

NATIONAL Assessment Centre Services

18057546

Date In: 03/05/2018 09:14	Job Description	Date & Time Completed	Done by
Ref No: NBS/987/1008062/Y	SAS e-tiling		
Veh No: EBH 6PK	B-mall (white shell, A10311)		
P.O.A: 2764208 21:35	1-Motor Claim Form		
TP Insured:	1-Motor W/O (white shell, 1000000)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by FAX/Hand to Owner/WHSB		

Preferred Wksp / INC Assgn Wksp / OWI ( )

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

Owner / Driver: ( ) Tel: ( )

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

Insured / Driver Liability: ( ) % (Note: BSL Status (WO); NI: 0-20%; P: 21.79%; P: 30-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

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

General Remarks:

( ) Work-in-Garage / Customers 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:

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

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date/Time	Action

Human Resources	Invoice Preparation/Checklist	Cost	Remarks
Driver/Owner:	1) AR: Accident Reporting (200)		
Policy No:	2) DA: Damage Assumed (300) INC (40)		
Assigned Position:	3) TP: Towing Fee (100)		
C. Checked by (Engr-In-Charge):	4) PT: Follow Through Survey (100)		
	5) PT: Follow Through Survey (Recovery) (100)		
	6) TR: TR: Inspection (100)		
	7) NI: NI: DA + SMRT Survey (100)		
	8) NTUC: Additional Survey (100)		
	9) NI: NI: DA + SMRT Survey (100)		
	10) NI: NI: DA + SMRT Survey (100)		
	11) NI: NI: DA + SMRT Survey (100)		
	12) NI: NI: DA + SMRT Survey (100)		
	13) NI: NI: DA + SMRT Survey (100)		
	14) NI: NI: DA + SMRT Survey (100)		
	15) NI: NI: DA + SMRT Survey (100)		
	16) NI: NI: DA + SMRT Survey (100)		
	17) NI: NI: DA + SMRT Survey (100)		
	18) NI: NI: DA + SMRT Survey (100)		
	19) NI: NI: DA + SMRT Survey (100)		
	20) NI: NI: DA + SMRT Survey (100)		

### 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	03/05/2018 09:14
Date Of Accident	27/04/2018 21:35
Exact Location Of Accident	ENG NEO AVENUE TURNING FROM PIE LAMPOST 10952
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH684K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91407334
Alternative Phone No	OFFICE-91407334

#### Vehicle Particulars

Manufacturer	HONDA
Model	GLH125-125CC
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
------------------	------------

#### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20171662

#### Driver

Name of Driver	MOHAMED ALIFF BIN MOHAMED YUSOFF
NRIC No	S9143557H
Date Of Birth	04/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91407334
Fax Number	
Contact Number	OTHERS-91407334
EMail Address	NOEMAIL

Address	BLK 632B SENJA ROAD #03-121
Postcode	672632
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	CLEAR
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS SELF SKIDDED)

#### 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 INJURED PERSON 1

Name	MOHAMED ALIFF BIN MOHAMED YUSOFF
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH684K
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 lodging 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:

*[Handwritten Signature]*  
70-4-18  
11/10 PM

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

*[Handwritten Signature]*  
03/05/2018  
*[Handwritten Name]*  
*[Handwritten NRIC/FIN No.]*



### INCIDENT REPORT FOR DUTY POST

Location of Duty Post	Type of Business (Bank/KINs/Embassy/ Residence/Factory)	Date of Incident	Time of Incident	Weather Condition
Certis Cisco Commonwealth		27/4/18	2135	wet
Person(s) Involved	Particulars of Witness(es)			
107585 Mond Aiff	na			
Details of Incident (Who, What, Where, When, Why, How and Other Essential Details)				
<p>while I was heading back from assignment along eng neo exit near lamppost no: 109252 I self skidded from my bike FBH 684 K my left arm suffered from slight abrasion. The front of motorbike had also suffered some dent and scratches on the headlight, handle bar and mud guard. I wished to state that the motorbike belongs to my company "certis cisco" and I am currently on duty for my shift. not required to see doctor and not claiming any medical reimbursement or workman compensation. That is all.</p>				
Reported by: Mond Aiff (Rank/Svc No/Name) 107585	Signature 	Date 27.4.18	Time 2200	





Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

**CONTINUATION OF REPORT**

Driver			
Name	MOHAMED ALIFF BIN MOHAMED YUSOFF	ID No.	S9143557H
Related Vehicle	FBH684K (Motorcycle)	Contact No.	91407334
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 27/04/2018 at about 2135hrs, I was travelling on PIE turning into Eng Neo Ave, while making the turn, my motorbike skidded and I fell onto the ground landing on my left side as such my left forearm suffered from slight abrasion. The front of my motorbike had also suffered some dents and scratches on the headlight, handle bar, mud gut. I wished to state that the motorbike belongs to my company "Certis Cisco" and I am currently on duty for my shift.

I wished to state that there was no government property damaged, no foreign vehicle involved and no other person injured, That's all.



**SINGAPORE  
POLICE FORCE**



T/20180428/2016

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

3 of 3

Report No. T/20180428/2016

**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 TAN HUI RU
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430

Signature Of Informant: 
Date/Time: 28/04/2018 03:05
Classification Of Case: SN 170



Authentication Stamp  
NP168

SIGNATURE

ID: 102585

Shift: ~~0700~~ night.  
~~Afternoon~~  
2000

### Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.1

#### Section 1: DRIVER DECLARATION

##### a) Driver Particulars

Name: mond AIRE Contact number: 9140 7324  
 NRIC/ FIN/ Passport: S 914357H Driving Pass Date: 12 Jun 2014  
 Date of Birth: 4-12-1991

##### b) Vehicle Details - Certis

Vehicle Number: FBH 684 E Vehicle Category: Commercial / Motorcycle / Car  
 Vehicle brand: Honda  
 Vehicle Model: \_\_\_\_\_ Number of passengers (Include driver): 01

##### c) Accident Details

Date: 27-9-2018 Are you on more than 3 days medical leave (MC)? No / Yes  
 Time: 2135 Any personnel taken to hospital? No / Yes  
 Location: Eng Neo Ave turning from PIE Damaged to Government Property or Material? No / Yes  
 Type of Collusion: (Please Circle) Rear-End / Side-impact / Sideswipe  
 Head-on / Single Car / Chain Collusion  
 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? Brimuh LPU  
 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: \_\_\_\_\_ Date: \_\_\_\_\_  
 Time: \_\_\_\_\_ Time: \_\_\_\_\_

**Section 2: FOR FMU STAFF ONLY**

**a) Insurance Information**

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

**b) Certis Demerit Point Recommendation**

At-Fault Accident?	No / Yes	BOLA Reference Number:	<input type="text"/>
Accident Type:	Minor / Major	Demerit points allocated:	<input type="text"/>
Driver Acknowledgement:		Head of FMS Acknowledgement:	_____
Date and Time:	_____	Date and Time:	_____

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S9143557H**  
 Name **MOHAMED ALIFF BIN MOHAMED YUSOFF**  
 Birth Date **04 Dec 1991**  
 Issue Date **22 Mar 2018**

002785558C

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S9143557H**




Name  
**MOHAMED ALIFF BIN MOHAMED YUSOFF**

Race  
**MALAY**

Date of birth  
**04-12-1991**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**

S9143557H

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	25 Oct 2010
Class 2A	Motorcycles between 201 cc and 400 cc	14 Mar 2013
Class 2	Motorcycles > 400 cc	12 Jun 2014

NP 428A

Licence No: S9143557H



58423



NRIC No **S9143557H**

Date of issue  
**04-12-2017**

Address  
**APT BLK 632B SENJA ROAD  
 #03-121  
 SINGAPORE 672632**

**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: MT20171662**

---

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	: Honda GLH125 Motor Cycle
Vehicle Registration No.	: FBH684K
Year Of Manufacture	: 2012
Engine No.	: JA11E2005184
Chassis No.	: LALJA11U9C3136352
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