

BY:

REF: C72/

ASSIGNMENT

To:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Batter fly

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: (\$

Days Of Repair:

Resurvey No. of Trlp:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

TOTAL

Veh No:

YP 6943J

Yr Regn:

07, 17.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Izum

NPR 75L c.c.

5193

Colour:

Yellow

AVC: Insured / Std / HI / NA

Sp. Reading:

T/Radio: Insured / Std / HI / NA

Eng No:

C/No:

JAA NPR 75 / CM 7100671

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S / R / M / STD A / R / M or

Tyre Size:

F:

R:

215 / 85R16 (0)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

23/10/19

Rear

R/Bal.

99

mm

L/Bal.

22

mm

D.O.I.

7/1/2020

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Rear N/S

The UIC / Chassis frame / Body Structure affected due to collision.

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	24/10/2019 19:32
Date Of Accident	23/10/2019 10:55
Exact Location Of Accident	TAMPINES AVE 1- TOWARDS PASIR RIS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6943J
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	JEREMYC_QUEK@CERTISSECURITY.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68428849

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR75L-5.2 D (M)
Exact Purpose for which vehicle was being used at time of accident	EMAS RECOVERY

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	CN000175

Driver

Name of Driver	DENG ZHAO ZHEN
Passport No/FIN	G2160702P
Date Of Birth	17/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90056169
Fax Number	
Contact Number	
EMail Address	JEREMYC_QUEK@CERTISSECURITY.COM

C/O: 20 JALAN AFIFI

409179

Code

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? 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) 2

Passenger 1 NAME: : KOH WEE KIAT

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name MACPHERSON NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-7449999 - FAX NO: 65476366

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

AS ATTACHED

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 GBG7169R

Vehicle Make/Model/Colour

Details Of Properties VEH B

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

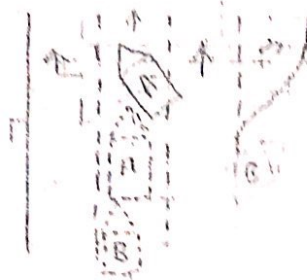
NRIC/Passport Number

Contact Number

Address

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached

DECLARATION

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



Policy No.
Date & Time

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

Reporting Centre Personnel's Signature
Name:

NRN/FIN MAJUEK KIM SENG
SB013338C

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/2019/023/2134

1 of 3

Report No. T/2019/023/2134

Police Station Of Origin:
MacPherson NPP
54 Phipps Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7448889

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2019 16:46		Vide Report No.: G/2019/023/0071	Station Diary No.: 28
Informant's Particulars			
Name of Informant: DENG ZHAOZHEN		Address: C/O 20 Jalan Afi CERTIS CISCO HQ SINGAPORE	
ID Type / ID No.: FIN NO / G2160702P		Contact No.: Home/Office: Mobile: 90056169	
Nationality: CHINESE		Email:	
Sex: Male	Age: 39	Date of Birth: 17/09/1980	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Auxiliary police officer		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/10/2019 16:55	Type of Location:
Location: Along Road 1 TAMPINES AVENUE 10				
Tampines Ave 10 towards Pasir Ris near junction of Tampines Ave 11 & Tampines Industrial Ave 2 on Lane 1 & 2				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GEG7169R	Van				Seriously Damaged	0
YP6946J	Lorry				Seriously Damaged	1

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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191023/2134

Police Station Of Origin:
MacPherson NPP
54 Phipp Road #01-S2/S4 SINGAPORE
370054
Tel No: 1800-7449999

2 of 3

Report No. T/20191023/2134

CONTINUATION OF REPORT

Driver			
Name	DENG ZHAOZHEN	ID No.	G2160702P
Related Vehicle	YP6943J (Lorry)	Contact No.	90056169
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.

On the 23/10/2019 at about 1057hrs, I was driving my company low truck (YP6943J) together with my partner, Koh Wee Kiat performing EMAS recovery duty under LTA with call-sign T1. I was driving along Tampines Ave 10 towards Pasir Ris near Junction of Tampines Ave 11 & Tampines Industrial Ave 2 on Lane 1 & 2. Road was dry and weather was clear. The vehicle was stationary near the said junction due to red traffic light.

When the traffic light changed to my favour, I was about to move off when a huge impact was felt from the rear of the truck. The truck rolled forwards a few meters as result of the impact. I quickly applied brake to stopped the truck. I then realized that a van (GBG7169R) had collided into the truck.

After alighting from the truck, I saw that the van had mounted the center median with its front right damaged. My truck rear left was also damaged. The driver of the van was trapped and SCDF was informed. Both police and SCDF came to scene. The driver was later conveyed by SCDF. I could not exchange any particulars with the driver. I wish to inform that both my partner and I were not injured.

CERTIS

STATEMENT REPORT FORM

SUBJECT: Accident involving of YP 6943 J & GBG 7169 R

DATE & TIME OF INCIDENT: 23 October 2019 @ 1057hrs

LOCATION: Tampines Ave 10 Twds Pasir Ris near Junction of Tampines Ave 11 & Tampines Industrial Ave 2 on Lane 1 & 2

PERSONNEL INVOLVED: Deng Zhao Zhen 113707 (Driver) & Koh Wee Kiat 111769

FACTS OF THE CASE:

On above mention date @ 1000hrs, we were both tasked to perform T1 (10D). I (Deng Zhao zhen) am the driver of truck (YP 6943 J). While travelling along lane 2 of Tampines Ave 10 towards Pasir Ris Dr 12 on lane 2, our truck came to a stationary, near Junction of Tampines Ave 11 & Tampines Industrial Ave 2 due to red traffic light.

When the traffic light change to our favor, we were about to move off. A huge impact was felt from the rear of our truck. Our truck roll forward a few meters. I quickly apply brake to stop. We realized a vehicle had collided into our truck.

After we alighted from our truck, we saw a van (GBG 7169 R) had mounted the center median with its front right damaged and our truck's (YP 6943 J) rear left damaged.

Driver of van was trapped, SCDF was informed, Driver of GBG 7169 R was later conveyed to hospital. Both of us did not suffer any injury. That's all

STATEMENT GIVEN BY

Name: DENG ZHAO-ZHEN
Staff ID: 113707
Dept: CPE (CHN02)

RECORDED BY

Name: RONNIE TAN
Staff ID: 67037
Dept: CPE - EMAS