

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 08/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/GA/18002560/13	SAS e-filing		
Veh No: FBE6694H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/02/18 1220	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: SFF917C	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

NA1800859	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	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 30		
	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	08/02/2018 14:23
Date Of Accident	06/02/2018 12:20
Exact Location Of Accident	KERBAU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE6694H
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO SECURITY PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84841151
Alternative Phone No	OFFICE-84841151

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125
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	YES
Policy Number	MOMVM000001676-00-000
Cover Note Number	

Driver

Name of Driver	MOHAMAD DANIAL BIN MOHAMAD NIZAR
NRIC No	S8741170B
Date Of Birth	18/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84841151
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 50 CHAI CHEE STREET #03-825
Postcode	461050
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?	NO
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180206/2096

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	SFF917C
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHIDDIN BIN ABU BAKAR
NRIC/Passport Number	S1806641F
Contact Number	92360590
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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:

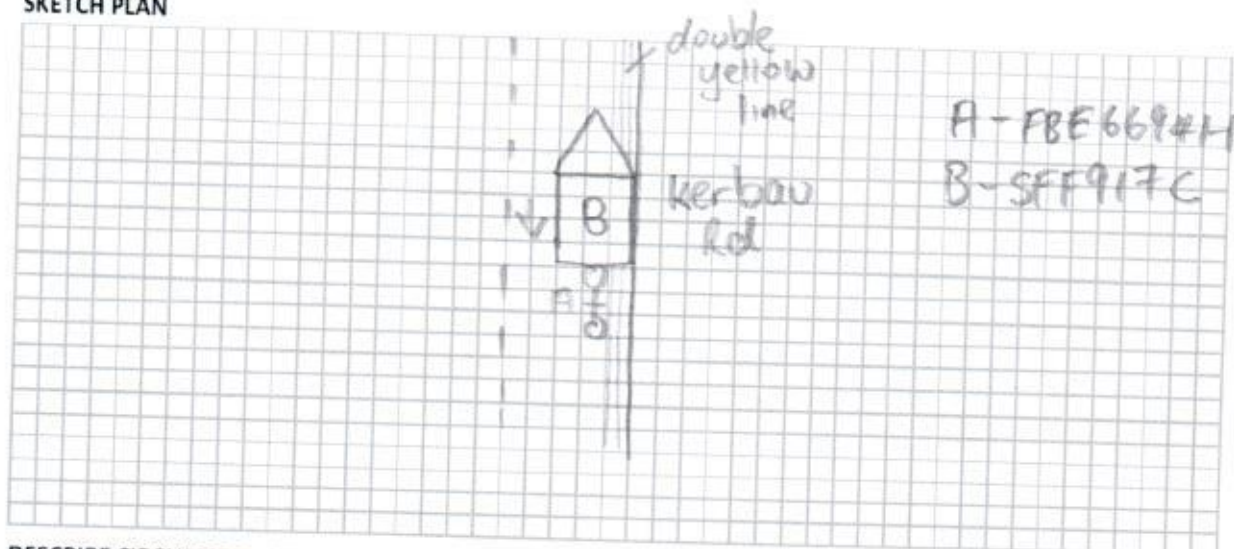


Driver's Signature
(If driver is not the policyholder)

Date & Time: 6/2/18 3:31pm

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report: T/20180206/2096

DECLARATION

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

Policyholder's Signature

Date & Time:

GIAMC Security Services Sdn Bhd

Danial

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/11/18 3:31pm

flym 08/02/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180206/2096

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3

Report No. T/20180206/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2018 14:38	Vide Report No.:	Station Diary No.: 91
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MOHAMAD DANIAL BIN MOHAMAD NIZAR			Address: APT BLK 50 CHAI CHEE STREET #03-825 SINGAPORE 461050	
ID Type / ID No.: NRIC NO / S8741170B			Contact No.: Home/Office: Mobile: 8484 1151	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 30	Date of Birth: 18/12/1987	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: Cisco Parking Enforcer			Driving Licence Information: Class: 2B,2A Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/02/2018 12:20	Type of Location: Straight Road
Location: Along Road 1 KERBAU ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One 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
FBE6694H	Motorcycle	YAMAHA	YBR 125	White	Slightly Damaged	0
SFF917C	Car	HONDA		Black	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180206/2096

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 3

Report No. T/20180206/2096

CONTINUATION OF REPORT

Rider			
Name	MOHAMAD DANIAL BIN MOHAMAD NIZAR	ID No.	S8741170B
Related Vehicle	FBE6694H (Motorcycle)	Contact No.	8484 1151
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHIDDIN BIN ABU BAKAR	ID No.	S1806641F
Related Vehicle	SFF917C (Car)	Contact No.	9236 0590
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/02/2018 at about 1220hrs, I was doing my parking enforcer duties along Kerbau Road, when I spotted a vehicle bearing the licence plate of SFF917C, violating the offence of parking at the double yellow line.

As such, I went behind his vehicle, and stopped roughly 6 metres behind his vehicle. I then switched on my blinker lights to warn him of the offence he is committing, and also horned to warn him of his actions. The said vehicle however, reversed onto my motorcycle, even though I repeatedly horn him to warn that he may reverse onto me.

Unfortunately, he did reverse into my motorcycle bearing the licence plate of FBE6694H, and damaged the front cover set of my motorcycle.

The driver then exited his vehicle, and apologized to me. We then exchanged particulars. I am lodging this police report for my management and to claim insurance from the other party.



**SINGAPORE
POLICE FORCE**



T/20180206/2096

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20180206/2096

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:

G /

Staff Sgt LUQMAN MOHD MANSOR

Signature Of Informant:

Daniel

Signature Of Interpreter:

Not applicable

Date/Time:

06/02/2018 14:38

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

shift start
time
10^{am} - 10^{pm}

Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.1

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name: MD DAWUD Bin MD WAZIR Contact number: 84841151
 NRIC/ FIN/ Passport: 887411703 Driving Pass Date: _____
 Date of Birth: 18/12/87

b) Vehicle Details - Certis

Vehicle Number: FBE669411 Vehicle Category: Commercial / Motorcycle / Car
 Vehicle brand: 125
 Vehicle Model: KAMA YAMAHA
 Number of passengers (Include driver): 1

c) Accident Details

Date: 6/2/18 Are you on more than 3 days medical leave (MC)? No / Yes
 Time: 12:20pm Any personnel taken to hospital? No / Yes
 Location: Kerbau Road Damaged to Government Property or Material? No / Yes
 Type of Collision: Rear-End / Side-impact / Sideswipe Foreign Vehicle(s) Involved? No / Yes
 (Please Circle) Head-on / Single Car / Chain Collision
 Hit-and-Run / Rollover / Self-Skidded
 Weather Condition: Clear / Rainy / Groomy *If any above questions consist of a "Yes", proceed to make police report
 Road Surface: Wet / Dry ^Police report required? No / Yes
 Any Fatality/Major Injury? No / Yes ^If Yes, police station name? SUT LUGMAN
 Did you violate any Traffic Rules? No / Yes Any Other Vehicle Involved? No / Yes
 Traffic Police Activated? No / Yes *If above question consist of a "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>SFF917C</u>				
Vehicle brand:	<u>-</u>				
Vehicle Model:	<u>Honda</u>				
Name:	<u>MOHIDEN DECHA S/O ADY AGIBUR</u>				
NRIC/ FIN/ Passport:	<u>5180641F</u>				
Contact Number:	<u>92360590</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: Dania Supervisor Signature: _____
 Date: 6/2/18 Date: _____
 Time: 3:31pm Time: _____

Section 2: FOR FMU STAFF ONLY

a) Insurance Information

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

b) Certis Demerit Point Recommendation

At-Fault Accident? No / Yes

BOLA Reference Number:

Accident Type: Minor / Major

Demerit points allocated:

Driver Acknowledgement:

Dania I

Head of FMS

Acknowledgement:

Date and Time:

6/2/18 3:31pm

Date and Time:



Name

MOHAMAD DANIAL BIN MOHAMAD
NIZAR

Race

MALAY

Date of birth

18-12-1987

Country/Place of birth

SINGAPORE

Sex
M

S8741170B

REPUBLIC OF SINGAPORE DRIVING LICEN



Licence Number S8741170B

Name

MOHAMAD DANIAL BIN
MOHAMAD NIZAR

Birth Date 18 Dec 1987

Issue Date 23 Jan 2014



002268416G

584138



NRIC No. S8741170B



Date of issue

19-12-2017

Address

APT. BLK 50 CHAI CHEE STREET
#03-B25
SINGAPORE 461050

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

EFFECTIVE DATE

Class 2B Motorcycles <= 240 CC
Class 2A Motorcycles between 241 CC and 400 CC

15 Mar 2007
31 Jul 2017

S / No. 9000301585

S8741170B

NP 428A



Licence No. S8741170B

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	: LBPKE1285A0041149
NCD Entitlement	: 20% Fleet Discount	Engine Number	: E3D6E004003
Hire Purchase	: N/A	Registration Number	: FBE6694H
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
mlow