengers (Include driver): 02

c) Accident Details

Date: 18/1/2018
 Time: 2050h.
 Location: Lorne Rd.
 Type of Collision: Rear-End / Side-impact / Sideswipe
 Head-on / Single Car / Chain Collision
 Hit-and-Run / Rollover / Self-Skidded
 Weather Condition: Clear / Rainy / Groomy
 Road Surface: Wet / Dry
 Any Fatality/Major Injury? No / Yes
 Did you violate any Traffic Rules? No / Yes
 Traffic Police Activated? No / Yes

Are you on more than 3 days medical leave (MC)? No / Yes

Any personnel taken to hospital? No / Yes

Damaged to Government Property or Material? No / Yes

Foreign Vehicle(s) Involved? No / Yes

*if any above questions consist of a "Yes", proceed to make police report

^Police report required? No / Yes

^If Yes, police station name? Seng Leng NRC

Any Other Vehicle Involved? No / Yes

*if above question consist of "Yes", proceed to part (d)

Any Prosecution Given by TP? No / Yes

d) 3rd Party Vehicle Details

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Vehicle Number:	<u>5JW 2168X</u>				
Vehicle brand:	<u>Subaru</u>				
Vehicle Model:					
Name:					
NRIC/ FIN/ Passport:					
Contact Number:					

e) Witness Details (if any)

Name: _____ Contact number: _____

f) Accident Statement

Please proceed to write Description of Accident. See Page 4.

g) Acknowledgement

(We declare the foregoing particulars are true in every aspect.)

Driver Signature: [Signature]
 Date: 24/1/2018
 Time: 10:15 am

Supervisor Signature: _____
 Date: _____
 Time: _____

Section 2: FOR FMU STAFF ONLY**a) Insurance Information**

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

b) Certis Demerit Point RecommendationAt-Fault Accident? No / Yes

BOLA Reference Number:

Accident Type: Minor / Major

Demerit points allocated:

Driver Acknowledgement:

Head of FMS

Acknowledgement:

Date and Time:

Date and Time:

[Signature]
24 Feb 2018
10:15 am

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S14805861



Name

HASHIM BIN MOHAMED YATIM

Race

MALAY

Date of birth

30-10-1961

Sex

M

S14805861

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S14805861

Name

HASHIM B'N MOHAMED YATIM

Birth Date 30 Oct 1961

Issue Date 20 Dec 2002



J00054540E

523847



NRIC No. S14805861



Date of issue

14-11-2013

Address

APT BLK 298D COMPASSVALE STREET

#01-48

SINGAPORE 544298

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Class 2B Motorcycles not exceeding 200 cc

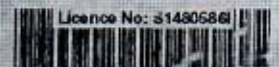
09 Nov 1984

Class 2A Motorcycles between 201 cc and 400 cc

04 Mar 1997

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

17 Apr 1956



Licence No: S14805861

NP 428A



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: MT20171691

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 XL 125V Motor Cycle
Vehicle Registration No.	: FBD9287K
Year Of Manufacture	: 2008
Engine No.	: JC29E9056523
Chassis No.	: VTMJC32A08E425747
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