

**NATIONAL Assessment Centre Services** (Form 1 - January) **NA1904324**

Date In: <b>17/06/2019 11:28</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/GA1/90/0653/Y</b>	SAS e-filing		
Veh No: <b>FRT 8708Z</b>	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: <b>06/06/2019 01:05</b>	i-Motor Claim Form		
<input checked="" type="radio"/> TP : Reporting Only	i-Motor W/O (within 4hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SGF9992M** 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%; F: 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:	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

**NA1904324**

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Est. 1:	For claiming against INC Only (wef 10 Jan 2015)		
Est. 2/3:	6) TR: Re-inspection \$75		
1/1/18	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idno Mobile \$0		
	Invoice date: _____ Fee Charged _____		
	_____ Fee Charged _____		

07-MAY-2019 16:39

## 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	17/06/2019 11:38
Date Of Accident	06/06/2019 01:05
Exact Location Of Accident	ALONG YISHUN CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH8708Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(FOREIGN) 012-3471626
Alternative Phone No	OFFICE-62737469

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-124CC (M)
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	JEEVAH HARYDASS
Passport No/FIN	G8729779P
Date Of Birth	01/10/1998
Occupation	OUTDOOR
Date Of Driving Pass	02/05/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(FOREIGN) 012-3471626
Fax Number	
Contact Number	OFFICE-62737469
EMail Address	NOEMAIL



Address	10A SCIENCE CENTRE ROAD #01-01
Postcode	609082
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 TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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 ATTACHMENT AND POLICE REPORT T/20190607/701

#### 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	SGF9992M
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

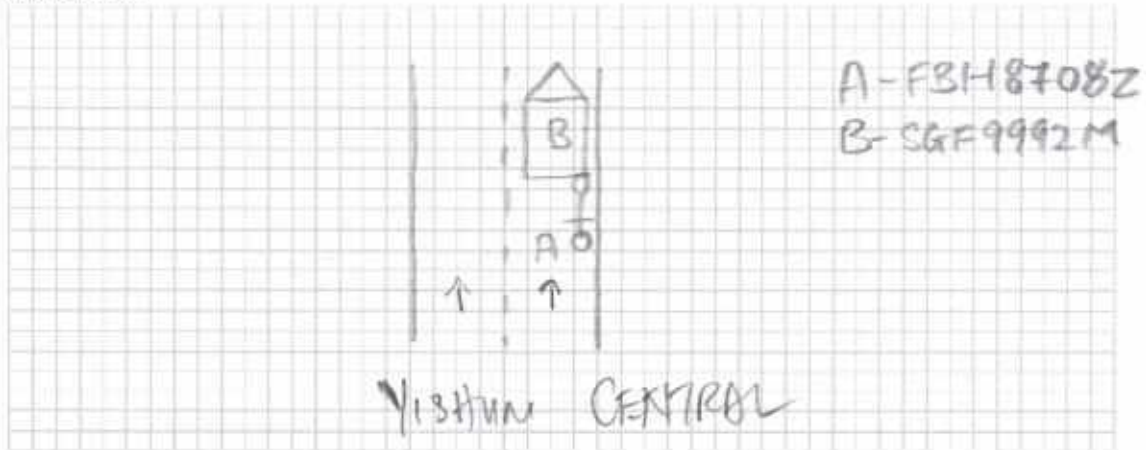


Policyholder's Signature: \_\_\_\_\_  
Date & Time: \_\_\_\_\_

AA  
Driver's Signature: \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: 13/6/19  
3.20pm

17/06/2019  
Reporting Centre Personnel's Signature: \_\_\_\_\_  
Name: Rosa Ho Hooi  
NRIC/FIN No.: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police report: T/20190607/7001\* or see attached report

DECLARATION

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

Policyholder  
Date & Time:

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

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

Call 112 for assistance

H. H.

13/6/19  
3:20pm

17/06/2019

Rafli Menter

On above mentioned date and time, PW Jeevah was on routine patrol along Yishun Central in front of KTPH when he crashed into a stationary car bearing licence plate SGF9992M. PW and his bike fell onto the right with PW injured his right leg and right hand. Car sustained damages to rear bumper and PW's bike front mud guard and tyre damaged. Ambulance was activated by a MOP on scene. PW was conveyed to KTP Hospital via ambulance and towing was activated. EE Eelam arrived on scene to assist.

*an* 17/08/2019  
Roshan Mathias





# SINGAPORE POLICE FORCE



T/20190607/7001

1 of 3

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

Report No. T/20190607/7001

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2019 01:25		Vide Report No.: L/20190606/0157		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JEEVAH HAAYDASS			Address: 10A SCIENCE CENTRE ROAD #01-01 SINGAPORE 609082		
ID Type / ID No.: FIN NO / G8729779P			Contact No.: Home/Office:		Mobile: 0123471626
Nationality: MALAYSIAN			Email: eelammk_rajoo@certisgroup.com		
Sex: Male	Age: 20	Date of Birth: 01/10/1998	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Parking Warden			Driving Licence Information: Class: 2B,3C		Date of Expiry: 01/05/2019

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/06/2019 01:05	Type of Location: Straight Road
Location: YISHUN CENTRAL				
Lamp Post Number: 64				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 25 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: with a stationery car and i hit the car from behind				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH8708Z	Motorcycle	YAMAHA		White	Slightly Damaged	0
SGF9992M	Car	MAZDA		White	Slightly Damaged	1

## Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20190607/7001

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

2 of 3

Report No. T/20190607/7001

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	JEEVAH HAAYDASS	ID No.	G8729779P
Related Vehicle	FBH8708Z (Motorcycle)	Contact No.	0123471626
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 01/05/2019
Date Treatment	06/06/2019	Date Discharge	07/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	YEO	ID No.	NIL
Related Vehicle	SGF9992M (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details:**

While riding along yishun central, a white car braked suddenly. I could not brake on time and end up colliding with the car



**SINGAPORE  
POLICE FORCE**



T/20190607/7001

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

3 of 3

Report No. T/20190607/7001

**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 / TPB /  
YAN MINGSHENG DANIEL  
Contact No.: 65476252

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:  
07/06/2019 01:25

Classification Of Case:

# Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.3

## Section 1: DRIVER DECLARATION

### a) Driver Particulars

Name and Staff ID: JEEVAH HARYDASS (113422)  
 NRIC/ FIN/ Passport: 08184779P  
 Date of Birth: 01/10/1998

Contact number: 011-3471626  
 Driving Pass Date: 2 MAY 2019  
 Start Shift Time: 11am - 11pm  
 (On the day of accident)

### b) Vehicle Details - Certis

Vehicle Number: FBH 87082  
 Vehicle brand: YAMAHA  
 Vehicle Model: YBR 135

Vehicle Category: Commercial / Motorcycle / Car  
 Number of passengers (Include driver): 1

### c) Accident Details

Date: 6/6/2019  
 Time: 8.50pm - 9.15pm  
 Location: Yishun Central  
 Type of Collision: Rear-End / Side-impact / Sideswipe  
 (Please Circle) 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

5) Are you on at least 3 days or more medical leave (MC)? No / Yes  
 6) Any personnel taken to hospital? No / Yes  
 7) Damaged to Government Property or Material? 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: Yishun Police Station  
 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:	<u>SGF 9940M</u>				
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: 11/11  
 Date: 13/6/19  
 Time: 3.18pm

Supervisor Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

**Section 2: FOR FMU STAFF ONLY**


**a) Insurance Information**

Claim purposes:	Own Damage / 3rd Party / <u>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?	<u>No</u> / Yes
Policy Number:	<u>Comprehensive</u> / 3rd Party / Fire & Theft		


**b) Certis Demerit Point Recommendation**

At-Fault Accident?	No / <u>Yes</u>	BOLA Reference Number	<u>27</u>
Accident Type:	<u>Minor</u> / Major	Demerit points allocated:	<u>3</u>
Driver Acknowledgement:	<u>AA</u>	Head of FMS Acknowledgement:	_____
Date and Time:	<u>13/6/19 3:30pm</u>	Date and Time:	_____





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





Employer:  
**CERTIS CISCO AUXILIARY POLICE FORCE PTE. LTD.**

Name:  
**JEEVAH HARYDASS**

Work Permit No:  
**4 06721254**

Sector:  
**SERVICE**






**K0893885**

For LKK/NAC Use Only

**REPUBLIC OF SINGAPORE**  
DRIVING LICENCE




License Number: **G8729779P**

Name:  
**JEEVAH HARYDASS**

Birth Date: **01 Oct 1998**

Issue Date: **02 May 2019**

Valid Till **01/05/2024**



**002929518H**

VISIT PASS  
Immigration Regulations

19-10-2019

Name  
JEEVAH HARYDASS



RIN  
GB729779P

Date of Birth  
01-10-1998

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)

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	02 May 2019
Class 3C	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver	02 May 2019

For LKK/NAC Use Only

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	: LBPKE1786E0018493
NCD Entitlement	: 20% Fleet Discount	Engine Number	: E3J2E013348
Hire Purchase	: N/A	Registration Number	: FBH8708Z
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 : 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 : 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