

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MAA418165331

Date In: 26/11/2008 09:23	Job description	Date & Time Completed	Done by
Ref No: NBA/GA18023057/Y	SAS e-filing		
Veh No: FBK 2417L	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 23/11/2008 00:20	I-Motor Claim Form		
OID 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: SJR 9893S	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 repair.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	TP () / Non-TP ()
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:

Date/Time:	Location:

NA808427	Invoice / Repairing / GLE	Value	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) PT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repairs Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*N9: DV / Collect Excess Coordination \$20		
	TP (NI): TP (Non INC) against INC \$0		
	9) NI 21 Idas Mobile		
	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 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	26/12/2018 09:23
Date Of Accident	23/11/2018 00:20
Exact Location Of Accident	T-JUNCTION OF CLEMENTI ROAD TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2417L
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87550319
Alternative Phone No	OFFICE-87550319

Vehicle Particulars

Manufacturer	YAMAHA
Model	TRICITY-125CC MW125
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT20171692
Cover Note Number	

Driver

Name of Driver	MOHAMED YUSRI BIN MOHD SUZAINI
NRIC No	S9735365D
Date Of Birth	14/10/1997
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87550319
Fax Number	
Contact Number	OTHERS-87550319
Email Address	NOEMAIL

Address	BLK 106 BEDOK NORTH AVENUE 4 #02-1982
Postcode	460106
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 (including own vehicle) 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?	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 POLICE REPORT T/20181125/2004

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	SJR9893S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMED YUSRI BIN MOHD SUZAINI
------	--------------------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK2417L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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:

20/12/18
1208

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

26/12/2018

Rafli Hartono

SKETCH PLAN

T-JUNCTION OF GEMMANY RD TOWARDS HYE



A- FBE2417L

B- GJR9893S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT 1/208/1125/2004

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/12/18
1208

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

26/12/2008

Rafael Lim A03



SINGAPORE POLICE FORCE



T/20181125/2004

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No: T/20181125/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2018 00:32	Vide Report No.: T/20181124/2132	Station Diary No.: 15
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Informant's Particulars

Name of Informant: MOHAMED YUSRI BIN MOHD SUZAINI			Address: APT BLK 106 BEDOK NORTH AVENUE 4 #02-1982 SINGAPORE 460106	
ID Type / ID No.: NRIC NO / S9735365D			Contact No.: Home/Office: Mobile: 87550319	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 21	Date of Birth: 14/10/1997	Type of Informant: Rider	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: PARKING ENFORCEMENT			Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/11/2018 00:30	Type of Location: T-Junction
Location: Along Road 1 CLEMENTI ROAD				
T-Junction of Clementi Road towards Ayer Rajah Expressway				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK2417L	Motorcycle	YAMAHA	MV 123 3-WHEELER	White	Slightly Damaged	0
SJR9893S	Car	HYUNDAI	HD AVANTE 1.6 A	Black	Slightly Damaged	0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20181125/2004

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No: T/20181125/2004

CONTINUATION OF REPORT

Rider			
Name	MOHAMED YUSRI BIN MOHD SUZAINI	ID No.	S9735365D
Related Vehicle	FBK2417L (Motorcycle)	Contact No.	87550319
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	23/11/2018	Date Discharge	24/11/2018
No. of Days granted Medical Leave	15	Degree of Injury	Slight

Brief Details.

I have previously lodged a traffic accident report T/20181124/2132 regarding this accident. I am lodging this report to amend some details stated in the previous report.

On the 23/11/2018 at about 0030hrs, I was riding my company's (Cisco) motorcycle bearing registration number FBK2417L as a parking enforcement rider along Clementi Road. As I was reaching the T-Junction of Clementi Road towards Ayer Rajah Expressway, I spotted one car bearing registration number SJR9893S on the third lane of the four lane road. The traffic light signal was red and the car was stationary. I slowed down my vehicle and my intention was to stop behind the said car but as I tried to apply my front brake, the braking system did not respond accordingly. As such, my vehicle collided into the rear left portion of the car SJR9893S. After I collided with the car, I fell onto my left side. The driver came out of the vehicle to assist me, and passer-bys assisted to call for the ambulance.

After the ambulance arrive, the paramedics attended to me, and I was conveyed to National University Hospital. I suffered bruises on my left abdomen area, my right knee and my right wrist. I was discharged from the hospital on the 24/11/2018 and I was given 15 days of medical leave.

I wish to state that during the time of the accident, no government property was damaged. My motorcycle was also installed with an in-car camera.



SINGAPORE
POLICE FORCE



T/20181125/2004

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No. 1800-2449999

3 of 3

Report No. T/20181125/2004

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 /

Sgt 2 LIM WEI SIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No. 65476213

Authentication Stamp

NP158

Signature Of Informant:

Date/Time:

25/11/2018 00:32

Classification Of Case:

Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.2

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name and Staff ID: YORK 111948
 NRIC/ FIN/ Passport: S473536SD
 Date of Birth: 14/10/1997

Contact number: 8755 0319
 Driving Pass Date: 26 APR 2018
 Start Shift Time: 2300
 (On the day of accident)

b) Vehicle Details - Certis

Vehicle Number: FBK2417L
 Vehicle brand: YAMAHA
 Vehicle Model: TR1 CITY

Vehicle Category: Commercial / Motorcycle / Car Car
 Number of passengers (Include driver): 1

c) Accident Details

Date: 23/11/2018
 Time: 0020
 Location: Clementi Road
 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 / Groomy
 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>SJR 9893S</u>				
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: 20/12/18 Date: _____
 Time: 12 06 Time: _____

Section 2: FOR FMU STAFF ONLY

a) Insurance Information

Claim purposes:	Own Damage / 3rd Party / Reporting only	Is Driver employee of Company?:	No / <u>Yes</u>
Insurance Company:	<u>See Attached</u>	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?	No / Yes	BOLA Reference Number:	<div style="border: 1px solid black; width: 60px; height: 25px;"></div>
Accident Type:	Minor / Major	Demerit points allocated:	<div style="border: 1px solid black; width: 60px; height: 25px;"></div>
Driver Acknowledgement:	_____	Head of FMS Acknowledgement:	_____
Date and Time:	_____	Date and Time:	_____

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S9735365D**

MOHAMED YUSRI BIN MOHD SUZAINI

Birth Date: 14 Oct 1997
Issue Date: 26 Apr 2018

002797366K

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9735365D**

MOHAMED YUSRI BIN MOHD SUZAINI

Race: **BOYANESSE**
Date of birth: **14-10-1997**
Country/Place of birth: **SINGAPORE**

Sex: **M**

S9735365D

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

Class	Motorcycles =< 200 cc	EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	26 Apr 2018

NP 428A

Licence No: S9735365D

5585786

NRIC No: **S9735365D**

Date of issue: **22-03-2018**

Address: **APT BLK 106 BEDOK NORTH AVENUE 4 #02-1982 SINGAPORE 460106**

**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: MT20171692

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.	: FBK2417L
Year Of Manufacture	: 2015
Engine No.	: E3N9E027626
Chassis No.	: MLESE782000027626
Engine Capacity/ Tonnage/ Seater	: 125 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