

NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

NA419076668

Date In: 12/06/2009	Job description	Date & Time Completed	Done by
Ref No: N88/68190/0389/y	SAS e-filing		
Veh No: FBK 3144S	E-mail (Vehicle Reg, AIC 2hrs)		
D.O.A: 26/05/2009 04:30	I-Motor Claims Form		
TP Insurer:	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Witness			

Preferred Wkup / INC Assign Wkup / QW: (Tel:	Fax:
TP Particulars:	Veh Not	INC () / Non-INC ()
Owner/Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Dates:	Times:
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 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:	Location:

NA1904221	Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100) INC (110)	
Damaged Portion:		3) TP: Towing Fee \$40/345	
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120	
		5) FT: Follow-Through Survey (Resurvey) \$30	
		For claiming against INC Only (ver 10 Jan 2003)	
		6) TR: Re-inspection \$75	
		7) NI: Idea DA + SMRT Survey \$160	
		8) NTUC Additional Services:	
		9) NI: Idea Mobile	
		10) NI: Idea Mobile	
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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	12/06/2019 15:06
Date Of Accident	26/05/2019 04:30
Exact Location Of Accident	TUAS AVE 18 ALONG THE BEND TURNING TO TUAS AVE 13
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3144S
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No.	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90690962
Alternative Phone No	OFFICE-90690962

Vehicle Particulars

Manufacturer	YAMAHA
Model	TRICITY-125CC MW125
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
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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	SURIYA KUMAR
Passport No/FIN	G8715025P
Date Of Birth	03/11/1998
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90690962
Fax Number	
Contact Number	OTHERS-90690962
E-Mail Address	NOEMAIL

Address 20 JALAN AFIFI
 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 COLLIDED INTO PROPERTY
 Weather Conditions CLEAR
 Road Surface SANDY

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? YES
 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/20190526/2017

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 SURIYA KUMAR
 Approximate Age
 Injuries Sustain SLIGHT INJURY
 Injured person in which vehicle? FBK3144S
 Were seat belts worn?
 Was this injured conveyed to hospital by ambulance? YES
 Address
 Postcode

SKETCH PLAN

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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: 11/06/2019
11:50 AM

Reporting Centre Personnel's Signature
Name: P. S. J.

NRIC/FIN No.:

A - FBK31445

Tues Ave 13

Tues Ave 15

center road divider

Police report : T/20190526/2017

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



Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 4/6/10

Date & Time: 11/6/19
11:50 AM

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

NRC/FIN No.



SINGAPORE POLICE FORCE



T/20190526/2017

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/20190526/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2019 08:18		Vide Report No.:		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: SURIYA KUMAR			Address: C/O 20 Jalan Afifi SINGAPORE		
ID Type / ID No.: FIN NO / G8715025P			Contact No.: Home/Office: Mobile: 90690962		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 20	Date of Birth: 03/11/1998	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Private security officer			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/05/2019 04:30	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 TUAS AVENUE 18 TUAS AVENUE 13 Along the bend turning into Tuas Ave 13 Lamp Post Number: 9				
Weather: Clear		Road Surface: Sandy	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3144S	Motorcycle	YAMAHA	TRI CITY	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190526/2017

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/20190526/2017

CONTINUATION OF REPORT

Brief Details.

On 26/05/2019 at or about 0430hrs, while I was riding on Tuas Ave 18, I made a left turn onto Tuas Ave 13 and while making the bend, I lost control of my bike and skidded. I collided with the center road divider and felt pain on both my knees and left leg. I immediately called for ambulance and was conveyed to Ng Teng Fong General Hospital at 0436hrs. I suffered abrasion on both knees, arms and right palm and was given 4 days of Medical Leave.



SINGAPORE
POLICE FORCE



T/20190526/2017

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

3 of 3

Report No. T/20190526/2017

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 /

Insp JUFFRINO LATIFF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI ONG CHEE HIEN

Contact No.: 65476437

Signature Of Informant:

Date/Time:

26/05/2019 08:18

Classification Of Case:

SN 34

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Certis Fleet Management Section Traffic Accident Reporting Form

Version 1.3

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name and Staff ID: Sunil Kumar 112518 Contact number: 010-2657669
 NRIC/ FIN/ Passport: G8715025P Driving Pass Date: 21 February 2019
 Date of Birth: 03/11/1998 Start Shift Time: 11 PM - 11 AM
 (On the day of accident)

b) Vehicle Details - Certis

Vehicle Number: FBK31445 Vehicle Category: Commercial Motorcycle Car
 Vehicle brand: YAMAHA
 Vehicle Model: TRJ CITY
 Number of passengers (Include driver): 1

c) Accident Details

Date: 26/05/2019 5) Are you on at least 3 days or more medical leave (MC)? No / Yes
 Time: 09:30 A.M 6) Any personnel taken to hospital? No / Yes
 Location: Tuas Ave 18 7) Damaged to Government Property or Material? No / Yes
 Type of Collision: (Please Circle) Rear-End / Side-impact / Sideswipe
 Head-on / Single Car / Chain Collision
 Hit-and-Run / Rollover / Self-Skidded
 Weather Condition: Clear / Rainy / Groomy
 Road Surface: Wet / Dry
 1) Any Fatality/Major Injury? No / Yes
 2) Did you violate any Traffic Rules? No / Yes
 3) Traffic Police Activated? No / Yes
 4) Any Pedestrians or Cyclist involved? No / Yes
 8) Foreign Vehicle(s) Involved? No / Yes
 *If any questions (1 to 8) consist of a "Yes", proceed to make police report
 *Police report required? No / Yes
 *If Yes, police station name? Jurong East N.P.C
 Any Other Vehicle Involved? No / Yes
 *If above question consist of "Yes", proceed to part (d)
 Any Prosecution Given by TP? 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

We declare the foregoing particulars are true in every aspect.

Driver Signature: [Signature] Supervisor Signature: _____
 Date: 11/6/2019 Date: _____
 Time: 11:41 A.M Time: _____

20090882k

Section 2: FOR FMU STAFF ONLY

a) Insurance Information

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

b) Certis Demerit Point Recommendation

At-Fault Accident?	No / <u>Yes</u>	BOLA Reference Number:	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Accident Type:	<u>Minor</u> / Major	Demerit points allocated:	<div style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">3</div>
Driver Acknowledgement:	_____	Head of FMS	
Date and Time:	_____	Acknowledgement:	_____
		Date and Time:	_____

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

Employer:
CERTIS CISCO AUXILIARY POLICE FORCE PTE. LTD.

Name:
SURIYA KUMAR

Work Permit No.:
4 06564202

Sector:
SERVICE

K0795130

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G8715025P**

Name:
SURIYA KUMAR

Birth Date: 03 Nov 1998
Issue Date: 21 Feb 2019
Valid Till: 20/02/2024

002904403E

For LKK/NAC Use Only

VISIT PASS
Immigration Regulations

Name:
SURIYA KUMAR

FIN:
G8715025P

Date of Birth:
03-11-1998

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 2B: Motorcycles <= 200 cc

EFFECTIVE DATE
21 Feb 2019

NP 428A

Licence No: G8715025P

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, 1987 (Malaysia)

Policy Details

Certificate Number	: MOMVM000001011-02-000	Cover	: Motor Cycle (Comprehensive)
Policyholder Name	: Certis Cisco Auxiliary Police Force Pte Ltd	Chassis Number	: MLESE782000028349
NCD Entitlement	: 20% Fleet Discount	Engine Number	: E3N9E028349
Hire Purchase	: N/A	Registration Number	: FBK3144S
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 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 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