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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 witholding 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.
- Any tase reporting may be retained to the Police for investigation.
 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 evallable upon application by interested parties.
 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.

Date Of Accident	NEW PROPERTY OF SELECTION OF THE SELECTI	ACCIDENT STATEMENT
Date Of Accident 27/05/2018 09:00 Exact Location Of Accident EXIT 08 CTE TOWARDS OUTRAM ROAD SINGAPORE Vehicle Registration Number FBG6013M Insured/Policyholder Name Of Registered Owner CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD CO Reg No 209900882K Singal Address NOEMAIL Mobile Phone No (LOCAL) +65-94886591 Vehicle Particulars Manufacturer YAMAHA Model YBR125-123CC (M) Exact Purpose for which vehicle was being used at time of accident Vehicle Category MOTORCYCLE Insurance Company Vehicle Category MOTORCYCLE Insurance Company Name of Insurance Company Pipe Of Coverage COMPREHENSIVE NOPICE OWNER AND SIN YACOB NOPICE OF SIN YACOB NOPICE ON SIN YACOB NOP	Date Of Report	A SHAPPER ALLOWED A CONTROL OF THE C
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Fax Number Contact Number OTHERS-94886591	Gender	MALE
Contact Number OTHERS-94886591	Mobile Number	(LOCAL) +65-94886591
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EMail Address NOEMAIL	Contact Number	OTHERS-94886591
	EMail Address	NOEMAIL

BLK 616 HOUGANG AVENUE 8 Address

#02-370

Postcode 530616

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?

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO NO

NO

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Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLEASE REFER TO SKETCH AND ATTACHMENT

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

Approximate Age

MUHAMMAD SHAHZARWAN BIN YACOB

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBG6013M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Name

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy flability</u>.
- 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.
- 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.
- 8y 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)

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 a singapore and any relevant government agency/authority (such as the police).
 - 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@hird parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

20% (2092)

(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)

Dat∈ & Time:

Reporting Centre Pyrsonnel's Signature

Name:

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DECLARATION				
/We declare the foregoing particul	ars are true in every respect.			/ 1/2/2018
	dl			/ 1/2/1/2018
	$\mathcal{A} _{l_1}$		111/	01/06/2018
PATRICES.	_ D" 31 may	2018 2092	100	A .
Policyholder's Signature	Driver's Signature	Ri		eplongel's bignature
Date & Time:	(If driver is not the policyhol Date & Time:		RIC/FIN No	-colli monthol



INCIDENT REPORT FOR DUTY POST

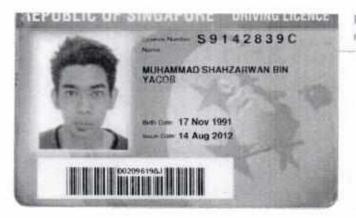
Location of Duty Post	Type of Business (Bank/KINs/Embassy/ Residence/Factory)	Date of Incident	Time of Incident	Weather Condition
Singapore General Hospital	Kins	2018	0900ms	mot cociq
Person(s) Involved		Particular	s of Witness(es)
CPI GOZIY, muhammad Shahzarwan		0:/		
(Who, What,	Details of Where, When, Why,	f Incident How and Othe	er Essential D	etails)
At about erection 1 cpl of Slatt for mobile a riding along the exit accident happened I was	of the express	ned to bl	he no FB museo el	occident no proper
or other pood user were now slow clown, the new road due to well condition the three due to the	tion . I face plays	zd 1 wos	alindy s	nding on the
	12-11-11-1			
Reported by: (P) 90214, muh (Rank/Svc No/Name) Shahzarwa	Signat		Date	Time ononis

an Roseli wantors

Shift: 0745

	Certis F	eet Manage	ment Secti	on	Verson: 1.1	
		Accident Rep				
		Section 1: DRIVER DECL				
ECHEN NEWALL		a) Driver Particula				
Name:	pulamend Sha	Lzarwon	Contact nu	umber 948865	591	
NRIC/ FIN/ Passport	39142839		Driving Pass Date: 0% Apr 200			
Date of Birth	17 NOU 19	191		50-02 1 1		
Carlotte Land		b) Vehicle Details - C	ertis			
Vehicle Number:	FB4 6013	n)	Vehicle Ca	stegory Comme	ercial Motorcycle	
Vehicle brand:	Honda				Car	
Vehicle Model:			Number of (Include di	f passengers river):	_/_	
	ALL SHEET STATE	c) Accident Detail	5	5.岸槽 节	1 4 4 2 2	
Date:	27 may 2	0/8		more than 3 days	s medical No Yes	
Time:	0900 hrs		leave (MC	err.	~	
Location:	Pi-Driving Harries Sale	wards ocusion th	Service Services	nnel taken to hospil		
Type of Collusion:	Rear-End / Side-im Head-on (Single C	The state of the s	Damaged to Government Property or No. Yes			
(Please Circle)	Hit-and-Run / Rollo		CONCRETARING AND A	shicle(s) Involved?	Boyen	
Weather Condition:	A .	ainy / Groomy			No./ Yes ceed to make police report	
Road Surface:	Wer/ Dry No7 Yes		^Police report required? No/ Yes			
Any Fatality/Major Injury?			^If Yes, police station name?			
Did you violate any Traffic			Any Other Vehicle Involved? (No / Yes			
Traffic Police Activated?	(No) Yes		*If above questi	on consist of "Yes", proce		
	_		Any Prose	cution Given by TP	77 (No)/ Yes	
Mally State		d) 3rd Party Vehicle D	etails	N. B.		
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	
Vehicle Number:						
Vehicle brand:						
Vehicle Model:						
Name:						
NRIC/ FIN/ Passport:						
Contact Number:						
Maria de Carres		THE PARTY OF THE P		CO SERVICE CONTRACTOR		
Name of the Party	STATE OF THE PARTY	e Witness Details (if	CONTRACTOR OF THE PARTY OF THE	Victoria IV	CONTRACTOR OF THE	
Name:			Contact num	ber		
MARINE TEST A PRES.	Son Wash	f) Accident Stateme				
Please proceed to write Descip	tion of Accident. See Page		ur A. Christe	2000		
Vicinity of the second						
THE STATE OF THE	THE PART OF	g) Acknowledgeme			N SAM IN SEC	
	Dive declare th	e foregoing particulars a	re true in every aspe	ct.		
Driver Signature.	91		Supervisor S	ignature		
Date	31 may 500		Date			

	Section 2	FOR FMU STAFF	ONLY	
N. 45 W. SI.	a) Ins	surance Information	on	HID COST INC
Claim purposes: Insurance Company: Policy Number:	Own Damage)/ 3rd Party / Reporting Only See Attached Comprehensive / 3rd Party/ Fire & Theft		Is Driver employee of Company?: Is driver the owner of the vehicle?	No (Yes
		nerit Point Recom	mendation	OM SY
At-Fault Accident?	Notives		BOLA Reference Number:	-
Accident Type:	Minor (Major		Dement points allocated:	_
Driver Acknow	viedgement:		of FMS owledgement:	
Date and Tim	31 may 2010	Date Date	and Time:	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9142839C





MUHAMMAD SHAHZARWAN BIN YACOB

بحبد تُزروان بن يعقوب

MALAY Date of bloth

17-11-1991 M SINGAPORE

YOU ARE LICENSEE TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

ETTECTIVE DATE Kine III - Notcember - 200 CT

Clare 28 Ministry (be hat tops 201 CC sept 4th CC

Clare 2 Metarcycles - 200 CC

Chen, 3 Matter state on 2000 kg mitt, and passengers, our driver, and money transcriptions of 2500 kg.

14 Aug 2017

William .

12 347 3000

531-283PC

NP 428A

Sales av

S / No. 9000206888

Ucence No. 59142829C

APT BLK 615 HOUGANG AVENUE B



24-11-2006

#02-370 BINGAPORT 530616



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: MT20171640

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.

FBG6013M

Year Of Manufacture

2012

Engine No.

: E3J2E005430

Chassis No.

: LBPKE1786D0009064

Engine Capacity/ Tonnage/ Seater

: 124 cc

Hire Purchase

All .

Value (S\$)

AS PER MARKET VALUE FROM: 01/04/2017 TO: 31/03/2019

Period Of Insurance Excess (S\$)

: Section 1 :\$ 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