

NATIONAL Assessment Centre Services.

(ver 1 Jan'08)

MAIA 19037150

Date In: 20/03/2018 17:37	Job description	Date & Time Completed	Done by
Ref No: NBS164190050937	SAS e-filing		
Veh No: FBG 975C	E-mail (Vehicle 3hrs, AIC 2hrs)		
D.O.A: 15/02/2018 15:30	I-Motor Claim Form		
OID: 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/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: 27 515R

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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: ()

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Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Cal. 1:

2/3

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$40/\$45
4) FT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ver 10 Jun 2009)	
6) TR: Re-inspection	\$75
7) NI: Idau DA + SMRT Survey	\$160
8) NTUC Additional Services:	

ON:	
*NS: Courtesy Car / TPR Allowance	\$1
*NG: Repair Co-ordination	\$10
*NH: Post Repair Inspection	\$25
*NI: DV / Collect Excess Coordination	\$5
*TP (N1): TP (N-in INC) *claiming	\$20
*N1: Idau Mobile	

Invoice dated	Fee Charged
Invoice dated	Fee Charged

FOR:

10-DEC-2018 MON 08:09

MAIA 902089

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	20/03/2019 17:37
Date Of Accident	15/12/2018 15:30
Exact Location Of Accident	ALONG MAXWELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9775C
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94837009
Alternative Phone No	OFFICE-94837009

Vehicle Particulars

Manufacturer	HONDA
Model	CB125E
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	MOMVM000001011-01-00
Cover Note Number	

Driver

Name of Driver	VINOD VALENTINO S/O DEVADAS
NRIC No	S8632746E
Date Of Birth	15/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	26/06/2006
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94837009
Fax Number	
Contact Number	OTHERS-94837009
Email Address	NOEMAIL

Address BLK 809B CHOA CHU KANG AVENUE 1
#12-646
Postcode 682809
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 ON 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? 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? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181220/7013

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 SLT5195R
Vehicle Make/Model/Colour VOLKSWAGEN
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	VINOD VALENTINO S/O DEVADAS
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBG9775C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE


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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)**

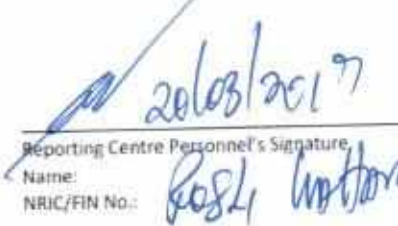
I understand, acknowledge, agree and consent that:

- (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.

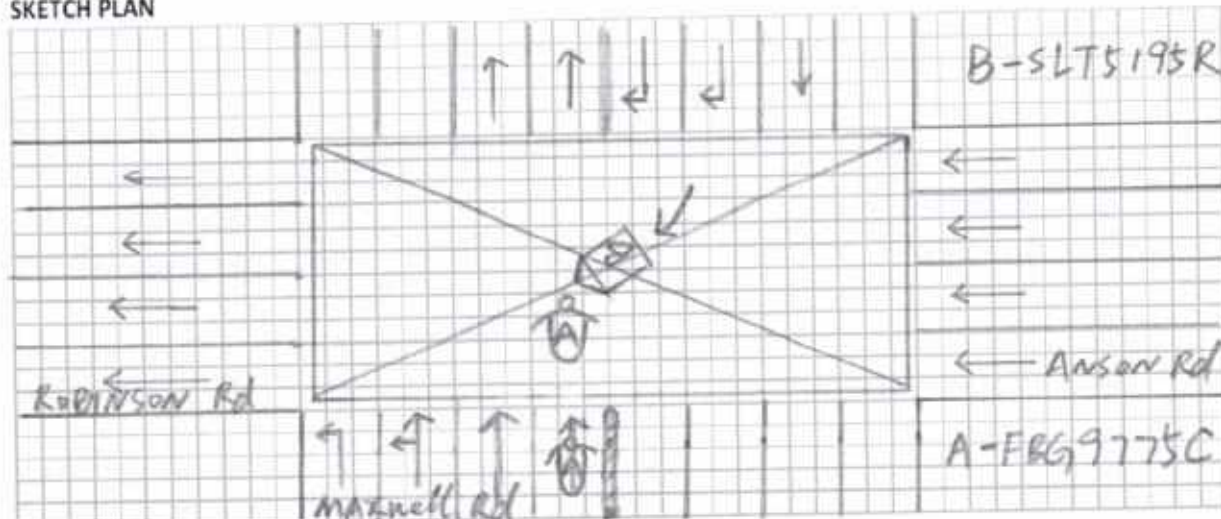


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.
T/20181220/7013

DECLARATION

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

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.:



SINGAPORE POLICE FORCE



T/20181220/7013

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181220/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2018 15:44		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: VINOD VALENTINO S/O DEVADAS			Address: APT BLK 809B CHOA CHU KANG AVENUE 1 #12-646 SINGAPORE 682809		
ID Type / ID No.: NRIC NO / S8632746E			Contact No.: Home/Office: Mobile: 94837009		
Nationality: SINGAPORE CITIZEN			Email: vinodvalentino@gmail.com		
Sex: Male	Age: 32	Date of Birth: 15/11/1986	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: ENFORCEMENT OFFICER			Driving Licence Information: Class: 2B,2A,2		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/12/2018 15:30	Type of Location: X-Junction
Location: MAXWELL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 35 Km/h	
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG9775C	Motorcycle	HONDA	CB125E	White	Seriously Damaged	0
SLT5195R	Car	VOLKSWAGO N		Black		0

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



**SINGAPORE
POLICE FORCE**



T/20181220/7013

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181220/7013

CONTINUATION OF REPORT

Rider			
Name	VINOD VALENTINO S/O DEVADAS	ID No.	S8632746E
Related Vehicle	FBG9775C (Motorcycle)	Contact No.	94837009
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	15/12/2018	Date Discharge	16/12/2018
No. of Days granted Medical Leave	19	Degree of Injury	Serious

Brief Details.

While I am on duty (CISCO Enforcement officer) using CISCO motorcycle riding on Maxwell road to Kali Bukit VICOM. Two traffic lights (GREEN) was in my favour at Maxwell road. After about to reach the 2nd traffic light which I have crossed the white line, A Black motorcar (VOLKSWAGEN) Plate number SLT5195R from my opposite right, turn to its right heading towards Robinson road without stopping at its Red light. I tried to sway on my left to avoid being hit but the motorcar was fast so ended up crashing into it and I landed on the car and flew less than 2 meters onto the road facing the sky. They were pedestrians who came to help. I saw my right foot was injured and felt pain on my head. ambulance arrived on scene at 1530 hours (estimated time). After review from SGH. Injuries sustained : Closed fracture of foot. Three toes on the right leg were fractured with a small crack on the heel, minor abrasions on left elbow and left knee. Traffic police arrived at scene but I wasn't aware at that time due to admitted in SGH. Driver (A Lady) claims her fault of not stopping on time at Red light



**SINGAPORE
POLICE FORCE**



T/20181220/7013

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181220/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
20/12/2018 15:44

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: VINOD VALENTINO STORVENS 111508 Contact number: 9483 7009
NRIC/ FIN/ Passport: S8632746E Driving Pass Date: 26-06-2006
Date of Birth: 15-11-1986 Start Shift Time: 1000 HRS
(On the day of accident)

b) Vehicle Details - Certis

Vehicle Number: FBG 9775C Vehicle Category: Commercial / Motorcycle /
HONDA Car
Vehicle Model: CR125E Number of passengers
(Include driver): 1

c) Accident Details

Date: 15/12/18 Are you on more than 3 days medical leave (MC)? No / Yes
Time: 1530 HRS Any personnel taken to hospital? No / Yes
Location: MAXWELL ROAD 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 *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? TRAFFIC POLICE
Road Surface: Wet / Dry Any Other Vehicle Involved? 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>SLT 5195 R</u>				
Vehicle brand:	<u>VOLKSWAGON</u>				
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: <u>[Signature]</u>	Supervisor Signature: _____
Date: <u>15/3/19</u>	Date: _____
Time: <u>1650 HRS</u>	Time: _____

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

Claim purposes:	Own Damage / <u>3rd Party</u> / 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 Recommendation

At-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: **S 8632746E**

Name:

**VINOD VALENTINO S/O
DEVADAS**

Birth Date: **15 Nov 1986**

Issue Date: **26 Jun 2006**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		VALID UNTIL
Class 1B	MOTORCYCLES NOT EXCEEDING 200 CC	26 Jun 2006
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	13 Jun 2015
Class 2	MOTORCYCLES EXCEEDING 400 CC	29 Apr 2016

S8632746E

S / No. 9000261481

NP 428A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8632746E



Name

VINOD VALENTINO S/O DEVADAS

விநோத் வேலண்டிசனோ

Race

INDIAN

Date of birth

15-11-1986

Sex

M

Country/Place of birth

SINGAPORE



5813677



NRIC No. S8632746E



Date of issue

14-10-2017

Address

APT BLK 809B CHOA CHU KANG AVENUE 1
#12-646
SINGAPORE 682809

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, 1969 (Malaysia)

Policy Details

Certificate Number	: MOMVM000001011-01-000	Cover	: Motor Cycle (Comprehensive)
Policyholder Name	: Certis Cisco Auxiliary Police Force Pte Ltd	Chassis Number	: LALJA11U7C3136334
NCD Entitlement	: 20% Fleet Discount	Engine Number	: JA11E2005093
Hire Purchase	: N/A	Registration Number	: FBG9775C
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

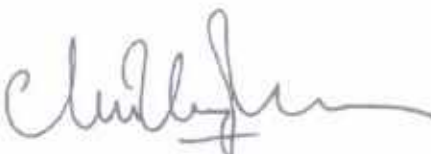
Name of Intermediary : Jardine Lloyd Thompson Pte Ltd

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