

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

7/11/04/18088645

Date In: 10/07/04 09:05	Job description	Date & Time Completed	Done by
Ref No: NGA/CAZ18012497/Y	SAS e-filing		
Veh No: FBH 8499 B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/06/04 14:50	i-Motor Claim Form		
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars: Veh No: —	INC () / Non-INC ()	
Owner / Driver: (Tel: (
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date: (Time: (
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 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 repairer.

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

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

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: —

Date/Time	Actions

1801804316

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) Int Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) PT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N/a INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	10/07/2018 09:05
Date Of Accident	26/06/2018 14:50
Exact Location Of Accident	ALONG PANDAN CRESCENT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBH8499B
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86193352
Alternative Phone No	OFFICE-86193352
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
Insurance Company	
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20171645
Driver	
Name of Driver	VIJANDYRAN A/L KARUNAGARAN
Passport No/FIN	G8571551N
Date Of Birth	25/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	18/01/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86193352
Fax Number	
Contact Number	OTHERS-86193352
Email Address	NOEMAIL

Address	NO.110 LORONG MERPATI 1/2 TAMAN MERPATI 09000 KULIM
Postcode	KEDAH
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.

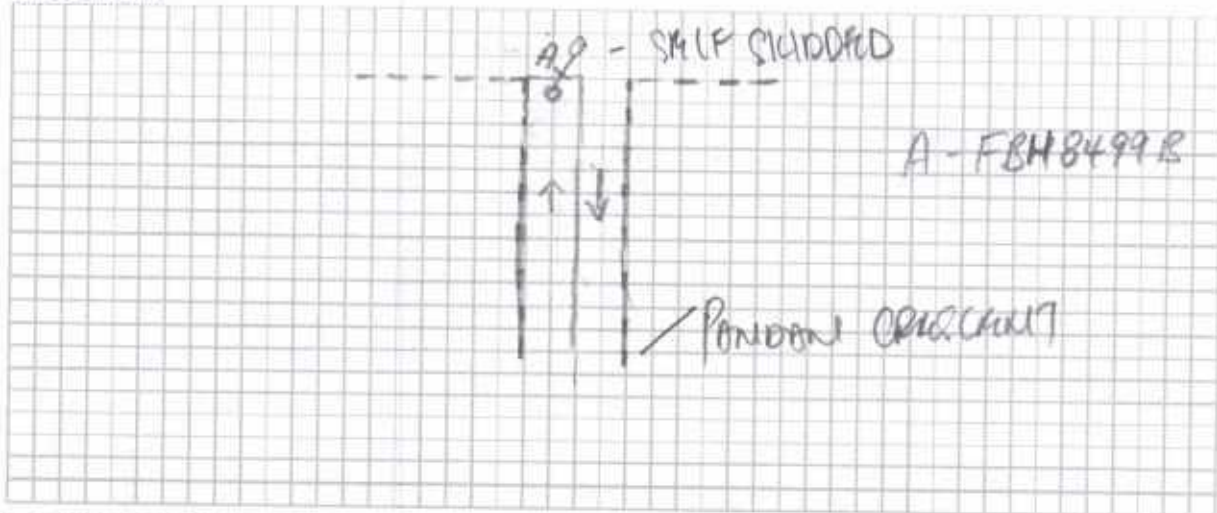


Policyholder's Signature
Date & Time:

CY 04/07/2018 12:41 PM
Driver's Signature
(If driver is not the policyholder)
Date & Time:

10/07/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

That the 26th of June 2018, I went to Pondan Crescent at 2.50pm. I was working there when it was raining and the road was slick oil so I parked the truck so it was slippery. I ^{and I self-stalled} ~~was~~ then phone to the supervisor.

DECLARATION

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

Policyholder's Signature
Date & Time:

GAUSSIAN, 2018-07-01, 12:41 PM

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

09/07/2018 12:41 PM

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

10/07/2018
Roshan

ID: 105927
 start : 2.50pm - 08.00am - 00.00pm
 shift: morning

Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.1

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name: Vijayandran P/L KARUNAGESAN Contact number: 86193352
 NRIC/ FIN/ Passport: 9857151N Driving Pass Date: 18/01/2017
 Date of Birth: 25-01-1982

b) Vehicle Details - Certis

Vehicle Number: FBH 8499B Vehicle Category: Commercial / Motorcycle / Car
 Vehicle brand: Yamaha
 Vehicle Model: YBR 125
 Number of passengers (Include driver): 1

c) Accident Details

Date: 26 JUL 2018 Are you on more than 3 days medical leave (MC)? No / Yes
 Time: 2.50pm Any personnel taken to hospital? No / Yes
 Location: Pandan Crescent Damaged to Government Property or Material? No / Yes
 Type of Collision: (Please Circle) Rear-End / Side-impact / Sideswipe 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: 9 JULY 2018 Date: _____
 Time: 12.24 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: _____
Date and Time: 09/20/2018 12:41

Head of FMS Acknowledgement: _____
Date and Time: _____

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

Employee
CERTIS CISCO AUXILIARY POLICE FORCE PTE. LTD.

Name
VIJANDYRAN KARUNAGARAN

Work Permit No. Sector
4 06281973 SERVICE

Barcode

K0106746

LESEN MEMANDU
DRIVING LICENCE

MALAYSIA

VIJANDYRAN A/L KARUNAGARAN

Wanganeira / Nationality No. Pengeratan / Identity No.
MALAYSIA 830125075333

Sex / Class
B2 D

Tempoh / Validity
18/01/2017 - 25/01/2019

Alamat / Address
NO 110
LORONG MERPATI 1/2 TAMAN MERPATI
09000 KULIM
KEDAH

VISIT PASS
Immigration Regulations

29-01-2018

Name
VIJANDYRAN KARUNAGARAN

File
GB571551N

Date of Birth Sex
25-01-1983 M

Nationality
MALAYSIAN

Download SGWorkPass App to check status

QR Code

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

Barcode

JPJL6

23172691

1. Kenderaan (termasuk kereta api) berat maksimum 450 kg
2. Kenderaan (termasuk kereta api) berat maksimum 450 kg
3. Kenderaan (termasuk kereta api) berat maksimum 450 kg
4. Kenderaan (termasuk kereta api) berat maksimum 450 kg
5. Kenderaan (termasuk kereta api) berat maksimum 450 kg
6. Kenderaan (termasuk kereta api) berat maksimum 450 kg
7. Kenderaan (termasuk kereta api) berat maksimum 450 kg
8. Kenderaan (termasuk kereta api) berat maksimum 450 kg
9. Kenderaan (termasuk kereta api) berat maksimum 450 kg
10. Kenderaan (termasuk kereta api) berat maksimum 450 kg
11. Kenderaan (termasuk kereta api) berat maksimum 450 kg
12. Kenderaan (termasuk kereta api) berat maksimum 450 kg
13. Kenderaan (termasuk kereta api) berat maksimum 450 kg
14. Kenderaan (termasuk kereta api) berat maksimum 450 kg
15. Kenderaan (termasuk kereta api) berat maksimum 450 kg
16. Kenderaan (termasuk kereta api) berat maksimum 450 kg
17. Kenderaan (termasuk kereta api) berat maksimum 450 kg
18. Kenderaan (termasuk kereta api) berat maksimum 450 kg
19. Kenderaan (termasuk kereta api) berat maksimum 450 kg
20. Kenderaan (termasuk kereta api) berat maksimum 450 kg
21. Kenderaan (termasuk kereta api) berat maksimum 450 kg
22. Kenderaan (termasuk kereta api) berat maksimum 450 kg
23. Kenderaan (termasuk kereta api) berat maksimum 450 kg
24. Kenderaan (termasuk kereta api) berat maksimum 450 kg
25. Kenderaan (termasuk kereta api) berat maksimum 450 kg
26. Kenderaan (termasuk kereta api) berat maksimum 450 kg
27. Kenderaan (termasuk kereta api) berat maksimum 450 kg
28. Kenderaan (termasuk kereta api) berat maksimum 450 kg
29. Kenderaan (termasuk kereta api) berat maksimum 450 kg
30. Kenderaan (termasuk kereta api) berat maksimum 450 kg
31. Kenderaan (termasuk kereta api) berat maksimum 450 kg
32. Kenderaan (termasuk kereta api) berat maksimum 450 kg
33. Kenderaan (termasuk kereta api) berat maksimum 450 kg
34. Kenderaan (termasuk kereta api) berat maksimum 450 kg
35. Kenderaan (termasuk kereta api) berat maksimum 450 kg
36. Kenderaan (termasuk kereta api) berat maksimum 450 kg
37. Kenderaan (termasuk kereta api) berat maksimum 450 kg
38. Kenderaan (termasuk kereta api) berat maksimum 450 kg
39. Kenderaan (termasuk kereta api) berat maksimum 450 kg
40. Kenderaan (termasuk kereta api) berat maksimum 450 kg
41. Kenderaan (termasuk kereta api) berat maksimum 450 kg
42. Kenderaan (termasuk kereta api) berat maksimum 450 kg
43. Kenderaan (termasuk kereta api) berat maksimum 450 kg
44. Kenderaan (termasuk kereta api) berat maksimum 450 kg
45. Kenderaan (termasuk kereta api) berat maksimum 450 kg
46. Kenderaan (termasuk kereta api) berat maksimum 450 kg
47. Kenderaan (termasuk kereta api) berat maksimum 450 kg
48. Kenderaan (termasuk kereta api) berat maksimum 450 kg
49. Kenderaan (termasuk kereta api) berat maksimum 450 kg
50. Kenderaan (termasuk kereta api) berat maksimum 450 kg
51. Kenderaan (termasuk kereta api) berat maksimum 450 kg
52. Kenderaan (termasuk kereta api) berat maksimum 450 kg
53. Kenderaan (termasuk kereta api) berat maksimum 450 kg
54. Kenderaan (termasuk kereta api) berat maksimum 450 kg
55. Kenderaan (termasuk kereta api) berat maksimum 450 kg
56. Kenderaan (termasuk kereta api) berat maksimum 450 kg
57. Kenderaan (termasuk kereta api) berat maksimum 450 kg
58. Kenderaan (termasuk kereta api) berat maksimum 450 kg
59. Kenderaan (termasuk kereta api) berat maksimum 450 kg
60. Kenderaan (termasuk kereta api) berat maksimum 450 kg
61. Kenderaan (termasuk kereta api) berat maksimum 450 kg
62. Kenderaan (termasuk kereta api) berat maksimum 450 kg
63. Kenderaan (termasuk kereta api) berat maksimum 450 kg
64. Kenderaan (termasuk kereta api) berat maksimum 450 kg
65. Kenderaan (termasuk kereta api) berat maksimum 450 kg
66. Kenderaan (termasuk kereta api) berat maksimum 450 kg
67. Kenderaan (termasuk kereta api) berat maksimum 450 kg
68. Kenderaan (termasuk kereta api) berat maksimum 450 kg
69. Kenderaan (termasuk kereta api) berat maksimum 450 kg
70. Kenderaan (termasuk kereta api) berat maksimum 450 kg
71. Kenderaan (termasuk kereta api) berat maksimum 450 kg
72. Kenderaan (termasuk kereta api) berat maksimum 450 kg
73. Kenderaan (termasuk kereta api) berat maksimum 450 kg
74. Kenderaan (termasuk kereta api) berat maksimum 450 kg
75. Kenderaan (termasuk kereta api) berat maksimum 450 kg
76. Kenderaan (termasuk kereta api) berat maksimum 450 kg
77. Kenderaan (termasuk kereta api) berat maksimum 450 kg
78. Kenderaan (termasuk kereta api) berat maksimum 450 kg
79. Kenderaan (termasuk kereta api) berat maksimum 450 kg
80. Kenderaan (termasuk kereta api) berat maksimum 450 kg
81. Kenderaan (termasuk kereta api) berat maksimum 450 kg
82. Kenderaan (termasuk kereta api) berat maksimum 450 kg
83. Kenderaan (termasuk kereta api) berat maksimum 450 kg
84. Kenderaan (termasuk kereta api) berat maksimum 450 kg
85. Kenderaan (termasuk kereta api) berat maksimum 450 kg
86. Kenderaan (termasuk kereta api) berat maksimum 450 kg
87. Kenderaan (termasuk kereta api) berat maksimum 450 kg
88. Kenderaan (termasuk kereta api) berat maksimum 450 kg
89. Kenderaan (termasuk kereta api) berat maksimum 450 kg
90. Kenderaan (termasuk kereta api) berat maksimum 450 kg
91. Kenderaan (termasuk kereta api) berat maksimum 450 kg
92. Kenderaan (termasuk kereta api) berat maksimum 450 kg
93. Kenderaan (termasuk kereta api) berat maksimum 450 kg
94. Kenderaan (termasuk kereta api) berat maksimum 450 kg
95. Kenderaan (termasuk kereta api) berat maksimum 450 kg
96. Kenderaan (termasuk kereta api) berat maksimum 450 kg
97. Kenderaan (termasuk kereta api) berat maksimum 450 kg
98. Kenderaan (termasuk kereta api) berat maksimum 450 kg
99. Kenderaan (termasuk kereta api) berat maksimum 450 kg
100. Kenderaan (termasuk kereta api) berat maksimum 450 kg

0102041 C&R/katw

Ketua Pengarah Pengangkutan Jalan

**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: MT20171645

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/ Rōc	: 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