

NATIONAL Assessment Centre Services

Form 1 (Jan 2005)

MANAY 0899592

Date In: 01/08/2018 18:13	Job description	Date & Time Completed	Done by
Ref No: NBR/087/80/402814	SAS e-filing		
Veh No: 166 34204	E-mail (within 8hrs, A/D 2hrs)		
D.O.A: 27/07/2018 16:45	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: SHe 5797	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	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: 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		
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 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 30		
	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	01/08/2018 18:13
Date Of Accident	27/07/2018 16:45
Exact Location Of Accident	SIMEI EXIT TOWARDS CHANGI GENERAL HOSPITAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3420U
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92283767
Alternative Phone No	OFFICE-92283767

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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	MT20171703

Driver

Name of Driver	SHAHRIZAN BIN OSMAN
NRIC No	S9136276G
Date Of Birth	07/10/1991
Occupation	OUTDOOR
Date Of Driving Pass	02/06/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92283767
Fax Number	
Contact Number	OTHERS-92283767
Email Address	NOEMAIL

Address	BLK 130B CANBERRA CRESCENT #07-453
Postcode	752130
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?	NO
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180727/2157

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

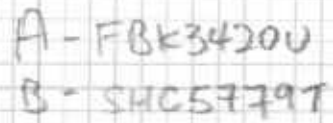
Vehicle Registration Number	SHC5779T
Vehicle Make/Model/Colour	CHEVROLET LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PEE NGIAP HENG
NRIC/Passport Number	S1253235J
Contact Number	90610812
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	3
Passenger 1	NAME: :
	GENDER: :
Passenger 2	NAME: :
	GENDER: :

DETAILS OF INJURED PERSON 1

Name	SHAHRIZAN BIN OSMAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK3420U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



Police report: T/20180727/2157

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

Date & Time: 30/3/18 18:00 HRS.

Name: _____
NRIC/FIN 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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/7/18 1800

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



SINGAPORE POLICE FORCE



T/20180727/2157

1 of 3

Report No. T/20180727/2157

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2018 22:34	Vide Report No.:	Station Diary No.: 192
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Informant's Particulars

Name of Informant: SHAHRIZAN BIN OSMAN			Address: APT BLK 130B CANBERRA CRESCENT #07-453 SINGAPORE 752130	
ID Type / ID No.: NRIC NO / S9136276G			Contact No.: Home/Office:	Mobile: 92283767
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 26	Date of Birth: 07/10/1991	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: CISCO OFFICER			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 27/07/2018 16:45	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE towards Changi , along Simei Exit towards Changi General Hospital				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBK3420U	Motorcycle	YAMAHA			Slightly Damaged	0
SHC5779T	Car	CHEVROLET		Red	Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180727/2157

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20180727/2157

CONTINUATION OF REPORT

Rider			
Name	SHAHRIZAN BIN OSMAN	ID No.	S9136276G
Related Vehicle	FBK3420U (Motorcycle)	Contact No.	92283767
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	Slight
Driver			
Name	Pee Ngiap Heng	ID No.	S1253235J
Related Vehicle	SHC5779T (Car)	Contact No.	90610812
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 the 27/07/2018 at around 1645hrs, I was riding along the PIE towards Changi Airport and I exited at Simei exit heading towards Changi General Hospital. I was negotiating the bend along the exit behind a taxi bearing registration no SHC 5779T and there was another black colour car unknown veh no travelling in front of the taxi. The black colour car stopped all of sudden before merging into the main road and this caused the taxi driver to applied emergency brake and I was forced to applied emergency brake as well however I couldn't stop my motorbike in time and collided into the rear of the taxi. I suffered injury on my right hand knuckle but I have not seek any medical attention yet. After the accident, the black colour car drove off and I exchanged particulars with the taxi driver and we left the accident scene subsequently. I was told by CISCO to lodge a Traffic Accident Report.



**SINGAPORE
POLICE FORCE**



T/20180727/2157

3 of 3

Report No. T/20180727/2157

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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:
F /
Staff Sgt ZENG ZHIMIN, KEVIN

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
27/07/2018 22:34

Officer In Charge Of Case:
TP / AEIT /
SI DZUL HAIRIE BIN RAMLI
Contact No.: 65476220

Classification Of Case:

Authentication Stamp
NP158

ID: 99432

Start
Shift: 0800 HRS

Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.1

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name: SHAHRIZAL BIN OSMAN
 NRIC/ FIN/ Passport: 891862765
 Date of Birth: 07.10.1991

Contact number: 9228 3767
 Driving Pass Date: 02.06.2016

b) Vehicle Details - Certis

Vehicle Number: FBK 3430 V
 Vehicle brand: YAMAHA
 Vehicle Model: TRICITY

Vehicle Category: Commercial / Motorcycle / Car

Number of passengers
(Include driver): 1

c) Accident Details

Date: 20.07.18
 Time: 16.45 HRS
 Location: JUMP! EXIT TOWARDS CHANGI GENERAL HOSPITAL

Are you on more than 3 days medical leave (MC)? No / Yes

Type of Collision:
(Please Circle)
Rear-End Side-impact / Sideswipe
 Head-on / Single Car / Chain Collision
 Hit-and-Run / Rollover / Self-Skidded

Any personnel taken to hospital? No / Yes

Damaged to Government Property or Material? No / Yes

Foreign Vehicle(s) Involved? No / Yes

**If any above questions consist of a "Yes", proceed to make police report*

Weather Condition: Clear / Rainy / Groomy

Road Surface: Wet / Dry

*Police report required? No / Yes

Any Fatality/Major Injury? No / Yes

*If Yes, police station name? YISHUN NORTH AR

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:	<u>3AC 5979 T</u>				
Vehicle brand:	<u>CHEVROLET</u>				
Vehicle Model:	<u>LATI TUDS</u>				
Name:	<u>LEE NGAP HENG</u>				
NRIC/ FIN/ Passport:	<u>S125323573</u>				
Contact Number:	<u>9061 0812</u>				

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]
 Date: 30/7/18
 Time: 17.24 HRS

Supervisor Signature: _____
 Date: _____
 Time: _____

Section 2: FOR FMU STAFF ONLY

a) Insurance Information

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

b) Certis Demerit Point Recommendation

At-Fault Accident?:	No / <u>Yes</u>	BOLA Reference Number:	<u>27</u>
Accident Type:	<u>Minor</u> / Major	Demerit points allocated:	<u>3</u>
Driver Acknowledgement:	<u>[Signature]</u>	Head of FMS Acknowledgement:	_____
Date and Time:	<u>30/7/18 18:00 HRS.</u>	Date and Time:	_____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9136276G

Name:

SHAHORIZAN BIN OSMAN

Birth Date: 07 Oct 1991

Issue Date: 02 Jun 2016



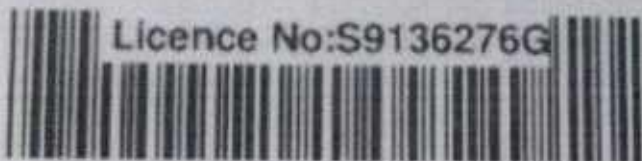
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE

02 Jun 2016

Licence No:S9136276G



P 428A

PUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9136276G**



Name

SHAHRIZAN BIN OSMAN

Race

CHINESE

Date of birth

07-10-1991

Sex

M

S9136276G

Country/Place of birth

SINGAPORE

5837936



NRIC No. S9136276G

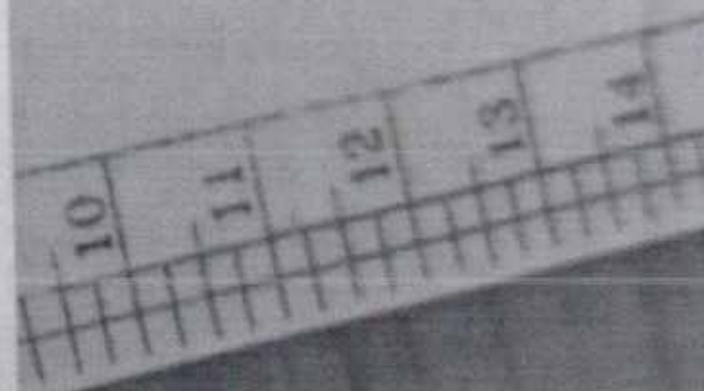


Date of issue

22-11-2017

Address

APT BLK 130B CANBERRA CRESCENT
#07-453
SINGAPORE 752130



**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: MT20171703

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.	: FBK3420U
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