

# NATIONAL Assessment Centre Services.

[ver 1 Jan'09]

2 MAY 19067523

Date In: 24/05/2019 11:42	Job description	Date & Time Completed	Done by
Ref No: NBP/CA/19009213/4	SAS e-filing		
Veh No: PK 3199S	E-mail (Vehicle 3hrs, AIC 2hrs)		
D.O.A: 19/05/2019 10:40	I-Motor Claim Form		
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:	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 ( )	

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: 24/05/2019	

Client's Particulars:	Invoice Details:
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)
Damaged Portion:	3) TP: Towing Fee \$40/145
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2009)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + EMRT Survey \$160
	8) NTUC Additional Services:
	OD:
	*N5: Courtesy Car / Tpl Allowance \$35
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$35
	TP (Nil): TP (N-in INC) against INC \$20
	9) NI2: Idao 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	24/05/2019 17:42
Date Of Accident	19/05/2019 10:40
Exact Location Of Accident	ALONG HOLLANDS ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBK3179S
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84204604
Alternative Phone No	OFFICE-84204604
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	MOMVM000001011-02-000
Cover Note Number	
Driver	
Name of Driver	ALBERTO DEVAN SURESH
Passport No/FIN	G8707114L
Date Of Birth	21/12/1997
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84204604
Fax Number	
Contact Number	OTHERS-84204604
Email Address	NOEMAIL

Address -  
 Postcode  
 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 RAINING  
 Road Surface WET

#### 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 SKETCH PLAN

#### 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 ALBERTO DEVAN SURESH  
 Approximate Age  
 Injuries Sustain SLIGHT  
 Injured person in which vehicle? FBK3179S  
 Were seat belts worn?  
 Was this injured conveyed to hospital by ambulance? NO  
 Address  
 Postcode

## 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:

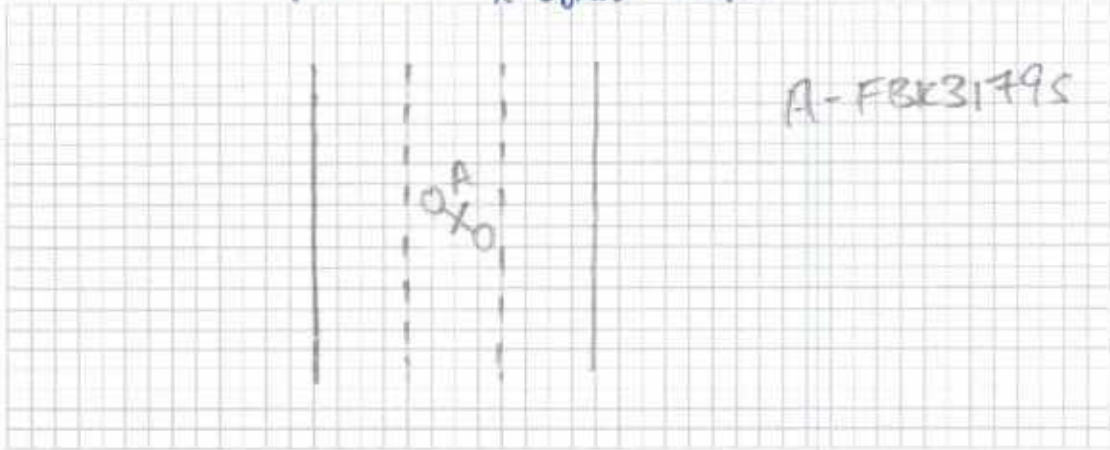
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



SKETCH PLAN

Along Highway Road.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached.

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:

23/5/2019  
10:23am

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

23/5/2019  
Rashid Han Han



## TR278 (LTA) INCIDENT REPORT

### CERTIS CONTACT INFORMATION

EMPLOYEE NAME: ALBERTO DEAN EMPLOYEE ID: 112054 NRIC/FIN NO: G8707114L  
ZONE/CLUSTER: RO / duser DESIGNATION: EO SUPERVISOR:

### DESCRIPTION OF INCIDENT

INCIDENT DATE: 19/05/19 TIME OF INCIDENT: 10:40am SHIFT TIMING: 2300 - 1100  
LOCATION OF INCIDENT: HOLLAND ROAD towards Leedon Road

### PARKING WARDEN'S STATEMENT: (WHO, WHAT, WHEN, WHY, HOW AND ATTACHMENTS)

On the above mentioned date and time while travelling along Holland road to Leedon road, I hit onto the rock (small) and skidded. Weather condition were raining.  
Damages to bike: Right signal cover and right side cover set.

*On 24/05/2019  
Res. Insp. HOS*

I, ALBERTO DEAN DECALRE THAT THE ABOVE INFORMATION IS AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PARKING WARDEN SUGNATURE:

WITNESSED BY: (NAME / DESIGNATION)

## NOTICE OF REPORTING

This is to confirm that Alberto Devan Suresh, NRIC/FIN G8707114L, has reported to the Police a non-injury traffic accident which occurred at Along Holland Road towards Leedon Height near Bus Stop B20 on 19/05/2019 at 1040 am/~~pm~~ involving the following vehicles:

FBK3179S

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT T140067 Miao Tian

Jurong East  
Neighbourhood Police Centre  
No 92 Boon Lay Way  
Singapore 609962  
Tel : 1800-8999999

Date: 22/05/2019 Time: 1000hrs

S/D Ref: eSD 24

Police Post/Unit : Jurong East NPC

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

# Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.3

## Section 1: DRIVER DECLARATION

012-4426130

### a) Driver Particulars

Name and Staff ID: <u>ALBERTO DEJAN 112054</u>	Contact number: <u>84204604</u>
NRIC/ FIN/ Passport: <u>G8707114L</u>	Driving Pass Date: <u>21 FEB 2019</u>
Date of Birth: <u>01 / 12 / 1997</u>	Start Shift Time: <u>2800 - 11:00</u>
<small>(On the day of accident)</small>	

### b) Vehicle Details - Certis

Vehicle Number: <u>PER 3179S</u>	Vehicle Category: Commercial <u>Motorcycle</u> Car
Vehicle brand: <u>YAMAHA</u>	
Vehicle Model: _____	Number of passengers (Include driver): <u>1</u>

### c) Accident Details

Date: <u>19/05/2019</u>	5) Are you on <b>at least 3 days or more</b> medical leave (MC)? <u>No</u> Yes
Time: <u>10.40am</u>	6) Any personnel taken to hospital? <u>No</u> Yes
Location: <u>ALONG HOLLAND ROAD</u>	7) Damaged to Government Property or Material? <u>No</u> Yes
Type of Collision: (Please Circle) Rear-End / Side-impact / Sideswipe Head-on / Single Car / Chain Collision Hit-and-Run / Rollover / <u>Self-Skidded</u>	8) Foreign Vehicle(s) Involved? <u>No</u> Yes
Weather Condition: Clear <u>Rainy</u> / Groomy	<small>*If any questions (2 to 8) consist of a "Yes", proceed to make police report</small>
Road Surface: <u>Wet</u> / Dry	*Police report required? <u>No</u> Yes
1) Any Fatality/Major Injury? <u>No</u> Yes	*If Yes, police station name? <u>JURONG DISTRICT POLICE CENTRE</u>
2) Did you violate any Traffic Rules? <u>No</u> Yes	Any Other Vehicle Involved? <u>No</u> Yes
3) Traffic Police Activated? <u>No</u> Yes	<small>*If above question consist of "Yes", proceed to part (d)</small>
4) Any Pedestrians or Cyclist involved? <u>No</u> Yes	Any Prosecution Given by TP? <u>No</u> 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: _____
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### 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>23-05-19</u>	Date: _____
Time: <u>10.31am</u>	Time: _____



**Section 2: FOR FMU STAFF ONLY**

**a) Insurance Information**


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

**b) Certis Demerit Point Recommendation**

At-Fault Accident?	<u>No / Yes</u>	BOLA Reference Number:	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
Accident Type:	<u>Minor / Major</u>	Demerit points allocated:	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></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:  
ALBERTO DEVAN SURESH

Work Permit No.: 4 06664759 Sector: SERVICE





K0743024

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **G8707114L**

Name:  
ALBERTO DEVAN SURESH

Birth Date: 01 Dec 1997  
Issue Date: 21 Feb 2019  
Valid Till: 20/02/2024



**VISIT PASS**  
Immigration Regulations

21-06-2019

Name:  
ALBERTO DEVAN SURESH

Pin:  
G8707114L

Date of Birth: 01-12-1997 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**

Class	Motorcycles <= 200 cc	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	21 Feb 2019

NP 428A



## 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, 1959 (Malaysia)

### Policy Details

Certificate Number	: MOMVM000001011-02-000	Cover	: Motor Cycle (Comprehensive)
Policyholder Name	: Certis Cisco Auxiliary Police Force Pte Ltd	Chassis Number	: MLESE782000028397
NCD Entitlement	: 20% Fleet Discount	Engine Number	: E3N9E028397
Hire Purchase	: N/A	Registration Number	: FBK3179S
Period of Insurance	: From 01/04/2019 (00:00) To 31/03/2020 (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 or 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 1,500.00 - including Fire & Theft outside Singapore
Excess (Section 2)	: N/A

### Driver Details

Primary Rider	: N/A
Named Rider 1	: N/A
Named Rider 2	: N/A
Name of Intermediary	: Jardine Lloyd Thompson Pte Ltd
Date of Issue	: 03/04/2019

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  
eboon



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MA49067523 Vehicle Registration No : FBK 8129 S  
Name (as shown in NRIC) : ALBERTA DEWANI SURESH NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 8420 6604  
Email Address : \_\_\_\_\_  
Date of Accident : 19/05/2019 Time of Accident : 10:40  
Place of Accident : AVENUE FOLLOWING ROAD  
Insurance Company : GENERAL AMERICAN

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THERE IS INJURY IN THIS ACCIDENT

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rafael Varghese  
NRIC/FIN No.: \_\_\_\_\_  
Date: 25/05/2019