

NATIONAL Assessment Centre Services

(part 1 Jan 08)

190419042096

Date In: 08/04/2019 10:26	Job description	Date & Time Completed	Done by
Ref No: N84/0819006214	SAS e-illing		
Veh No: FBX 2045E	E-mail (Vehicle 3hrs, AIC 2hrs)		
D.O.A: 24/03/2019 09:20	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/WH32		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: —	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 ()	

() 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: ()

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

Injury: —

Date/Time	Assessment	Done by

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	Forfeiting against INC Only (wef 10 Jun 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	

QC Checked by (Engr-In-Charge):	9) NI: Courtesy Car / TP Allowance \$1	
	10) NI: Repair Coordination \$100	
	11) NI: Repair Inspection \$25	
	12) NI: DV / Collect Excess Coordination \$5	
	13) NI: TP (Non-INC) \$20	
	14) NI: Idas Mobile \$30	
	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	08/04/2019 10:26
Date Of Accident	24/03/2019 09:20
Exact Location Of Accident	ALONG WOODLANDS AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2445E
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(FOREIGN) 001-17530736
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	YAMAHA
Model	MW 125 3-WHEELER-125CC
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT20171693
Cover Note Number	

Driver

Name of Driver	PUNITHEN MHANEKAM
Passport No/FIN	G2956777N
Date Of Birth	16/06/1997
Occupation	OUTDOOR
Date Of Driving Pass	24/08/2017
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(FOREIGN) 001-17530736
Fax Number	
Contact Number	OFFICE-99999999
EMail Address	NOEMAIL

Address	20 JALAN AFIFI CERTIS CISCO CTR
Postcode	409179
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190324/2037

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 INJURED PERSON 1

Name	PUNITHEN MHANEEKAM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK2445E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

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

A-FBK2445E

Along Woodlands Avenue!

Police report: T/20190324/2037

I/We declare the foregoing as true and correct.

Policyholder Signature _____

Date & Time: _____



Reporting Centre Personnel's Signature
Name: Robert Up
NRIC/FIN No. 9201 1234 5678 9010



SINGAPORE POLICE FORCE



T/20190324/2037

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No: T/20190324/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2019 11:14		Vide Report No.:		Station Diary No.: 33
Informant's Particulars				
Name of Informant: PUNITHEN MHANEEKAM		Address: 20 JALAN AFIFI CERTIS CISCO CENTRE SINGAPORE 409179		
ID Type / ID No.: FIN NO / G2956777N		Contact No.: Home/Office: Mobile: 01117530736		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 21	Date of Birth: 16/06/1997	Type of Informant: Rider	
Race: Indian		Language: English	Institution / School Name:	
Occupation: CISCO OFFICER		Driving Licence Information: Class: 2B,3C		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/03/2019 09:20	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 1 Along Woodlands Avenue 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK2445E	Motorcycle	YAMAHA	Tricity	White	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/20190324/2037

Police Station Of Origin:

Jurong East N.P.C

92 Boon Lay Way SINGAPORE 609962

Tel No: 1800-8999999

2 of 3

Report No: T/20190324/2037

CONTINUATION OF REPORT

Rider			
Name	PUNITHEN MHANEEKAM	ID No.	G2956777N
Related Vehicle	FBK2445E (Motorcycle)	Contact No.	01117530736
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/03/2019 at about 0920hrs, I was riding my company motorbike bearing plate no FBK2445E(Yamaha tricity/white) along Woodlands Avenue 1 when I lost control of the motorbike and I self skidded. At that moment I was quite fatigue the night before due to covering more duties then usual.

Due to the accident, my motorbike had knocked onto a construction signage that was on the road. I suffered abrasion on my both hands and both feet. I also suffered some deep cuts on my left hands. Police and ambulance was at scene however I refused to be conveyed.

I will be seeking medical attention at Ng Teng Fong General Hospital.

I am lodging this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20190324/2037

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190324/2037


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: D / Sgt 1 TOH YU LIANG 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246

Signature Of Informant: 
Date/Time: 24/03/2019 11:14
Classification Of Case:

Authentication Stamp
NP168 

Certis Fleet Management Section

Traffic Accident Reporting Form

Version: 1.2

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name and Staff ID: Prathan G. Mahanathan 47062 Contact number: 011-17530736
 NRIC/ FIN/ Passport: G2056777N Driving Pass Date: 24 Aug 2017
 Date of Birth: 16/06/1997 Start Shift Time: 11pm - 7am
(On the day of accident)

b) Vehicle Details - Certis

Vehicle Number: FBK2445E Vehicle Category: Commercial / Motorcycle / Car
 Vehicle brand: Yamaha
 Vehicle Model: Tricity Number of passengers (Include driver): 1

c) Accident Details

Date: 24/3/19 Are you on **more than 3 days** medical leave (MC)? No / Yes
 Time: 9.20am Any personnel taken to hospital? No / Yes
 Location: Woodlands Avenue 1 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 / Gloomy ^If Yes, police station name? Jurong East NP
 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:					
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: 3/4/19 Date: _____
 Time: 9.30am Time: _____

Section 2: FOR FMU STAFF ONLY

a) Insurance Information

Claim purposes:	Own Damage / 3rd Party / <u>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 / <u>Yes</u>	BOLA Reference Number:	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>
Accident Type:	<u>Minor</u> / Major	Demerit points allocated:	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>
Driver Acknowledgement:	_____	Head of FMS Acknowledgement:	_____
Date and Time:	_____	Date and Time:	_____



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
CERTIS CISCO AUXILIARY POLICE FORCE PTE. LTD.



Name:
PUNITHEN MHANEKAM
Work Permit No.:
4 0590296 Sector:
SERVICE



K1161412

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G2956777N**

Name:
PUNITHEN MHANEKAM

Birth Date: **16 Jun 1997**

Issue Date: **24 Aug 2017**

Valid Till: **23/08/2022**



VISIT PASS
Immigration Regulations

19-08-2019

Name:
PUNITHEN MHANEKAM



ID No:
G2956777N
Date of Birth: **16-06-1997** Sex: **M**
Nationality:
MALAYSIAN

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

EFFECTIVE DATE

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 cc	24 Aug 2017
Class 3C	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver	24 Aug 2017

NP 429A



**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: MT20171693

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.	: FBK2445E
Year Of Manufacture	: 2015
Engine No.	: E3N9E027711
Chassis No.	: MLESE782000027711
Engine Capacity/ Tonnage/ Seater	: 125 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