

# NATIONAL Assessment Centre Services

[wef 1 Jan 00]

MMAY/18/5/265

Date In: 22/4/2018 12:02	Job description	Date & Time Completed	Done by
Ref No: NBA/GAZ/8021131/4	SAS e-filing		
Veh No: FBG 6/20L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/4/2018 08:40	I-Motor Claim Form		
OD: TP - Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	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% P: 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:	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:	Assessor:

Client's Particulars:	Invoice Particulars:
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)
Damaged Portion:	3) TP: Towing Fee \$40/145
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30
Ref: 1:	For claiming against INC Only (wef 10 Jan 2003)
Ref: 2:	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	OD:
	*NS: Courtesy Car / Tpt Allowance \$3
	*NG: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*ND: DV / Collect Excess Coordination \$3
	TP (Nil): TP (Non INC) against INC \$20
	9) NI2: Idao Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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 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. 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	22/11/2018 12:02
Date Of Accident	21/11/2018 08:40
Exact Location Of Accident	PIE TOWARDS TUAS EXIT 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG6120L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82019069
Alternative Phone No	OFFICE-82019069

### 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
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### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20171641

### Driver

Name of Driver	KAMSANI BIN MD AMIN
NRIC No	S7212206B
Date Of Birth	16/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	04/02/1997
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82019069
Fax Number	
Contact Number	OTHERS-82019069
Email Address	NOEMAIL

Address	BLK 745 WOODLANDS CIRCLE #11-745
Postcode	730745
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)	2
Passenger 1	NAME: : AZIM GENDER: : MALE

#### 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

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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.



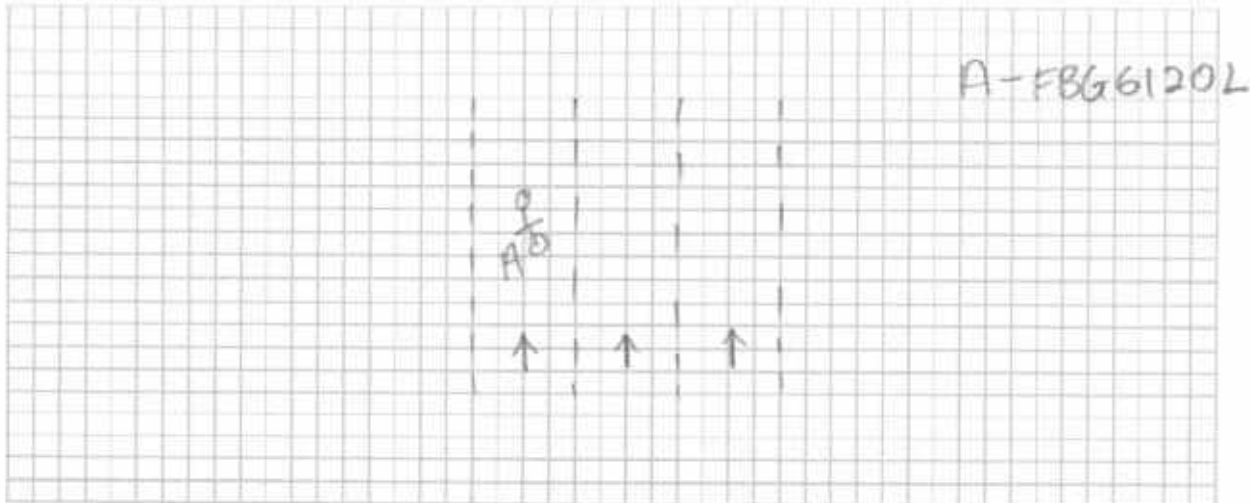
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 21/11/18 I, Kansami Sgt 173054 together with my partner AZIM CPC 95870 ON duty FOR ALARM Response team, while on the way back After attending at Chengi Airport at Pte towards Tias before Chengi South Exit 1 the motorbike skidded at lane 3. Myself and partner got injured. The Skidding is due to heavy rain and there is a puddle of water on the Road.

## DECLARATION

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

Policyholder  
Date & Time:



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

*K. P. C. 21/11/18 1135hs*

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

*22/11/2018*  
*Rashid Umar*

# Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.2

## Section 1: DRIVER DECLARATION

### a) Driver Particulars

Name and Staff ID: Kemwani bin Abdul Amin Contact number: 8201 9069  
 NRIC/ FIN/ Passport: 57212206 Driving Pass Date: 04 Feb 1997  
 Date of Birth: 16 March 1972 Start Shift Time: 0700  
 (On the day of accident)

### b) Vehicle Details - Certis

Vehicle Number: FB66120L Vehicle Category: Commercial / Motorcycle / Car  
 Vehicle brand: Yamaha  
 Vehicle Model: YBR Number of passengers (Include driver): 2

### c) Accident Details

Date: 21/11/18 Are you on more than 3 days medical leave (MC)? No / Yes  
 Time: 0840hr Any personnel taken to hospital? No / Yes  
 Location: PIE towards twin Exit 1 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  
 Hit-and-Run / Rollover / Self-Skidded  
 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: 21/11/18 Date: \_\_\_\_\_  
 Time: 0840 hrs 1135 hrs. Time: \_\_\_\_\_

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

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

**b) Certis Demerit Point Recommendation**

At-Fault Accident?	<u>No</u> / Yes	BOLA Reference Number:	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>
Accident Type:	<u>Minor</u> / Major	Demerit points allocated:	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>
Driver Acknowledgement:	_____	Head of FMS Acknowledgement:	_____
Date and Time:	_____	Date and Time:	_____

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7212206B

Name: KAMSANI BIN MD AMIN

Birth Date: 16 Mar 1972

Issue Date: 05 Feb 2003

10001738050

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7212206B

Name: KAMSANI BIN MD AMIN

Race: MALAY

Date of birth: 16-03-1972

Sex: M

Country of birth: SINGAPORE

S7212206B

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	04 Feb 1997
Class 2A	Motorcycles between 201 cc and 400 cc	15 Feb 2000
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Aug 2001

NP 420A

License No: S7212206B

6742788

S7212206B

Date of issue: 07-07-2011

Address: APT BLK 745 WOODLANDS CIRCLE #11-742 SINGAPORE 730745



**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: MT20171641**

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.	: FBG6120L
Year Of Manufacture	: 2012
Engine No.	: E3J2E004798
Chassis No.	: LBPKE1782C0005351
Engine Capacity/ Tonnage/ Seater	: 124 cc
Hire Purchase	: Nil
Value (\$\$)	: AS PER MARKET VALUE
Period Of Insurance	: FROM: 01/04/2017 TO: 31/03/2019
Excess (\$\$)	: 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