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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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

oforesaid.	ACCIDENT STATEMENT	
ALTERNATION AND A STATE OF THE	(//w/1/#10-1/day)	
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	520
D	ETAILS 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	
ELECTRICAL STRUCTURE FOR EXAMPLE AND ADDRESS OF THE PERSON		on the 17

BLK 231 SIMEI STREET 4 Address #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? Number of vehicles involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? NO I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **Details of Police Action** NO Was the accident reported to the police? 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 NO Was there any video captured by Car Camera?

NO

Was there any audio recorded?

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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

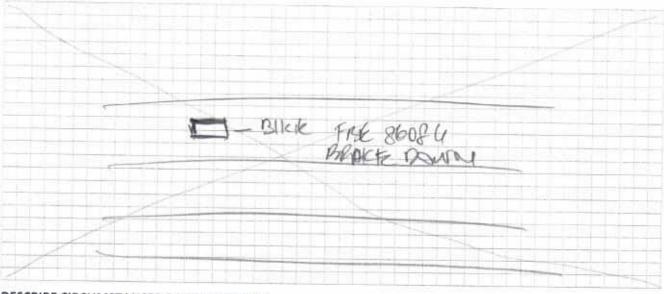
Driver's Signature

(If driver is not the policyholder)

Date & Time: 02/01 \ 18

Reporting Centre Personnell's Signature
Name:
NRIC/FIN No.: 1/OS CI WAHAAB

Date & Time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Rike FBE8608 U broke down on 09/01/2018. It was towed to
workshop. According to workshop, they found nater around pulsar will area, and plug will and col unit damaged, likely due to
the tanky pulsar wil.
These was thesh thool on the objections.
Thus we would like to tile the report for Insurance claim purpose.
CAPINI 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: 01 01 13

Reporting Centre Personnel's Signature
Name:
NEIC/SIN No.

	LOCATION: PIE toward Tues		
	1. DETAILS OF VEHICLE	≥ <i>u</i>	2 1
	a) VEHICLE NUMBER: FBESTON	, v	
000	blinsurance company: Great A	verican	
	CIPOLICY NUMBER: MT 20171		
	dipolicy type: (Comprehensiv) / TH	IRD PARTY / THIRD PART	FIRE & I HEFT
	GIMAKE & MODEL: HOND	4 CB 4WX	S
	/)TYPE:(SALOON / COUPE / MPV /V AN	/ LORRY (MOTORCYCL	P/OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COM		(15)
	h) PURPOSE OF USING AT ACCIDENT TIM		
3	I) ARE YOU CLAIMING UNDER YOUR OV	YN INSURANCE (YEDINO)
385	IF NO, PLEASE STATE (THIRD PARTY CLA	AIM / REPORTING ONLY)	
	2. INSURED / POLICY HOLDER		
	AINAME: CHINO USCO.	[MALE	/ FEMALE)
	b)NRIC/FIN/PASSPORT:	CONTACT:	
	c) ADDRESS:	and the second second second	
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6	* CONTINUE TO 3.4 IF DRIVER ALSO PO	LICY HOLDER	
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	diver) binric/fin/passport: \$767404 claddress: APT PIK 231 (100 s 52021 *didate of Birth: (12/-7/1876 eloccupation: (indoor /outdoor) flyears of driving exprerience: 4. Was driver an employee of the	LI (DD/MM/YYYY) INSURED'S COMPANY	187 964.
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Chail = Jeremyye-quek @ cercisseconity com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7674044E





GOGULAKANAN SIO GOVINDASAMY

கோ கோகுலகன்னன்

INDIAN

25-07-1976 M

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



S7674044E

GOGULAKANAN SIO GOVINDASAMY

Bet Dine 25 Jul 1976 haire Date 07 Sep 2010



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Minimayins we 200 CC.
Shirneyyins however 201 CC and 400 CC.
Mining vides - 400 CC.
Mining vides - 5000 kg with see 7 passengers, carbasine of the introduction and motor transcriptionises == 2000 kg.

94 Mar 1997 87 Sen 2018 29 Jul 2017 29 Jul 2017

57674044E

S / No 9000259245

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: 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

Factor No.

NC42E1115840

Engine No.

TO SECTION TO SECTION TO

Chassis No.

: NC421202293

Engine Capacity/ Tonnage/ Seater Hire Purchase

: 399 cc

Value (S\$)

Nil

Period Of Insurance

AS PER MARKET VALUE FROM: 01/04/2017 TO: 31/03/2019

Excess (S\$)

: Section 1 :\$ 750

: Section II :Nil

Great American Authorized Workshop

: Windscreen Excess :\$ 100 : 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