

NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

NA19023459

Date In: 19/01/2009 18:31	Job description	Date & Time Completed	Done by
Ref No: NBA/GA2190031254	SAS e-filing		
Veh No: FBE 5169P	E-mail (30 min 2hrs, AIC 2hrs)		
D.O.A: 15/01/2009 16:00	1-Motor Claim Form		
OID: TP: Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-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: SMH 7392B	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: ()

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

Injury: _____

Date/Time: _____

Actions: _____

NA1901299	Invoice Information	
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (Nil): TP (Nil INC) against INC \$20	
	9) NI2: Idao Mobile \$0	
	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	19/02/2019 18:31
Date Of Accident	15/02/2019 16:00
Exact Location Of Accident	KPE BEFORE PIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5169P
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87489623
Alternative Phone No	OFFICE-87489623

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF-399CC
Exact Purpose for which vehicle was being used at time of accident	GOING BACK TO BASE
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	MT20171745
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	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87489623
Fax Number	
Contact Number	OTHERS-87489623
Email Address	NOEMAIL

Address	BLK 528A PASIR RIS STREET 51 #09-633
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	NO COLLISION
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?	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?	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 ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH7392B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG YING YUAN
NRIC/Passport Number	S7627033C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

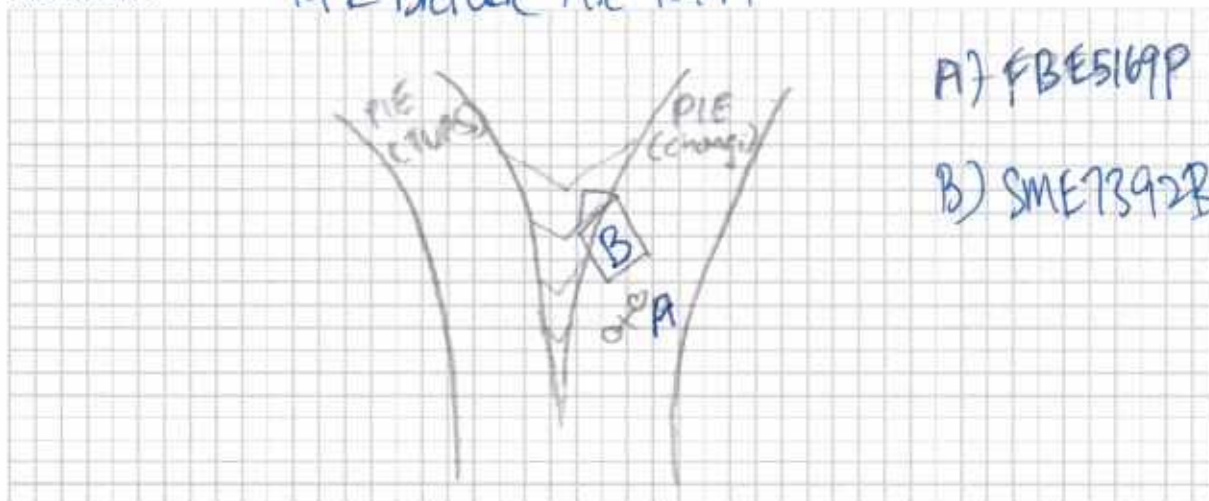


Policyholder's Signature
Date & Time:

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

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

KPE BUCKLE PLATE EXIT



As attached

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



Policyholder: Singh, Jagan
Date & Time: _____

Date & Time:

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

Date & Time:


13/06/19 170545


Reporting Centre Personnel's Signature
Name: Ros L. Ho
NRIC/FIN No: _____

NADTE

NRIC/FIN No.:

INCIDENT REPORT FOR DUTY POST

Location of Duty Post	Type of Business (Bank/KINs/Embassy/ Residence/Factory)	Date of Incident	Time of Incident	Weather Condition				
Tuas West Ave (NEA Smcug Ctr) Marsiling Green M		15/02/19	1600hr-	A D Clear				
Person(s) Involved	Particulars of Witness(es)							
CPL 92746 Raffien								
Details of Incident (Who, What, Where, When, Why, How and Other Essential Details)								
<p style="text-align: right;">FBE SIKIP</p> <p>While I, CPL 89765 Nasrull, was riding back to base along KPE before PIE change exit, I was involved in a RTA. The car in front of me, SMH 7392B, slowed down and came to a complete stop while trying to cross the chevron. I applied emergency brake to prevent a collision which cause me to fall down on my right side. No one was injured and footage was recorded from the bike cam.</p>								
Particulars of driver of vehicle SMH 7392B: Ng Ying Yuen. S9629033C								
DOB: 24/06/1976								
Reported by : (Rank/Svc No/Name)	Signature	Date	Time					
CPL 89765 Nasrull		15/02/19	1650hr-					

 19/02/2019
Repd. WOTAB

Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.2

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name and Staff ID: Nasrull 80765 Contact number: 87489623
 NRIC/ FIN/ Passport: 594660691 Driving Pass Date: 30/01/2015
 Date of Birth: 23/02/1984 Start Shift Time: 0800hrs
 (On the day of accident)

b) Vehicle Details - Certis

Vehicle Number: POL 5148 Vehicle Category: Commercial / Motorcycle / Car
 Vehicle brand: Honda
 Vehicle Model: CG 400 Number of passengers (Include driver): 01

c) Accident Details

Date: 15/02/19 Are you on more than 3 days medical leave (MC)? No / Yes
 Time: Around 1600hrs Any personnel taken to hospital? No / Yes
 Location: KPE before PLE exit Damaged to Government Property or Material? No / Yes
 Type of Collusion: not Rear End / Side-impact / Sideswipe Foreign Vehicle(s) Involved? No / Yes
 (Please Circle) Head-on / Single Car / Chain Collusion *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? not No / Yes
 Road Surface: Wet / Dry Any Other Vehicle Involved? not 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:	<u>SMH 7892B</u>				
Vehicle brand:					
Vehicle Model:					
Name:	<u>NG Young Yuen</u>				
NRIC/ FIN/ Passport:	<u>S7627033C</u>				
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: 15/02/19 Date: _____
 Time: 1640hrs Time: _____

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

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

b) Certis Demerit Point Recommendation

At-Fault Accident?	No / 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	
Date and Time:	_____	Acknowledgement:	_____
		Date and Time:	_____

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S9406069I**

Name: **MUHAMMAD NASRULL BIN ZULKIFLI**

Birth Date: **23 Feb 1994**

Issue Date: **29 Jan 2015**

002381468B

SG

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9406069I**

Name: **MUHAMMAD NASRULL BIN ZULKIFLI**

Race: **MALAY**

Date of birth: **23-02-1994** Sex: **M**

Country of birth: **SINGAPORE**

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

Class 2B Motorcycles up to 200 CC

Class 2A Motorcycles between 201 CC and 400 CC

EFFECTIVE DATE: 29 Jan 2015

NP 428A

S / No. 9000254548

License No: S9406069I

4365414

NRIC No: **S9406069I**

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

APT BLK 528A PASIR RIS STREET 51 #09-683

SINGAPORE 511528

NRIC No: **S9406069I** Date: **11/03/2014**

**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: MT20171745

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 CB400SF Motor Cycle
Vehicle Registration No.	: FBE5169P
Year Of Manufacture	: 2010
Engine No.	: NC42E1113883
Chassis No.	: NC421200566
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