

<b>NATIONAL Assessment Centre Services</b> [print] [delete] <b>MINA41903398</b>			
Date In: <b>06/08/2019</b> <b>18:14</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/4A19012813/7</b>	SAS e-filing		
Veh No: <b>1BE 563A</b>	E-mail (within 2hrs, SIC 2hrs)		
D.O.A: <b>05/08/2019</b> <b>18:00</b>	I-Motor Claim Form		
<b>OD : TP</b> <b>Reporting Only</b>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
<b>TP Insurer:</b>	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Whan</u>		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )		Fax: ( )	
TP Particulars: ( )		Veh No: <u>SGK 873VP</u>		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:*

[illegible]

NA1905776		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars				Inc Bill	Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);			
Contact No:		2) DA: Damage Assessment (\$100);	INC (\$80)		
Damaged Portion:		3) TF: Towing Fee	\$40/\$45		
		4) FT: Follow-Through Survey	\$120		
		5) FT: Follow-Through Survey (Re-survey)	\$30		
		For claimant against INC Only (w/ef 10 Jan 2005)			
		6) TR: Re-inspection	\$75		
		7) NI: Idau DA + SMRT Survey	\$160		
		8) NTUC Additional Services:			
		* N3: Courtesy Car / Tpl Allowance	\$5		
		* N6: Repair Co-ordination	\$10		
		* N7: Post Repair Inspection	\$25		
		* N8: DV / Collect Excess Coordination	\$5		
		* N11: TP (K-in INC) against INC	\$20		
		* N12: Idau Mobile	\$0		
QC Checked by (Engr-In-Charge):					
Additors Comments:					
Cat. I:					

Line 2/3:	Invoice date:	Fee charged
1/1/1	Invoice date:	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	06/08/2019 18:14
Date Of Accident	02/08/2019 08:00
Exact Location Of Accident	ALONG MARSILING LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5263A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92369185
Alternative Phone No	OFFICE-92369185

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
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	REPORTING ONLY
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	MOHAMAD HAZIM BIN MOHAMAD ALIFFI
NRIC No	S9408791J
Date Of Birth	16/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92369185
Fax Number	
Contact Number	OTHERS-92369185
Email Address	NOEMAIL

Address	BLK 180 ANG MO KIO AVENUE 5 #05-2988
Postcode	560180
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	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?	NO
Was any injured conveyed to hospital by ambulance?	NO
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?	NO
If Yes, Please state which Police Station	
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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK8754P
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WILSON TANG ZHI YU
NRIC/Passport Number	S9402983Z
Contact Number	92308468
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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: 2/8/19

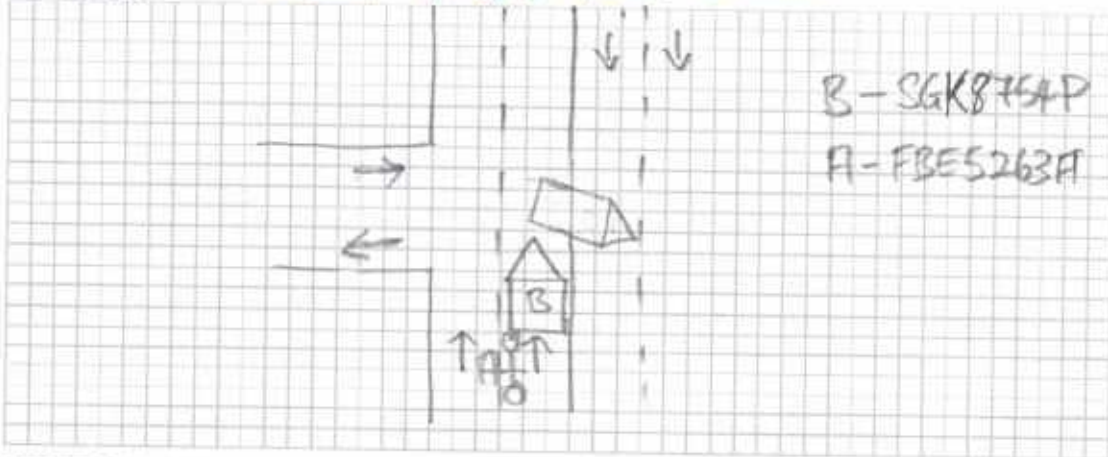
1631hr

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



SKETCH PLAN

Along Marshall 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:

Signature: [Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2/8/19

1631hr

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

On 2nd august 2019, I CPL 95870 Hazim was travelling from paya lebar hq to marsiling heavy vehicle carpark for NEA smokey duty by using motorbike number FBE 5263. I left base around 0725 and met the accident around 0802hrs at marsiling lane near the bus stop;46179. I was travelling around 40km/h behind a car number SGK8754P when a lorry in front of the car exited the loading/unloading carpark without checking if the road is clear. When the lorry dashed across towards the oncoming lane, the car sounded the horn. The lorry driver then stopped in the middle of both directional lanes then became angry and hostile and shouted at the car driver. I was behind the car around 1 and a half car distance behind and tried to brake and swerve to my left but was too late and crashed into his left bumper resulting in the damages. However, both of us couldn't manage to remember the lorry vehicle plate as he left in a hurry after i crashed. Afterwards me and driver exchanged contacts and took photos of vehicle

*Wadeley &  
Rosa Winters*

# Certis Fleet Management Section Traffic Accident Reporting Form

Version 1.3

## Section 1: DRIVER DECLARATION

### a) Driver Particulars

Name and Staff ID:  
NRIC/ FIN/ Passport:  
Date of Birth:

Hazim 95870  
~~S40~~ S94087917  
16/03/19

Contact number: 92369165  
Driving Pass Date: 14 Jan 2016  
Start Shift Time: 0700hr 2/8/19  
(On the day of accident)

### b) Vehicle Details - Certis

Vehicle Number:  
Vehicle brand:  
Vehicle Model:

FBE S238A  
Honda  
CB400

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

### c) Accident Details

Date:

2/8/19 Friday

Time:

0802hr

Location:

Marsiling Lane (Swstop: 46179)

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

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?

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>SGK 8754P</u>				
Vehicle brand:	<u>Toyota</u>				
Vehicle Model:	<u>Corolla Altis</u>				
Name:	<u>Wilson Tang</u>	<u>Zhi Yu</u>			
NRIC/ FIN/ Passport:	<u>S94020832</u>				
Contact Number:	<u>9230 8468</u>				

### e) Witness Details (if any)

Name:

Contact number:

### f) Accident Statement

Please proceed to write Description of Accident. See Page 4.

### g) Acknowledgement

Driver Signature:

Date:

Time:

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

Supervisor Signature:

Date:

Time:

Section 2: FOR FMU STAFF ONLY

a) Insurance Information

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

b) Certis Demerit Point Recommendation

At-Fault Accident? No / Yes  
Accident Type: Minor / Major  
BOLA Reference Number: 


  
Demerit points allocated: 


  
Driver Acknowledgement: \_\_\_\_\_  
Date and Time: \_\_\_\_\_  
Head of FMS Acknowledgement: \_\_\_\_\_  
Date and Time: \_\_\_\_\_



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S9408791J**

Name: **MOHAMAD HAZIM BIN MOHAMAD ALIFFI**

**For LKK/NAC Use Only**

Birth Date: 16 Mar 1994  
Issue Date: 14 Jan 2016

002519004H

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S9408791J**

**For LKK/NAC Use Only**

**MOHAMAD HAZIM BIN MOHAMAD ALIFFI**

Race: **BOYANESE**  
Date of Birth: **16-03-1994**  
Country of Birth: **SINGAPORE**

Sex: **M**

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

EFFECTIVE DATE

Class	Class Description	Effective Date
Class 1B	Motorcycles <= 200 CC	14 Jan 2016
Class 1A	Motorcycles between 201 CC and 400 CC	13 Nov 2010

**For LKK/NAC Use Only**

S / No. 9000285943

NP 425A

Licence No: S9408791J

4359653

**For LKK/NAC Use Only**

23-02-2009

APT BLK 180 ANG MO KIO AVENUE 5 #05-2988  
SINGAPORE 960180

NRIC No: S9408791J Date: 06/06/2010 No: 6576957

## 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, 1958 (Malaysia)

### Policy Details

Certificate Number	: MOMVM000001011-02-000	Cover	: Motor Cycle (Comprehensive)
Policyholder Name	: Certis Cisco Auxiliary Police Force Pte Ltd	Chassis Number	: NC421200564
NCD Entitlement	: 20% Fleet Discount	Engine Number	: NC42E1113889
Hire Purchase	: N/A	Registration Number	: FBE5263A
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

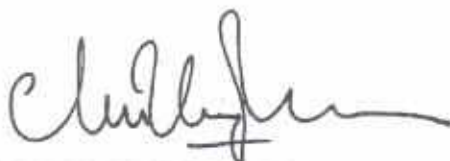
### Driver Details

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