

NATIONAL Assessment Centre Services

Jan 2005

MNA418115346

Date In: 05/09/2008 19:31	Job description	Date & Time Completed	Done by
Ref No: NIA/GA/180/62524	SAS e-filing		
Veh No: FBK 5932X	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 26/08/2008 06:30	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

<p>NIA1805670</p> <p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Cat. 1:</p> <p>Cat. 2 / 3:</p>	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	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 in 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	05/09/2018 19:31
Date Of Accident	26/08/2018 06:30
Exact Location Of Accident	ALONG MARINA EAST DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK5932X
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86614647
Alternative Phone No	OFFICE-86614647

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC
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	MT20171758

Driver

Name of Driver	MUHAMAD SHAMEER BIN ABDULLAH
NRIC No	S9215643E
Date Of Birth	02/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	13/03/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86614647
Fax Number	
Contact Number	OTHERS-86614647
EMail Address	NOEMAIL

Address	BLK 63 YUNG KUANG ROAD #06-73
Postcode	610063
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	DRY

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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT J/20180904/2018 (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	MUHAMAD SHAMEER BIN ABDULLAH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK5932X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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:

03/09/2018
1605pm

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

05/09/2018
Rashid Wathani

SKETCH PLAN

ALONG MARINA EAST DRIVE

A - FBK5932X

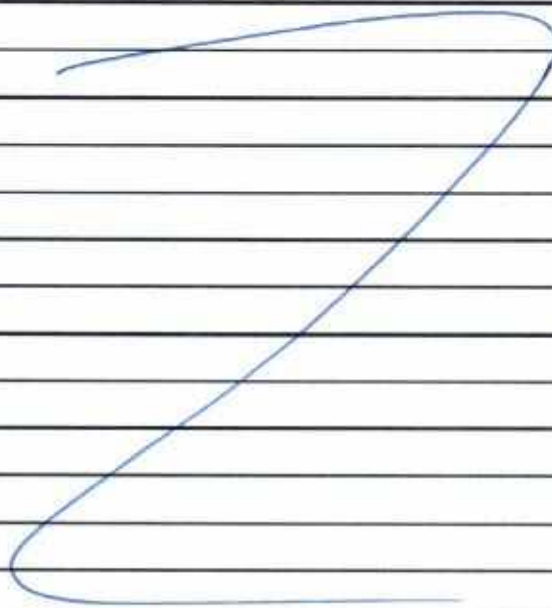
SELF
SKIDDED



sand patch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 5/20180904/2018



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: 03/07/2018
16:05 pm

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

05/09/2018
Rishi Nataraj



**SINGAPORE
POLICE FORCE**



J/20180904/2018

1 of 2

POLICE REPORT (NP299)

Report No. J/20180904/2018

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Date/Time Report Made 04/09/2018 03:01	Vide Report No.	Station Diary No. 14
Name Of Informant MUHAMAD SHAMEER BIN ABDULLAH	Address APT BLK 63 YUNG KUANG ROAD #06-73 SINGAPORE 610063	
ID Type / ID No. NRIC NO / S9215643E	Contact No. Home/Office Mobile 86614647	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation CISCO OFFICER	Sex Male	Age 26
Institution/School Name	Date of Birth 02/05/1992	Race Malay
Date/Time Of Incident 26/08/2018 06:30	Location Of Incident along Marina East Drive	

Brief details.

On 26.08.2018 at about 0630hrs, I was deployed and performing roving duties at an AD-HOC event located at Marina East Drive. I was engaged to ride vehicle; FBK5932X to perform my duties. During the event, I met with an accident when I self-skidded at the said location. When the incident occurred, I was slowing down my vehicle when approaching a hump. However the lighting was dark and upon going over the hump, the said hump was sandy thus my vehicle skidded and I fell to my right.

I sustained abrasions on my right forearm and my vehicle sustained minimal damages and I was able to

Signature Of Officer Recording The Report:

J / Staff Sgt MOHAMMED AMIRULHAFIZ BIN RAMLAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Sgt 2 PATRICIA TAN SHILING
Contact No.: 67910000

Signature Of Informant:

Date/Time:
04/09/2018 03:01

Classification Of Case:

Authentication Stamp

SN 126



Signature :

Singapore Police Force



**SINGAPORE
POLICE FORCE**



J/20180904/2018

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180904/2018

continue my duties. However I was advised by my supervisor that I can report off from work. I am lodging this report as I was advised by my management to lodge a police report for record purpose.

Signature Of Officer Recording The Report:

J / Staff Sgt MOHAMMED AMIRULHAFIZ BIN RAMLAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Sgt 2 PATRICIA TAN SHILING
Contact No.: 67910000

Signature Of Informant:

Date/Time:
04/09/2018 03:01

Classification Of Case:

Authentication Stamp



WC18/0398

93918

Ng Tong Fong General Hospital



A member of the NUHS

MEDICAL CERTIFICATE (Ref:31315737)

ORIGINAL

NAME: MUHAMAD SHAMEER BIN ABDULLAH

NRIC: S9215643E

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**

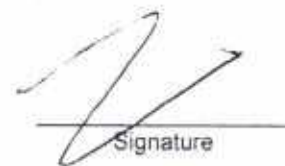
The above named is unfit for duty from **26/8/2018** to **31/8/2018** inclusive.

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **26/08/2018 13:20** to **26/08/2018 16:47**.

26/08/2018
Date

Dr. Ab Aziz MOHD ZUHAIRY (17452A)
Issued by


Signature

Location: NTFGH EMERGENCY

Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.2

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name and Staff ID: 13918 Muhamad Shameer Contact number: 86614647
 NRIC/ FIN/ Passport: S9215643E Driving Pass Date: 03 November 2011
 Date of Birth: 02/05/1992 Start Shift Time: 2200 hrs
 (On the day of accident)

b) Vehicle Details - Certis

Vehicle Number: Fbk 5930X Vehicle Category: Commercial / Motorcycle / Car
 Vehicle brand: Honda
 Vehicle Model: CB 400X Number of passengers (Include driver): 01

c) Accident Details

Date: 26/08/2018 Are you on more than 3 days medical leave (MC)? No / Yes
 Time: 06:30 am Any personnel taken to hospital? No / Yes
 Location: Marina East Drive 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? _____
 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:					
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: 03/09/2018 Date: _____
 Time: 16.05 pm Time: _____


Section 2: FOR FMU STAFF ONLY**a) Insurance Information**

Claim purposes:	<u>Own Damage</u> / 3rd Party / Reporting Only	Is Driver employee of	
Insurance Company:	<u>See Attached</u>	Company?:	No / <u>Yes</u>
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:	<div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">—</div>
Accident Type:	<u>Minor</u> / Major	Demerit points allocated:	<div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">—</div>
Driver Acknowledgement:	_____	Head of FMS	
Date and Time:	_____	Acknowledgement:	_____
		Date and Time:	_____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9215643E



Name
**MUHAMAD SHAMEER BIN
ABDULLAH**

Race
MALAY

Date of birth
02-05-1992

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S9215643E**

Name
**MUHAMAD SHAMEER BIN
ABDULLAH**

Birth Date **02 May 1992**

Issue Date **03 Nov 2011**

002014863D

4052118



NRIC No. **S9215643E**



Date of issue
04-06-2007

APT BLK 63 YUNGKUAN ROAD #06-073
SINGAPORE 610063

NRIC No. **S9215643E** Date: **19/09/2017**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/EFFECTIVE DATE


Class 2B	Motorcycles ≤ 200 CC	03 Nov 2011
Class 1A	Motorcycles between 201 CC and 400 CC	13 Mar 2013
Class 1	Motorcycles > 400 CC	03 Jun 2014
Class 2	Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 3500 kg	31 Mar 2017

S9215643E

S / No. 9000239263

NP 428A

Licence No. S9215643E



**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: MT20171758

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 CB400X
Vehicle Registration No	: FBK5932X
Year Of Manufacture	: 2015
Engine No.	: NC47E5000303
Chassis No.	: JH2NC4797EK000332
Engine Capacity/ Tonnage/ Seater	: 399 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