

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

19/01/2005

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 19/01/2005 18:50 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/GA2/9003131/Y | SAS e-filing | | |
| Veh No: FBE 517P | E-mail (by date 2hrs, AIC 2hrs) | | |
| D.O.A: 15/02/2005 16:00 | 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: Vch No: FBE 5169P | 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: () |

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

| |
|-------------|
| Injury: () |
|-------------|

| Date/Time | Action |
|-----------|--------|
| | |
| | |
| | |
| | |

| | | |
|---------------------------------|---|-------------|
| 19/01/2005 | 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/\$45 | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| | For claiming against INC Only (wef 10 Jan 2005) | |
| | 6) TR: Re-inspection \$75 | |
| | 7) NI: Idao DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services: | |
| | OD: | |
| | *NS: Courtesy Car / Tpl Allowance \$5 | |
| | *NS: Repair Coordination \$10 | |
| | *NS: Post Repair Inspection \$25 | |
| | *NS: DV / Collect Excess Coordination \$5 | |
| | TP (Nil): TP (Nil INC) against INC \$20 | |
| | 9) NI: 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 18:50 |
| Date Of Accident | 15/02/2019 16:00 |
| Exact Location Of Accident | EXIT OF KPE TOWARDS PIE (CHANGI) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---|
| Vehicle Registration Number | FBE5117P |
| Insured/Policyholder | |
| Name Of Registered Owner | CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD |
| Co Reg No | 200900882K |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-84823697 |
| Alternative Phone No | OFFICE-84823697 |

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 | MT20171744 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | DRALRAFFIAN BIN DAREN SETRIA |
| NRIC No | S9025345Z |
| Date Of Birth | 23/07/1990 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/10/2016 |
| Driving Experience | 2 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84823697 |
| Fax Number | |
| Contact Number | OTHERS-84823697 |
| EMail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 179 BOON LAY DRIVE #03-470 |
| Postcode | 640179 |
| 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 | 3 |
| 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 | FBE5169P |
| Vehicle Make/Model/Colour | HONDA CBR 400 |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|--------------------------------|
| Vehicle Registration Number | SMF7392B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | NG YING YUAN (HUANG 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

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. 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.



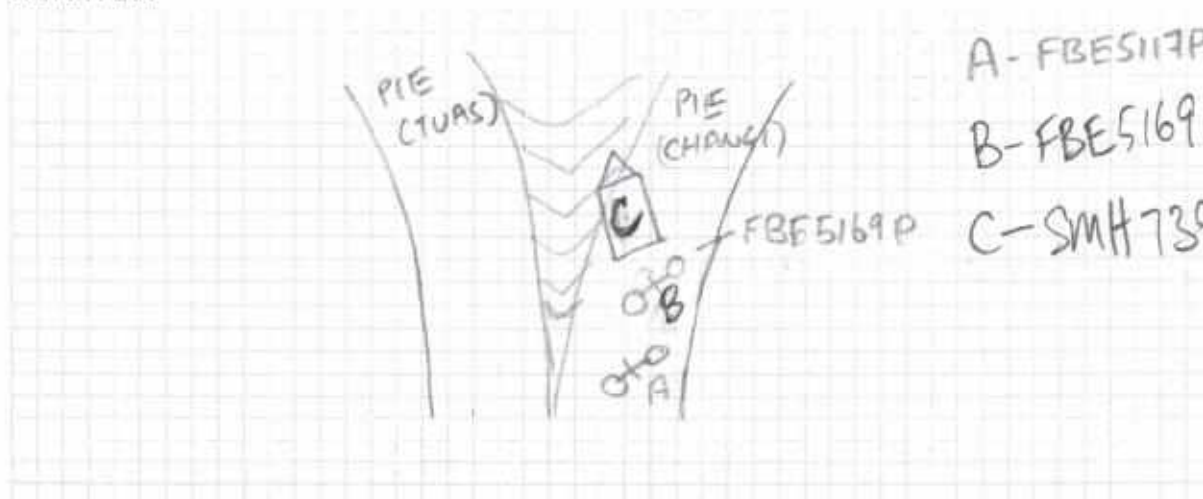
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 15/02/2019
1700ms

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached

DECLARATION

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

Policyholder Signature
Date & Time




Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/02/2019
1700hrs

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

19/02/2019
Rasli Hassan

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 AVENUE (NEA SMOKEY OPS) | | 15/02/2019 | 1600 hrs. | Clear. | | | | |
| Person(s) Involved | Particulars of Witness(es) | | | | | | | |
| CPL NASRULL 89765. | | | | | | | | |
| Details of Incident (Who, What, Where, When, Why, How and Other Essential Details) | | | | | | | | |
| WHILST TRAVELING BACK TO PAYA LEBAR DIVISION AFTER END OF OPS OPERATION, I WAS INVOLVED IN A ROAD TRAFFIC ACCIDENT. A WHITE BMW MODEL SUV, SMH 7392B | | | | | | | | |
| SUDDENLY JAMMED BRAKE AND CHANGE DIRECTION ACROSS THE CHEVRON MARKING, CAUSING AT MY COLLEAGUE CORPORAL NASRULL 89765 WHO WAS RIDING MOTORCYCLE FBE 5169 P | | | | | | | | |
| TO JAMMED HIS BRAKE, THUS I APPLIED MY BRAKE TO AVOID THE CAR. MY MOTORCYCLE WAS SLIGHTLY DAMAGED AND NO ONE WAS INJURED AND FOOTAGE WAS RECORDED IN THE MOTORCYCLE CAMERA. PARTICULARS OF BMW DRIVER IS NG YING YUAN (HUANG YING YUAN), J7627033C. MY MOTORCYCLE IS FBE 5117P. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Reported by : (Rank/Svc No/Name) CPL 92746 DEACRAFFIAN | Signature  | Date 15/02/2019 | Time 1655hrs. | | | | | |

gav 19/02/2019
Rosli Wani

Certs Fleet Management Section Traffic Accident Reporting Form

Version: 1.2

Section 1: DRIVER DECLARATION

a) Driver Particulars

| | |
|---|--|
| Name and Staff ID: <u>DRALRAFFIAN 92746</u> | Contact number: <u>64823697</u> |
| NRIC/ FIN/ Passport: <u>S9025345Z</u> | Driving Pass Date: <u>12 OCT 2016 (2A)</u> |
| Date of Birth: <u>23/07/1990</u> | Start Shift Time: <u>0800</u> <small>(On the day of accident)</small> |

b) Vehicle Details - Certis

| | |
|-----------------------------------|--|
| Vehicle Number: <u>FBE 5117 P</u> | Vehicle Category: <u>Commercial / Motorcycle / Car</u> |
| Vehicle brand: <u>HONDA</u> | |
| Vehicle Model: <u>CB 400</u> | Number of passengers (Include driver): <u>1</u> |

c) Accident Details

| | |
|--|--|
| Date: <u>15/02/2019</u> | Are you on more than 3 days medical leave (MC)? <u>No</u> / Yes |
| Time: <u>1601 hrs</u> | Any personnel taken to hospital? <u>No</u> / Yes |
| Location: <u>EXIT OF KPE TOWARDS PIE (CHANGAI)</u> | Damaged to Government Property or Material? <u>No</u> / Yes |
| Type of Collision: <u>Rear-End</u> / Side-impact / Sideswipe <small>(Please Circle)</small> | Foreign Vehicle(s) Involved? <u>No</u> / Yes |
| <u>Head-on</u> / Single Car / Chain Collision | <small>*If any above questions consist of a "Yes", proceed to make police report</small> |
| <u>Hit-and-Run</u> / Rollover / <u>Self-Skidded</u> | Police report required? <u>No</u> / Yes |
| Weather Condition: <u>Clear</u> / Rainy / Groomy | <small>*If Yes, police station name?</small> |
| Road Surface: <u>Wet</u> / Dry | Any Other Vehicle Involved? <u>No</u> / <u>Yes</u> |
| Any Fatality/Major Injury? <u>No</u> / Yes | <small>*If above question consist of "Yes", proceed to part (d)</small> |
| Did you violate any Traffic Rules? <u>No</u> / Yes | Any Prosecution Given by TP? <u>No</u> / Yes |
| Traffic Police Activated? <u>No</u> / Yes | |

d) 3rd Party Vehicle Details

| | Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 | Vehicle 5 |
|----------------------|-------------------|-------------------|-----------|-----------|-----------|
| Vehicle Number: | <u>FBE 5169 P</u> | <u>SMH 739 JB</u> | | | |
| Vehicle brand: | <u>HONDA</u> | | | | |
| Vehicle Model: | <u>CB 400</u> | | | | |
| 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: <u>[Signature]</u> | Supervisor Signature: _____ |
| Date: <u>15/02/2019</u> | Date: _____ |
| Time: <u>1640 hrs</u> | Time: _____ |

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

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

b) Certis Demerit Point RecommendationAt-Fault Accident? No / Yes

BOLA Reference Number:

Accident Type: Minor / Major

Demerit points allocated:

Driver Acknowledgement: _____

Head of FMS

Acknowledgement: _____

Date and Time: _____

Date and Time: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9025345Z

Name: ORALRAFFIAN BIN DAREN SETRIA

Birth Date: 23 Jul 1990

Issue Date: 05 Apr 2012

002057421G




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9025345Z

Name: ORALRAFFIAN BIN DAREN SETRIA

Race: MALAY

Date of birth: 23-07-1990

Sex: M

Country of birth: SINGAPORE




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

| Class | Description | Effective Date |
|----------|---|----------------|
| Class 1B | Motorcycles <= 200 CC | 01 Apr 2012 |
| Class 1A | Motorcycles between 201 CC and 400 CC | 12 Oct 2015 |
| Class 2 | Motorcycles > 400 CC | 14 Mar 2014 |
| Class 3 | Motor cars <= 4200 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg | 23 Apr 2014 |

S9025345Z

S / No. 9000313359

NP 426A

Licence No. S9025345Z



4002390

S9025345Z

Date of issue: 03-09-2008

APT BLK 179 BOON LAY DRIVE #03-470

SINGAPORE 640179

NRIC No: S9025345Z

Date: 24/01/2011

No: 6T16488




**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: MT20171744

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. | : FBE5117P |
| Year Of Manufacture | : 2010 |
| Engine No. | : NC42E1113538 |
| Chassis No. | : NC421200214 |
| 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