



## 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	27/11/2018 12:28
Date Of Accident	26/11/2018 09:30
Exact Location Of Accident	ADMIRALTY ROAD WEST TOWARDS MARSILING DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5169P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87489623
Alternative Phone No	OFFICE-87489623

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
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?	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	MOMVM000001011-01-000
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD NASRULL BIN ZULKIFLI
NRIC No	S9406069I
Date Of Birth	23/02/1994
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87489623
Fax Number	
Contact Number	OTHERS-87489623
Email Address	NOEMAIL

Address	BLK 528A PASIR RIS STREET 51 #09-663
Postcode	511528
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	SIDE SWIPE
Weather Conditions	CLOUDY
Road Surface	WET

#### 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?	NO
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	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3689999 - FAX NO: 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181126/2059

#### 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	SHC8207H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEW HOCK HENG
NRIC/Passport Number	S7109164C
Contact Number	85711313
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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#### **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.



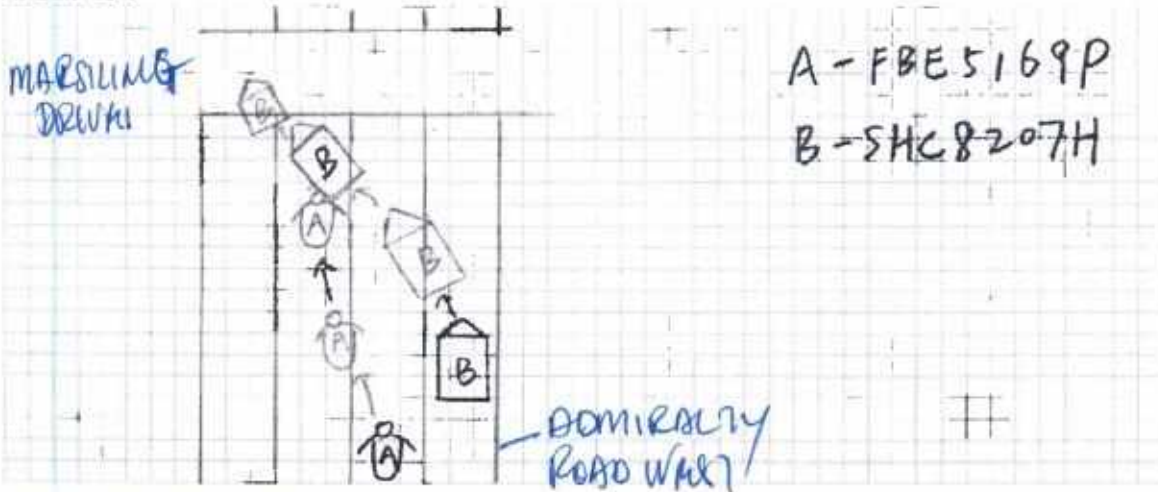
Policyholder's Signature  
Date & Time:

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

26/11/2018 1620hrs

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.  
T/2018/126/2059.

DECLARATION

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



Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
26/11/2018 1620hrs

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



# SINGAPORE POLICE FORCE



T/20181126/2059

1 of 3

Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

Report No. T/20181126/2059

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/11/2018 13:08	Vide Report No.:	Station Diary No.: 18
--------------------------------------------	------------------	--------------------------

**Informant's Particulars**

Name of Informant: MUHAMMAD NASRULL BIN ZULKIFLI			Address: APT BLK 528A PASIR RIS STREET 51 #09-663 SINGAPORE 511528		
ID Type / ID No.: NRIC NO / S9406069I			Contact No.: Home/Office: Mobile: 87489623		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 23/02/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Auxiliary police officer			Driving Licence Information: Class: 2B,2A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 26/11/2018 09:30	Type of Location: Straight Road
Location: Along Road 1 ADMIRALTY ROAD WEST  traffic light junction before Marsiling Drive				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5169P	Motorcycle				Slightly Damaged	0
SHC8207H	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20181126/2059

2 of 3

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Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

Report No. T/20181126/2059

**CONTINUATION OF REPORT**

**Brief Details.**

On 26/11/2018 at 0930hrs, I was performing my duty as Auxiliary police and was riding my company vehicle (FBE5169P) on the second lane along Admiralty Road West. In the mist of riding along the said road towards a traffic light junction of Marsiling Drive, a Singapore Blue Comfort Taxi (SHC8207H) was driving on the extreme right lane when he suddenly made a abrupt lane change to the left entering into my lane. I quickly applied my break and attempted to avoid the collision but it was too late. My vehicle had collided onto the left side of the taxi. No one was injured during the accident. Ambulance and Traffic police was not activated. I already informed my management about the matter.



**SINGAPORE  
POLICE FORCE**



T/20181126/2059

Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

3 of 3



Report No: T/20181126/2059

**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: L / Sgt 1 MUHAMMAD SHARIN BIN ROSLI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/11/2018 13:08
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No: 65476151	Classification Of Case:
Authentication Stamp NP168  Singapore Police Force	

20: 8965

shift: 5am - 4pm

## Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.1

### Section 1: DRIVER DECLARATION

#### a) Driver Particulars

Name: Mark Norrell  
 NRIC/ FIN/ Passport: 50462643  
 Date of Birth: 27/02/94

Contact number: 9248 0633  
 Driving Pass Date: 30/01/2018

#### b) Vehicle Details - Certis

Vehicle Number: 886 5400  
 Vehicle brand: BMW  
 Vehicle Model: 62400

Vehicle Category: Commercial / Motorcycle / Car  
 Number of passengers (Include driver): 01

#### c) Accident Details

Date: 24/1/18  
 Time: 08:45  
 Location: Roundabout 2A / Morning drive  
 Type of Collision: Rear-End / Side-impact / Sideswipe  
 (Please Circle) Head-on / Single Car / Chain Collision  
Hit-and-Run / Rollover / Self-Skidded  
 Weather Condition: Clear / Rainy / Gummy  
 Road Surface: Wet / Dry  
 Any Fatality/Major Injury? No / Yes  
 Did you violate any Traffic Rules? No / Yes  
 Traffic Police Activated? No / Yes

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

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*

Police report required? No / Yes

If Yes, police station name? \_\_\_\_\_

Any Other Vehicle Involved? 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>SHL 81074</u>				
Vehicle brand:					
Vehicle Model:					
Name:	<u>Yew Koon Hong</u>				
NRIC/ FIN/ Passport:	<u>531001144</u>				
Contact Number:	<u>95711313</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: 26/1/2018  
 Time: 16:20 hrs

Supervisor Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

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

Claim purposes:	Own Damage / 3rd Party / Reporting Only	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) Cartis Demerit Point Recommendation**

At-Fault Accident?	No / Yes	BOLA Reference Number	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Accident Type:	Minor / Major	Demerit points allocated:	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Driver Acknowledgement: _____		Head of FMS Acknowledgement: _____	
Date and Time: _____		Date and Time: _____	

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S94060691



Name  
**MUHAMMAD NASRULL BIN  
ZULKIFLI**

Race  
**MALAY**

Date of birth  
**23-02-1994**

Sex  
**M**

Country of birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S94060691**

**MUHAMMAD NASRULL BIN  
ZULKIFLI**

Birth Date: **23 Feb 1994**

Issue Date: **29 Jan 2015**



NRIC No: **S94060691**



Date of issue  
**09-04-2009**

APT BLK 528A PASIR RIS STREET 51 #09-683  
SINGAPORE 511528  
NRIC No: **S94060691**

Date: **11/03/2015**

4386414

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

EFFECTIVE DATE

Class 2B Motorcycles < 250 CC  
Class 2A Motorcycles > 250 CC and 400 CC

29 Jan 2015  
07 Dec 2014

S94060691

S / No. 9000254548



NP 428A

## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1960  
- Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

### Policy Details

Certificate Number	: MOMVM000001011-01-000	Cover	: Motor Cycle (Comprehensive)
Policyholder Name	: Certis Cisco Auxilliary Police Force Pte Ltd	Chassis Number	: NC421200566
NCD Entitlement	: 20% Fleet Discount	Engine Number	: NC42E1113883
Hire Purchase	: N/A	Registration Number	: FBE5169P
Period of Insurance	: From 01/04/2018 (00:00) To 31/03/2019 (23:59) (Both Dates Inclusive)		

### Persons or Classes of Persons entitled to Drive

- a) The Primary Rider
- b) Any Named Rider as stated in the policy

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

### Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business

This Policy does not cover:

- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- c) Use for carriage of goods (other than samples) in connection with any trade of business
- d) Use for any purpose in connection with Motor Trade

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

Excess (Section 1) : SGD 750.00 - including Fire & Theft outside Singapore

Excess (Section 2) : N/A

### Driver Details

Primary Rider	: Any persons who is driving on the policyholder's order or with their permission
Named Rider 1	: N/A
Named Rider 2	: N/A

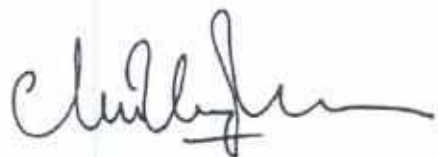
Name of Intermediary : Jardine Lloyd Thompson Pte Ltd

Date of Issue : 24/04/2018

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

**Great American Insurance Company**



Authorised Signatory

jgoh