

NATIONAL Assessment Center Services (NACS) MAY 18 055053

Date In: 26/04/2018 15:53

Ref No: N/A/04218007712/4

Veh No: FBK 3272E

D.O.A: 26/04/2018 05:30

TP / Reporting Unit

TP Insured:

Sub Description

Date & Time Completed

Done by

SAS e-illing

D-mail (white sheet, A103111)

Motor Claim Form

Motor V/O (Vehicle on sheet, 1/1/1/1)

Photo Uploaded

Assessment/Summary Report

Ass't Report by Fax/Hand to Owner/Whelp

Preferred Wksp (INC Assign Wksp / OWI)

Tell

Fax

TP Description

Veh No: UNKNOWN

INC () / Non-INC ()

Owner / Driver (

Tell

Policy No (

Period (

Cover Type (

Completed by (

Date

Time

Insured/Driver Liability (

%

(Note: BIL Stand (WO): NI 0-20%, P: 21-79%, P: 80-100%)

Year of Registration (

Warranty: YES () / NO ()

Excess (3

Loading: \$1,000 () / \$2,000 ()

General Remarks

() Work-in Question: Customer's information should be confidential & strictly NO refer of reporter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co (

Remarks: (INC) Police 678810016

Date & Time Completed

Done by

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time:

NAB 2632

Person: Barreulines

Driver/Owner:

Vehicle No:

Assigned Portion:

C. Checked by (Engine-In-Charge):

Notes: Comments

L1:

L2:

Invoice Breakdown (Gross)

1) AR: Accident Reporting (330)

2) DA: Damage Assessment (\$100) INC (40)

3) TP: Towing Fee \$50/10

4) PT: Follow Through Survey \$10

5) PT: Follow Through Survey (Recovery) \$10

6) TR: Additional INC Duty (Ref ID: 200)

7) TR: Additional \$10

8) NI: NI & DA + SMRT Survey \$10

9) NTUC Additional \$10 (001)

10) NI: NI & DA + SMRT Survey \$10

11) NI: NI & DA + SMRT Survey \$10

12) NI: NI & DA + SMRT Survey \$10

Max. Credit

Max. Credit

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	26/04/2018 15:53
Date Of Accident	22/04/2018 05:30
Exact Location Of Accident	ALONG TAI SENG LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3272E
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94703081
Alternative Phone No	OFFICE-94703081

Vehicle Particulars

Manufacturer	YAMAHA
Model	MW 125 3-WHEELER-125CC
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	MT20171699

Driver

Name of Driver	LIEW JUN SHEN
Passport No/FIN	G2956775T
Date Of Birth	02/03/1992
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94703081
Fax Number	
Contact Number	OTHERS-94703081
E-Mail Address	NOEMAIL

Address	NO 4 JALAN JERAU 10 TAMAN PELANGI JOHOR BAHRU
Postcode	80400
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	COLLIDED INTO PARKED VEHICLE
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?	NO
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180425/2108

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	TRAILER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:

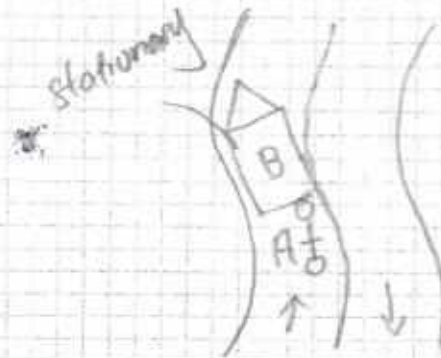
Driver's Signature
(If driver is not the policyholder)
Date & Time: 25 APRIL 2018
4.50 PM

Reporting Centre Personnel's Signature
Name: *Paul W. Harris*
NRIC/FIN No.: *26/04/2018*

(Stamp: Singapore Police Force)

SKETCH PLAN

Along 707 Street Link



A - FBK3272E

B - unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: T/20180425/2108

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: 25 APRIL 2018
4.50 PM

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

26/04/2018
Fahri Amir



**SINGAPORE
POLICE FORCE**



T/20180425/2108

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180425/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/04/2018 15:52	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIEW JUN SHEN			Address: NO 4 JALAN JERAU 10 80400 TAMAN PELANGI JOHOR BAHRU		
ID Type / ID No.: FIN NO / G2956775T			Contact No.: Home/Office: Mobile: 94703081		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 26	Date of Birth: 02/03/1992	Type of Informant: Rider		
Race:			Language:		Institution / School Name:
Occupation: COMPLIANCE OFFICER			Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/04/2018 05:30	Type of Location: Straight Road
Location: Along Road 1 TAI SENG LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3272E	Motorcycle					0

Details of Person Involved

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



Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Rider			
Name	LIEW JUN SHEN	ID No.	G2956775T
Related Vehicle	FBK3272E (Motorcycle)	Contact No.	94703081
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	22/04/2018	Date Discharge	25/04/2018
No. of Days granted Medical Leave	17	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS DRIVING ALONG TAI SENG LINK, ITS A TWO WAY ROAD WITH ONLY 1 LANE ON EACH SIDE. SO I WAS RIDING IN THE MIDDLE OF THE LANE AS THERE WAS NO TRAFFIC AT ALL. AS I WAS RIDING, THERE WERE 2 TRAILERS PARKED ILLEGALLY THAT I PASSED BY. AS I WAS STILL RIDING ON THAT ROAD, I DID NOT EVEN REALISE THERE WAS ANOTHER TRAILER PARKED AHEAD THAT I COLLIDED INTO IN THE END. AFTER THE COLLISION, I WAS NOT CONSCIOUS. WHEN I WOKE UP, MANY PEOPLE WERE SURROUNDING ME AND I WAS THEN CONVEYED BY AMBULANCE BACK TO TAN TOCK SENG HOSPITAL. I HAVE VIDEO FOOTAGE OF THE WHOLE INCIDENT. THE DAMAGES MY BIKE SUFFERED FROM THIS ACCIDENT WAS LEFT HEADLIGHT DENTED, BRAKE LEVER BENT, RIGHT SIDE COVER SET SCRATCHED AND FRONT TYRE MUDGUARD BROKEN.

I WAS ACTUALLY ON DUTY AT THE TIME OF THIS ACCIDENT, PATROLLING THE VICINITY AT THE TIME.

I WAS WARDED IN TAN TOCK SENG FOR 3 DAYS AND ALSO RECEIVED 17 DAYS OF HOSPITALISATION LEAVE.

IO IN CHARGE OF THIS CASE IS IO JEFF
THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20180425/2108

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No: T/20180425/2108

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:
TP /
KHALED AMR HASSAN MOHSEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/04/2018 15:52

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Classification Of Case:

Authentication Stamp
NP168




ID : 97022		Certis Fleet Management Section		Version: 1.1	
Shift time: 800PM-800AM		Traffic Accident Reporting Form			
Section 1: DRIVER DECLARATION					
a) Driver Particulars					
Name:	<u>LIEW JUN SHEN</u>		Contact number:	<u>9470-3081</u>	
NRIC/ FIN/ Passport:	<u>G2956795T</u>		Driving Pass Date:	<u>15 AUGUST 2017</u>	
Date of Birth:	<u>02 MARCH 1992</u>				
b) Vehicle Details - Certis					
Vehicle Number:	<u>FBK 3272E</u>		Vehicle Category:	<u>Commercial / Motorcycle / Car</u>	
Vehicle brand:	<u>YAMAHA</u>		Number of passengers (Include driver):	<u>01</u>	
Vehicle Model:					
c) Accident Details					
Date:	<u>22 APRIL 2018</u>		Are you on more than 3 days medical leave (MC)?	<u>No / Yes</u>	
Time:	<u>5.30AM</u>		Any personnel taken to hospital?	<u>No / Yes</u>	
Location:	<u>TAI SENG LINK</u>		Damaged to Government Property or Material?	<u>No / Yes</u>	
Type of Collusion: (Please Circle)	<u>Rear-End / Side-impact / Sideswipe</u> Head-on / Single Car / Chain Collusion Hit-and-Run / Rollover / Self-Skidded		Foreign Vehicle(s) Involved?	<u>No / Yes</u>	
Weather Condition:	<u>Clear / Rainy / Gloomy</u>		<i>*If any above questions consist of a "Yes", proceed to make police report</i>		
Road Surface:	<u>Wet / Dry</u>		^Police report required?	<u>No / Yes</u>	
Any Fatality/Major Injury?	<u>No / Yes</u>		^If Yes, police station name?	<u>TP HQ</u>	
Did you violate any Traffic Rules?	<u>No / Yes</u>		Any Other Vehicle Involved?	<u>No / Yes</u>	
Traffic Police Activated?	<u>No / Yes</u>		<i>*If above question consist of "Yes", proceed to part (d)</i>		
			Any Prosecution Given by TP?	<u>No / Yes</u>	
d) 3rd Party Vehicle Details					
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Vehicle Number:	<u>unknown</u>				
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:	<u>[Signature]</u>		Supervisor Signature:		
Date:	<u>25 APRIL 2018</u>		Date:		
Time:			Time:		

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

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

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; margin: 0 auto;"></div>
Accident Type:	<u>Minor</u> / Major	Demerit points allocated:	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
Driver Acknowledgement:		Head of FMS Acknowledgement:	_____
Date and Time:	<u>25 APRIL 2018</u> <u>4.50 PM</u>	Date and Time:	_____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2956775T**

Name: **LIEW JUN SHEN**

Birth Date: **02 Mar 1992**

Issue Date: **15 Aug 2017**

Valid Till: **14/08/2022**

002714044A

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **CERTIS CISCO AUXILIARY POLICE FORCE PTE. LTD.**

Sector: **SERVICE**

Name: **LIEW JUN SHEN**

Occupation: **COMPLIANCE OFFICER**

Work Permit No.: **4 05990261**

Date of Application: **24-02-2017**

Date of Issue: **08-03-2017**

Date of Expiry: **07-03-2019**

L770957

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	15 Aug 2017
Class 3C	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver	15 Aug 2017

NP 428A



VISIT PASS
Immigration Regulations

Name: **LIEW JUN SHEN**



Date of Birth	Sex	Nationality
02-03-1992	M	MALAYSIAN
File	Date of Issue	Date of Expiry
G2956775T	08-03-2017	07-03-2019

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



**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 2516

MOTOR COVER NOTE: MT20171699

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 MW 125 3-WHEELER
Vehicle Registration No.	: FBK3272E
Year Of Manufacture	: 2015
Engine No.	: E3N9E028397
Chassis No.	: MLESE782000028397
Engine Capacity/ Tonnage/ Seater	: 125 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