

NATIONAL Assessment Centre Services

(AP - 2005)

MA 48094427

Date In: 23/07/2018 09:26	Job description	Date & Time Completed	Done by
Ref No: NBA/GAZ/60/3203/Y	SAS e-filing		
Veh No: FBH 9154	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 18/07/2018 11:55	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: SLP 5195 L 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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1st Bill	Add Bill		
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*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 (Non 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	23/07/2018 09:26
Date Of Accident	18/07/2018 11:55
Exact Location Of Accident	ALONG COLLEGE ROAD (SGH)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH915U
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86612615
Alternative Phone No	OFFICE-86612615

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?	NO
If No, Please state action to be taken	THIRD PARTY
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	MT20171663

Driver

Name of Driver	RAVI SOMULOO
NRIC No	G2198825T
Date Of Birth	15/01/1993
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86612615
Fax Number	
Contact Number	OTHERS-86612615
EEmail Address	NOEMAIL

Address -
 -
 Postcode -
 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? 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 GEYLANG NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8486999 - FAX NO: 68486799
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180718/2167

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 SLP5195L
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver SELVA KUMAR S/O SINNAPAN
 NRIC/Passport Number S1522407Z
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	RAVI SOMULOO
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH915U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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: 18/07/2018 17:48 hrs

23/07/2018

Reporting Centre Personnel's Signature
Name: Joseph W. Tan
NRIC/FIN No: 7004110103

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18.07.2018 (Wednesday) at 1158 hrs, I Ravisamuloo (ICP 61354) was posted to 226 building for take over duty. While I'm at Junction of College road to slip road to CTE (AYE) of motorcar from behind hit my motorbike. Both vehicle was damaged. Traffic police was activated. The case hand over to TP Investigation officer.

Centre Motorbike	Motor car
- FBH 915 U	- SLP 5195 L
- Ravisamuloo (ICP 61354)	- Selva Kumar s/o Sinnapan
- G-219825-7	- S 1522407 2
- Commercial Division	- APT Bit 147 Pasir Ris
	ST 13 R 05-16

Case no:- 1/20180718/0067.
 Case classified as Major Accident.
 IO :- Kret hee.
 TBL:- 6547 6138.
 (SSGT Andrew Ang)

POLICE REPORT 1/20180718/2167

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: 18/07/2018 1748hrs.

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2018 21:35	Vide Report No.: A/20180718/0067	Station Diary No.: 85
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Informant's Particulars

Name of Informant: RAVI SOMULOO			Address:		
ID Type / ID No.: FIN NO / G2198825T			Contact No.: Home/Office:		Mobile: 86612615
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 25	Date of Birth: 15/01/1993	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Auxiliary police officer			Driving Licence Information: Class: 2B.3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/07/2018 12:00	Type of Location: Bend
Location: Along Road 1 COLLEGE ROAD SLIP ROAD OF CTE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBH915U	Motorcycle	HONDA		White	Slightly Damaged	0
SLP5195L	Car	MITSUBISHI		Grey	Totally Damaged	0

Details of Person Involved

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



Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20180718/2167

CONTINUATION OF REPORT

Rider			
Name	RAVI SOMULOO	ID No.	G2198825T
Related Vehicle	FBH915U (Motorcycle)	Contact No.	86612615
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/07/2018	Date Discharge	18/07/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	SELVA KUMAR S/O SINNAPAM	ID No.	S1522407Z
Related Vehicle	SLP5195L (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 18.07.2018 at about 1200hrs, I was riding at a bend to enter CTE from College Road when a car collided into my rear and caused me to lose my balance and fell off from my motorcycle. I was on duty riding a Cisco motorcycle and was in uniform. The fall causes me to have some pain at my back area. Traffic police came down to scene. I then exchanged particulars with the driver and he told me that he did not see my motorcycle hence he collided into me.

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 /
Staff Sgt RUZIANA BINTE MUHAMMAD RUDY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/07/2018 21:35

Officer In Charge Of Case:
TP / GIT /
SI NORASHIKIN BINTE DAUD
Contact No.: 65476439

Classification Of Case:

Authentication Stamp
NP158



ID : JCF 61354

Shift start time : (0745 - 1945 hrs)

Curtis Fleet Management Section Traffic Accident Reporting Form

Version: 1.1

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name: RAVI SAMUDRAN Contact number: 86613615
 NRIC/ FIN/ Passport: G-2198835-7 Driving Pass Date: 15 Aug 2013
 Date of Birth: 15/01/1993

b) Vehicle Details - Curtis

Vehicle Number: FBI 915 U Vehicle Category: Commercial / Motorcycle / Car
 Vehicle brand: HONDA
 Vehicle Model: GL1125
 Number of passengers (Include driver): 01

c) Accident Details

Date: 18-07-2018 Are you on more than 3 days medical leave (MC)? No / Yes
 Time: 1138 Hrs Any personnel taken to hospital? No / Yes
 Location: College Road (S4H) Damaged to Government Property or Material? No / Yes
 Type of Collision: Rear-End / Side-impact / Sideswipe Foreign Vehicle(s) involved? No / Yes
 (Please Circle) Head-on / Single Car / Chain Collision *If any above questions consist of a "Yes", proceed to make police report
Hit-and-Run / Rollover / Self-Skidded *Police report required? No / Yes
 Weather Condition: Clear / Rainy / Groomy *If Yes, police station name? 77 HQ
 Road Surface: Wet / Dry Any Other Vehicle Involved? No / Yes
 Any Fatality/Major Injury? No / Yes *If above question consist of "Yes", proceed to part (d)
 Did you violate any Traffic Rules? No / Yes Any Prosecution Given by TP? No / Yes
 Traffic Police Activated? No / Yes

d) 3rd Party Vehicle Details

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Vehicle Number:	<u>SIP 5195 L</u>				
Vehicle brand:					
Vehicle Model:					
Name:	<u>Selva Kumar</u>				
NRIC/ FIN/ Passport:	<u>S 15224028</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: 18-07-2018 Date: _____
 Time: 1735 Hrs 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
Policy Number: Comprehensive / 3rd Party / Fire & Theft Is driver the owner of the vehicle? No / Yes

b) Certis Demerit Point Recommendation

At-Fault Accident? No / Yes BOLA Reference Number:
Accident Type: Minor / Major Demerit points allocated:

Driver Acknowledgement: _____

Head of FMS Acknowledgement: _____

Date and Time: _____

Date and Time: _____

G2198825T

RAVI SOMULOO

15 Jan 1993
15 Aug 2013
Valid Till 14 Aug 2018

0022134060



CERTIS CISCO AUXILIARY POLICE FORCE PTE. LTD.

Sector: **FINANCE**

Name: **RAVI SOMULOO**
Occupation: **AUXILIARY POLICE OFFICER**

Work Permit No. **4 D435A531** Date of Application **31-01-2013**
Date of Issue **27-09-2016**
Date of Expiry **10-11-2018**



L72361

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	15 Aug 2013
Class 3 Motor Cars <= 3000kg w/h <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	15 Aug 2013

VISIT PASS
Immigration Regulations


Name: **RAVI SOMULOO**



Date of Birth	Sex	Nationality
16-01-1993	M	MALAYSIAN
Work Permit No.	Date of Issue	Date of Expiry
G2198825T	27-09-2016	10-11-2018

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

Licence No: G2198825T




NP 428A

**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: MT20171663

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.	: FBH915U
Year Of Manufacture	: 2012
Engine No.	: JA11E2004782
Chassis No.	: LALJA11U9C3136397
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