

# NATIONAL Assessment Center Services

11/14/18 180 44072

Date In: 02/04/2018 20:20  
 Ref No: NBA/NTA/180060334  
 Veh No: FBH 8499B  
 D.O.A: 22/03/2018 08:46

TP / Reasoning Only

TP Insured:

Job description	Date & Time Completed	Done by
SAS e-illing		
E-mail (write this, No other)		
E-Motor Claim Form		
E-Motor W/O (write this, No other)		
E-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/Hand to Owner/VWR		

Preferred Wksp / INC Assign Wksp / OWI: Tel: Fax:

TP Particulars: Yell No: INC ( ) / Non-INC ( )

Owner / Driver: ( Tel: )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( Date: Time: )

Insured/Driver Usability: ( % ) (Note: B/L Stand (WO): N: 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 reporter, ( ) Total Loss Case: ( ) to e-mail Insurer URGENTLY, ( ) Driver-In ( ) / Towed-In ( ) Invoice: YES ( ) / NO ( ) Towing Co: ( )

Remarks: ( ) INC/Online: 6788 GOL ( ) Done by: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Repair Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date/TIME: ( )

Human Resources	Invoice Preparation Checklist	Amount	Remarks
Driver/Owner	1) AR: Accident Reporting (\$30)		
Vehicle No:	2) DA: Damage Assessment (\$100)	INC (40)	
Assigned Portion:	3) TP: Towing Fee (\$40/140)		
	4) PT: Follow Through Survey (\$100)		
	5) PT: Follow Through Survey (Resurvey) (\$50)		
	6) TR: Investigation (\$10)		
	7) NI: (LVA + SMRT Survey) (\$100)		
	8) NTUC Additional Services (\$10)		
	9) NI: (LVA + SMRT Survey) (\$100)		
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## 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	02/04/2018 20:20
Date Of Accident	27/03/2018 08:40
Exact Location Of Accident	ALONG WOODLANDS AVENUE 3 EXIT BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH8499B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Work Permit No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81613571
Alternative Phone No	OTHERS-81613571

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-124CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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
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### Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	,MT20171645

### Driver

Name of Driver	MOHAMED SHAHFIR BIN ABDUL KARIM
Work Permit No	S9417252G
Date Of Birth	17/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81613571
Fax Number	
Contact Number	OTHERS-81613571
Email Address	NOEMAIL



Address	BLK 106B CANBERRA STREET #06-455
Postcode	752106
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	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### 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.

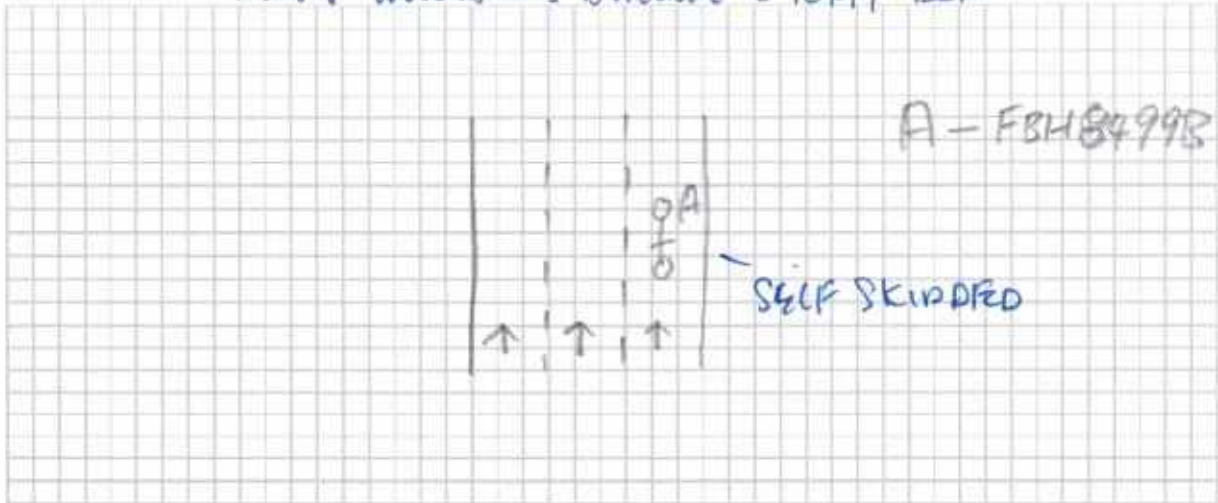
Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

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

Reporting Centre Personnel's Signature  
Name: Reshmi  
NRIC/FIN No.: 9201 1234 5678

SKETCH PLAN

Along WOODLANDS DRIVE 3 EXIT BLE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was about to stop for traffic light I fell on the right side of the Bike  
I was at the right side of lane the road surface was slippery & no grip.  
I ~~fastly~~ quickly got up and go to the side of the road. Then after started the Bike  
I ride it as normal. The Bike started to lose wheel and I try to change gear  
but not happen.

I decided to stop at a safe place to check on the Bike. I realize that the chain  
is missing. I reported straight to my supervisor.

DECLARATION

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

Policyholder's Signature  
Date & Time:

©SASMAC Sdn Bhd (P) Ltd. V2

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

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



ID: 99936  
 start shift time: 1 shift - 0800 am

## Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.1

### Section 1: DRIVER DECLARATION

#### a) Driver Particulars

Name: Mohamed Shalbi Contact number: 8613571  
 NRIC/ FIN/ Passport: SM413232G Driving Pass Date: 01 Oct 2015  
 Date of Birth: 12.5.94

#### b) Vehicle Details - Certis

Vehicle Number: FB89499B Vehicle Category: Commercial / Motorcycle / Car  
 Vehicle brand: Yamaha  
 Vehicle Model: YBR Number of passengers (Include driver): 1

#### c) Accident Details

Date: 0841 am Mond 27.2015 Are you on more than 3 days medical leave (MC)? No / Yes  
 Time: 0841 am Any personnel taken to hospital? No / Yes  
 Location: Woodlands Ave 2 (Exit BKE) Damaged to Government Property or Material? No / Yes  
 Type of Collision: (Please Circle) Rear-End / Side-impact / Sideswipe  
 Head-on / Single Car / Chain Collision  
 Hit-and-Run / Rollover Self-Skidded Foreign Vehicle(s) Involved? No / Yes  
 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? \_\_\_\_\_  
 Did you violate any Traffic Rules? No / Yes Any Other Vehicle Involved? No / Yes  
 Traffic Police Activated? 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:					
Vehicle brand:					
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

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


Driver Signature: [Signature] Supervisor Signature: \_\_\_\_\_  
 Date: 27.03.15 Date: \_\_\_\_\_  
 Time: 02.46 pm Time: \_\_\_\_\_

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

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

**b) Certis Demerit Point Recommendation**

At-Fault Accident?	No / <u>Yes</u>	BOLA Reference Number:	<div style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">—</div>
Accident Type:	<u>Minor</u> / Major	Demerit points allocated:	<div style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">—</div>

Driver Acknowledgement: Head of FMS  
Acknowledgement: \_\_\_\_\_Date and Time: 27.03.18

Date and Time: \_\_\_\_\_

## INCIDENT REPORT

DATE / TIME:	March 27, 2018 0841 am		
LOCATION:	Woodlands Ave 3 exit BKE		
ID / NAME OF PERSON INVOLVE:	Mohamed Shahbir bin Abdul Karim 99900 (6522A)		
INCIDENT:	Self skidded		
DETAILS:	<p>When I was about the stop for traffic light I fell on the Right Side Lane at the right lane of the road and the road surface was slippery &amp; no grip. I quickly got up &amp; go to the side of the road. Thereafter I started the bike and ride as per normal. The bike started to lose wheel and I try to change gear but not happen. I decided to stop at a safe place to check on the bike. I realise that the chain is missing then update my supervisor. The tow truck came at 10.35am.</p> <p>Damage to bike: Lin screen, right footrest, missing chain, screw on the right handle, Box</p>		
ATTACHEMENTS:			
REPORTED BY:	<p><i>Mohamed Shahbir</i> 99900</p>		
RECEIVED BY:	<p>Lim Chee Min Enforcement Executive Parking Enforcement (HDB) Certus CISCO Protection &amp; Enforcement Services</p>		
VERIFIED BY:			
APPROVAL BY:			

27 MAR 2018



SG 50

00247895E

Birth Date: 01 Oct 2015

Birth Date: 17 May 1994

MOHAMED SHAHFI BIN ABDUL KARIM

SG 50

REPUBLIC OF SINGAPORE

DRIVING LICENCE

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9417252G



Name

MOHAMED SHAHFIR BIN  
ABDUL KARIM

Race

MALABARI

Date of birth

17-05-1994

Country of birth

SINGAPORE

Sex

M

S9417252G

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

EFFECTIVE DATE

Class 2B Motorcycles <= 250 CC  
Class 2A Motorcycles between 251 CC and 400 CC

01 Oct 2015  
05 Dec 2016

S9417252G

S / No. 9000254432

NP 428A



Licence No S9417252G



NRIC No S9417252G



Date of issue

12-02-2009

APT BLK 1088 CANBERRA STREET #06-455  
SINGAPORE 752106

NRIC No: S9417252G

Date: 19/12/2017

**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

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**MOTOR COVER NOTE: MT20171645**

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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	: Yamaha YBR125 Manual Motor Cycle
Vehicle Registration No.	: FBH8499B
Year Of Manufacture	: 2013
Engine No.	: E3J2E013351
Chassis No.	: LBPKE1788E0018494
Engine Capacity/ Tonnage/ Seater	: 124 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