

NATIONAL Assessment Centre Services

NAI 4804850

Date In: 11/04/2018 18:03
Ref No: NAI/480485067227
Veh No: FBG 6150A
D.O.A: 04/04/2018

TP / Reporting Only

TP Insure:

Job description	Date & Time Completed	Done by
SAE e-illing		
E-mail (vehicle size, AIO etc)		
1-Motor Claim Form		
1-Motor NYO (vehicle size, etc)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Box/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:

TP Particulars	Yeh No: SLJ 14084	INC () / Non-INC ()	Tell	Fax
Owner / Drivers			Tell	
Policy No: ()	Period: ()	Cover Type: ()		
Confirmed by: ()	Date: ()	Time: ()		
Insured/Driver Liability: ()	% (Note: BSL Stand (WO): N/D-20%; P: 21-79%; P: 80-100%)			
Year of Registration: ()	Warranty: YES () / NO ()			
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()			

General Rem:	
() 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 Cost: ()	

Remarks:	INC Policy No: 6788 0015	D.A. Time Completed	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

NAI 4802261	Invoice Preparation Checklist	Bill	Not Bill
1) AR: Accident Reporting (\$300)			
2) DA: Damage Assessment (\$100)	INC (\$100)		
3) TP: Towing Fee	\$100		
4) PT: Follow Through Survey	\$100		
5) RT: Follow Through Survey (Recovery)	\$100		
Total Invoice against INC Only (w/ 10 Jan 2018)			
6) TR: Multi-Motor	\$100		
7) NI: Heavy DA + EMRT Survey	\$100		
8) NTUC: Additional Survey (2018)			
Q11			
9) NI: Courtesy Car / Tel Allowance	\$100		
10) NI: Repair Coordination	\$100		
11) NI: Post Repair Inspection	\$100		
12) NI: NYO / Collision / Accidents Coordination	\$100		
13) NI: TP (Non-INC) against INC	\$100		
14) NI: Rental Vehicle	\$100		
Invoice dated			
Invoice from			
Not Charge			
Not Charge			

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	11/04/2018 18:03
Date Of Accident	04/04/2018 16:30
Exact Location Of Accident	JUNCTION OF GEYLANG ROAD AND TANJONG KATONG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG6150A
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96612325
Alternative Phone No	OFFICE-96612325

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-123CC (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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20171643

Driver

Name of Driver	NORISHAM BIN TAIB
NRIC No	S1723706C
Date Of Birth	05/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	02/04/1987
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96612325
Fax Number	
Contact Number	OTHERS-96612325
EMail Address	NOEMAIL

Address	BLK 105 PASIR RIS STREET 12 #03-83
Postcode	510105
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	2
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180405/2186

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	SLJ1408G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GAN KIM SIONG
NRIC/Passport Number	S2718499E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	NORISHAM BIN TAIB
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG6150A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.



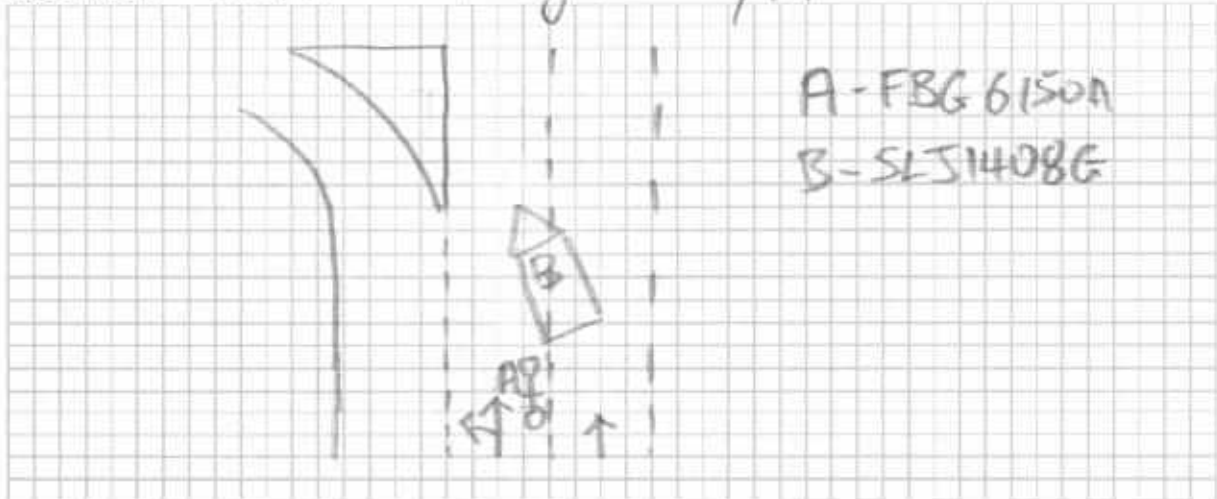
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

JUNCTION OF GUYLORH RD / THE KATONAG RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: T/20180405/2186

DECLARATION

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

Policyholder's Signature
Date & Time:

Signature: 10/04/18 1250/1101
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

(LAPRIC Sketch Plan Form, V3)



SINGAPORE POLICE FORCE



T/20180405/2186

1

Report No. T/20180405/2186

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
05/04/2018 22:18

Vide Report No.:

Station Diary No.:
161

Informant's Particulars

Name of Informant:
NORISHAM BIN TAIB

Address:
APT BLK 105 PASIR RIS STREET 12 #03-83 SINGAPORE
510105

ID Type / ID No.:
NRIC NO / S1723706C

Contact No.:
Home/Office: Mobile: 96612325

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 52 Date of Birth: 05/10/1965

Type of Informant:
Rider

Institution / School Name:

Race:

Malay

Language:

Occupation:
Private security officer

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Attended by Police

Drink
Drive:
No

Date/Time of
Accident:
04/04/2018 16:30

Type of Location:
X-Junction

Location:
Junction of Road 1 and Road 2
GEYLANG ROAD
TANJONG KATONG ROAD

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:
Traffic Light - Working

Traffic Volume:
Moderate

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
FBG6150A	Motorcycle				Slightly Damaged	0
SLJ1408G	Car				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/20180405/2186

2 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20180405/2186

CONTINUATION OF REPORT

Rider			
Name	NORISHAM BIN TAIB	ID No.	S1723706C
Related Vehicle	FBG6150A (Motorcycle)	Contact No.	96612325
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/04/2018	Date Discharge	04/04/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	GAN KIM SIONG	ID No.	S2718499E
Related Vehicle	SLJ1408G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above date, time and location, I was riding on the 5th lane of 5 lanes. I was heading straight and noticed that there was a car on my right. However, suddenly, the said car, suddenly came from my right into my lane. I was unable to brake in time and collided into him. At that point in time, I did not noticed whether his signal lights were on. After the accident, We exchange particulars and took photos. Shortly after, traffic police and ambulance came. However, I did not feel any pain at that point in time and refused conveyance. However, while riding, I felt pain on both of my wrists, left knee and both of my elbows. AS such, I went to CGH to see the doctor and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20180405/2186

3 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20180405/2186

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 /

Sgt 1 ISAAC LIM JUN CHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/04/2018 22:18

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NORASHIKIN BINTE DAUD

Contact No.: 65476439



SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

ID: Cr1 11938
 shift 0700 to 1900 hrs

Curtis Fleet Management Section Traffic Accident Reporting Form

Version: 1.1

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name: NORISHAM BIN TAIB Contact number: 96612325
 NRIC/ FIN/ Passport: S1723706C Driving Pass Date: 02 04 87
 Date of Birth: 5/10/65

b) Vehicle Details - Curtis

Vehicle Number: FBG6150F Vehicle Category: Commercial (Motorcycle)
 Vehicle brand: YAMAHA Car
 Vehicle Model: _____ Number of passengers (Include driver): 02

c) Accident Details

Date: 04/04/19 Are you on more than 3 days medical leave (MC)? No (Yes)
 Time: 1630 hrs Any personnel taken to hospital? (No) / Yes
 Location: GEYLANG RD JUNCTION 75 Damaged to Government Property or Material? (No) / Yes
Rear-End Side-impact / Sideswipe CAIONG RD
 Type of Collision: Head-on / Single Car / Chain Collision Foreign Vehicle(s) Involved? (No) / Yes
 (Please Circle) 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
 Any Fatality/Major Injury? (No) / Yes
 Did you violate any Traffic Rules? (No) / Yes
 Traffic Police Activated? (No) / Yes
 ^Police report required? No (Yes)
 ^If Yes, police station name? PASIR KIC NPC
 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>SLJ1409G</u>				
Vehicle brand:	<u>HONDA</u>				
Vehicle Model:					
Name:	<u>GAN KIN SIONG</u>				
NRIC/ FIN/ Passport:	<u>S2718499E</u>				
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: 10/04/19 Date: _____
 Time: 1250 hrs Time: _____

Section 2: FOR FMU STAFF ONLY

a) Insurance Information

Claim purposes: Own Damage / 3rd Party / Reporting Only
Insurance Company: See Attached
Policy Number: Comprehensive / 3rd Party / Fire & Theft

Is Driver employee of Company?: No / Yes
Is driver the owner of the vehicle? No / Yes

b) Certis Demerit Point Recommendation

At-Fault Accident? No / Yes
Accident Type: Minor / Major

BOLA Reference Number:
Demerit points allocated:

Driver Acknowledgement: fm
Date and Time: 10/04/17 1250hrs

Head of FMS Acknowledgement: _____
Date and Time: _____

**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: MT20171643

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.	: FBG6150A
Year Of Manufacture	: 2012
Engine No.	: E3J2E005130
Chassis No.	: LBPKE1781D0013457
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