

NATIONAL Assessment Centre Services

Part 1 (01/00)

NA418017955

Date In: 05/05/2018 17:21	Job description	Date & Time Completed	Done by
Ref No: NA418017955	SAS e-illing		
Veh No: FBK 80064	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 09/01/2018 23:00	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (within 24hrs, 24 hrs)		
	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	Yell No: —	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% (Note: B/L Status (WO): NI: 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 repeller.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks	INC () / Non-INC ()	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury:	
Date/Time	Action:

NA41800761	Invoice Preparation/Checklist	NA41800761
Insured's Particulars	1) AR: Accident Reporting (\$20)	
Driver/Owner	2) DA: Damage Assessment (\$100) INC (\$50)	
Vehicle No:	3) TP: Towing Fee \$100	
Damaged Portion:	4) FT: Follow-Through Survey \$150	
	5) XT: Follow-Through Survey (Recovery) \$10	
	6) TR: Re-inspection \$15	
	7) NI: No DA + SMRT Survey \$160	
	8) NTUC Additional Services	
	9) NI: Courtesy Car / Tpl Allowance \$5	
	10) NI: Repair Coordination \$10	
	11) NI: Post Repair Inspection \$15	
	12) NI: DY / Collect Excess Coordination \$1	
	13) NI: TP (Non-INC) against INC \$20	
	14) NI: License Photo \$10	
	Invoice dated	File Charged
	Invoice total	File 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	05/02/2018 17:21
Date Of Accident	09/01/2018 23:00
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8606U
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	20090088K
Email Address	JEREMY_QUEK@CERTISSECURITY.COM
Mobile Phone No	(LOCAL) +65-97879645
Alternative Phone No	OFFICE-97879645

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC
Exact Purpose for which vehicle was being used at time of accident	ON DUTY
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	MT20171734

Driver

Name of Driver	GOGULAKANAN S/O GOVINDASAMY
NRIC No	S7674044E
Date Of Birth	25/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2010
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97879645
Fax Number	
Contact Number	OTHERS-97879645
Email Address	JEREMY_QUEK@CERTISSECURITY.COM

Address	BLK 231 SIMEI STREET 4 #02-125
Postcode	520231
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	FLOOD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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



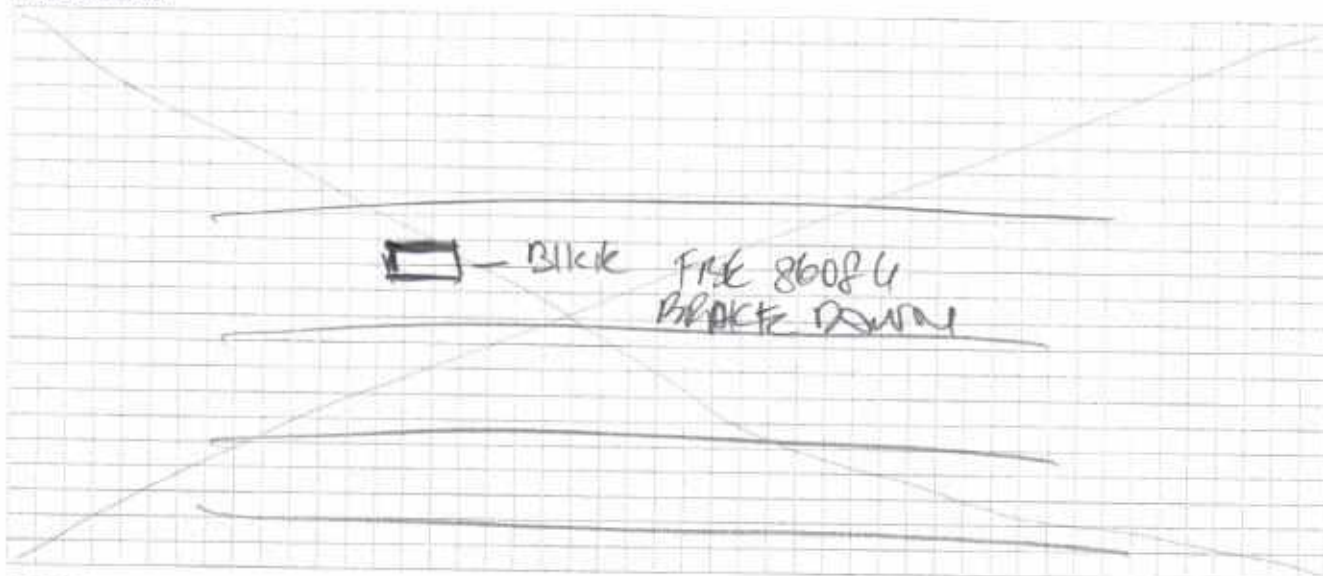
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 02/01/18

1547

Reporting Centre Personnel's Signature
Name: 05/02/2018
NRIC/FIN No.: Rosli WAHAB

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Bike FBE86084 broke down on 09/01/2018. It was towed to workshop. According to workshop, they found water around pulsar coil area, and plug coil and CDI unit damaged, likely due to the faulty pulsar coil.

There was flash flood on the 08/01/2018.

Thus we would like to file the report for Insurance claim purpose.

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: 09/01/18

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

Incident

ACCIDENT STATEMENT

Incident
ACCIDENT DATE: 09/01/2018 (DD/MM/YYYY), TIME: 23:00 (HH:MM)

LOCATION: PIE toward Tues

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB E86084
 b) INSURANCE COMPANY: Great American
 c) POLICY NUMBER: MT 20171734
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA CB 400X
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: ON DUTY
 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: CHITTO VESCO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Gogulakandan S/o Govindasamy (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57674044E CONTACT: 97879645
 c) ADDRESS: APT PIK 231 SINEI STREET 4 #02-126
S 520231

*d) DATE OF BIRTH: 25/07/1976 (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: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ / 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: _____

Email = Jeremygc-quek@certisecurity.com

Fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7674044E



Name
GOGULAKANAN S/O
GOVINDASAMY
கோ கோகுலகண்ணன்

Race
INDIAN

Date of Birth 25-07-1976 Sex M

Country of Birth
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7674044E



GOGULAKANAN S/O
GOVINDASAMY

Birth Date: 25 Jul 1976
Issue Date: 07 Sep 2010

00155506111

A8024422

S7674044E



NATIONALITY
MALAYSIAN

Issue Group: A+ Date of Issue: 25-07-2010

AFT BLK 231 SIMEL STREET A 802-125
SINGAPORE 620231

NRIC No: S7674044E Date: 19/12/2009 No: 8

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 CC	04 Mar 1997
Class 2A Motorcycles between 201 CC and 400 CC	07 Sep 2010
Class 2 Motorcycles > 400 CC	20 Jul 2017
Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	20 Jan 1999

S / No 9000259246

37674044E

NP 428A

Licence No: S7674044E

**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 2516

MOTOR COVER NOTE: MT20171734

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 CB400 M Motor Cycle
Vehicle Registration No.	: FBE8608U
Year Of Manufacture	: 2010
Engine No.	: NC42E1115840
Chassis No.	: NC421202293
Engine Capacity/ Tonnage/ Seater	: 399 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