

Date In: 26/12/18 12:02	Job description	Date & Time Completed	Done by
Ref No: NA1 GA1 18003571/h4	SAS e-filing		
Veh No: FBE 2 6733 D	E-mail (within 3hrs, AIG 3hrs)		
D.O.A: 23/12/18 13:30	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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: Vch No: SKH 8219 L	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

NA1801250	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
		Inc Bill	Ass Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	30	
Driver/Owner:	2) DA: Damage Assessment (\$100)	100	
Contact No:	3) TF: Towing Fee	\$40, \$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$30	
	For claiming assist INC Only (wef 10 Jan 2022)		
	6) TR: Re-inspection	\$75	
	7) NI: Idac DA + SMRT Survey	\$160	
	8) NTUC Additional Services:-		
	Q1:		
QC Checked by (Engr-In-Charge):	*NS: Courtesy Car / Tpt Allowance	\$5	
	*NS: Repair Co-ordination	\$10	
	*NT: Post Repair Inspection	\$25	
Auditors' Comments:-	*NS: DV / Collect Excess Coordination	\$5	
	IP (N/A) TP Non-INC, against INC	\$20	
	9) N12: Idac Mobile	\$5	
	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	26/02/2018 12:02
Date Of Accident	23/02/2018 13:30
Exact Location Of Accident	DRAYCOTT PARK LAMP POST NUMBER 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE6733D
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO SECURITY PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81882199

Vehicle Particulars

Manufacturer	YAMAHA
Model	-
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	NO
Policy Number	MOMVM000001676-00-000
Cover Note Number	-

Driver

Name of Driver	RAJAH R TAMILSELVAN
NRIC No	G8561255M
Date Of Birth	28/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(FOREIGN) 017-7070023
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address JALAN BUNGA DAHLIA 9 TAMAN AMAN 81400 SENAI JOHOR

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 -

Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - U-TURN

Weather Conditions CLOUDY

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 ORCHARD NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7359999 - FAX NO: 67331934

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKH8219L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver HAYASHI MICHIO

NRIC/Passport Number G5444928W

Contact Number 90095119

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

RAJAH R TAMILSELVAN

Approximate Age

Injuries Sustain

RIGHT HAND

Injured person in which vehicle?

FBE6733D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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: 26/2/2018
11.30am

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

103430

10^{am} 10 pm

Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.1

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name: Rajesh A/L R. Tamilselvan
 NRIC/ FIN/ Passport: G8561255M
 Date of Birth: 28/03/1993

Contact number: 017-7070023
 Driving Pass Date: 18/9/2017

b) Vehicle Details - Certis

Vehicle Number: FBE6733D
 Vehicle brand: _____
 Vehicle Model: _____

Vehicle Category: Commercial / Motorcycle / Car

Number of passengers (Include driver): 1

c) Accident Details

Date: 23/2/2018
 Time: 1.30pm
 Location: Draycott park
 Type of Collusion: Rear-End (Side-impact) Sideswipe
 (Please Circle) Head-on / Single Car / Chain Collusion
 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? Orchard NPS

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>SKH 829AL</u>				
Vehicle brand:					
Vehicle Model:					
Name:	<u>Hayashi michiko</u>				
NRIC/ FIN/ Passport:	<u>G5KHA928W</u>				
Contact Number:	<u>90095119</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: RJH
 Date: 26/2/2018
 Time: 11.30 am

Supervisor Signature: _____
 Date: _____
 Time: _____

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

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

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

BOLA Reference Number:

Accident Type: Minor / Major

Demerit points allocated:

Driver Acknowledgement:

PLGhHead of FMS
Acknowledgement:

Date and Time:

26/2/2018 11:30pm

Date and Time:



SINGAPORE POLICE FORCE



T/20180223/2101

1 of 3

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20180223/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2018 15:43		Vide Report No.:		Station Diary No.: 103	
Informant's Particulars					
Name of Informant: RAJAH R TAMILSELVAN			Address:		
ID Type / ID No.: NRIC NO / G8561255M			Contact No.: Home/Office:		Mobile: 0177070023
Nationality: MALAYSIAN			Email: rajah2893@gmail.com		
Sex: Male	Age: 24	Date of Birth: 28/03/1993	Type of Informant: Rider		
Race: Indian		Language: English		Institution / School Name:	
Occupation: LTA ENFORCMENT OFFICER			Driving Licence Information: Class: 2B		Date of Expiry: 28/03/2020

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/02/2018 13:30	Type of Location: Straight Road
Location: Along Road 1 DRAYCOTT PARK				
Lamp Post Number: 5				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
FBE6733D	Motorcycle			White	Slightly Damaged	0
SKH8219L	Car			Grey	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/20180223/2101

2 of 3

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20180223/2101

CONTINUATION OF REPORT

Rider			
Name	RAJAH R TAMILSELVAN	ID No.	G8561255M
Related Vehicle	FBE6733D (Motorcycle)	Contact No.	0177070023
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: 28/03/2020
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	HAYASHI MICHICO	ID No.	G5444928W
Related Vehicle	SKH8219L (Car)	Contact No.	90095119
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 20/03/2019
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/02/2018, at about 1330 while on duty I was travelling along Draycott Park near lamppost 5, on my bike which belonged to CISCO, FBE6733D, headed towards Claymore Dr. I was riding beside one Grey Subaru Forester on my right, SKH8219L when it made an illegal U-turn and hit the right handle of my bike and also hitting my hand and arm in the process. After which she made a check and discovered that her car had suffered some scratches, while my bike head cover became loose I informed my supervisor on the matter and informed to take down the particulars of the driver and lodge an accident report.



**SINGAPORE
POLICE FORCE**



T/20180223/2101

3 of 3

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20180223/2101

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:

E /

Sgt 2 MUHAMMAD KUNZAN MUFIAN BIN
ZAHREIN

Signature Of Informant:

Plgh

Signature Of Interpreter:

Not applicable

Date/Time:

23/02/2018 15:43

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

SN 172

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

[Signature]
SIGNATURE

RAJAH A/L R. TAMILSELVAN



Merganegara / Multinational No. Pengesahan / Identity No.
MALAYSIA 930328016825
 Kelas / Class
 B2 D
 Tempoh / Validity
 18/09/2017 - 28/03/2020
 Alamat / Address
 NO 65
 JALAN BUNGA DAHLIA 9
 TAMAN AMAN
 81400 SENAI
 JOHOR



Employer:
CERTIS CISCO AUXILIARY POLICE FORCE PTE. LTD.

Customer: SERVICE

Name
RAJAH R TAMILSELVAN
Occupation
COMPLIANCE OFFICER

Work Permit No. 4 06255719

Date of Application 20-09-2017

Date of Issue 04-10-2017

Date of Expiry 03-10-2019



L83611C

JPJL6

- | | | | |
|----|--|----|---|
| A | Kendaraan Orang Lain (Maksimal) BTM tidak melebihi 450 kg | F | Traktor/Jenis lain dengan Pengerak (Berat) BTM tidak melebihi 2500 kg |
| A1 | Mandi Canggih (Mandi) Maksimal BTM tidak melebihi 3500 kg | F1 | Traktor/Mandi Machinery Light (Maksimal) ukuran weight not exceeding 500 kg |
| B | Maksimal Maksimal 300 kg | G | Traktor/Jenis lain dengan Ringkas (Berat) BTM tidak melebihi 5000 kg |
| B1 | Motor Cycle exceeding 300 kg | G1 | Traktor/Motor Machinery Light (Traktor) ukuran weight not exceeding 500 kg |
| C | Maksimal tidak melebihi 250 kg | G2 | Traktor/Jenis lain dengan Berat Standar BTM melebihi 5000 kg |
| C1 | Motor Cycle not exceeding 250 kg | G3 | Traktor/Motor Machinery Heavy (Maksimal) ukuran weight 5000 kg |
| D | Maksimal Tiga Roda | H | Traktor/Jenis lain dengan Ringkas (Berat) BTM melebihi 5000 kg |
| D1 | Three Wheels Motor Cycle | H1 | Traktor/Motor Machinery Heavy (Traktor) ukuran exceeding 5000 kg |
| E | Motor BTR tidak melebihi 3500 kg | M | Kejuruan Mekanik |
| E1 | Motor Car ukuran weight not exceeding 3500 kg | | Court Comedici |
| F | Motor Tarpa Pindah Berat BTR tidak melebihi 3500 kg | | |
| F1 | Motor Car Without Chassis Pindah ukuran weight not exceeding 3500 kg | | |
| G | Motor BTR BTR tidak melebihi 7500 kg | | |
| G1 | Heavy Motor Car ukuran weight exceeding 7500 kg | | |
| H | Motor BTR BTR tidak melebihi 1500 kg | | |
| H1 | Heavy Motor Car ukuran weight not exceeding 1500 kg | | |
| I | Motor BTR BTR tidak melebihi 5000 kg | | |
| I1 | Motor BTR Car ukuran weight not exceeding 5000 kg | | |

209044 GIG895Q

Hutir Pengerah Perisangkutan Jalan

VISIT PASS
Immigration Regulations

Name
RAJAH R TAMILSELVAN



Date of Birth	Sex	Nationality
28-03-1993	M	MALAYSIAN
FIN	Date of Issue	Date of Expiry
G8561255M	04-10-2017	03-10-2019

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, 1959 (Malaysia)

Policy Details

Certificate Number	: MOMVM000001676-00-000	Cover	: Motor Cycle (Comprehensive)
Policyholder Name	: Certis Cisco Security Pte Ltd	Chassis Number	: LBPKE1283A0042140
NCD Entitlement	: 20% Fleet Discount	Engine Number	: E3D6E003814
Hire Purchase	: N/A	Registration Number	: FBE6733D
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

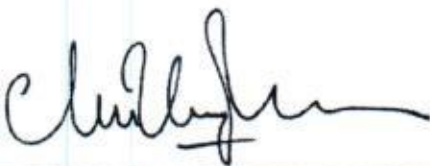
Driver Details

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

m/low