

NATIONAL Assessment Centre Services.

Print & Scan

NA20040635

Date In: 07/04/2020 12:24	Job description	Date & Time Completed	Done by
Ref No: NBA/FCI200050084	SAS e-filing		
Veh No: FBH 1231C	E-mail (to join survey, AIC 2hrs)		
D.O.A: 08/04/2020 15:10	I-Motor Claim Form		
OD: 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/Whan		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: FBH 8231A	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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.
() 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	CA/DA/Insurer

NA2002586	1) AIC: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Bug-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Additional Comments:	For claiming against INC Only (over 10 Jan 200)	
Ref: 1:	6) TR: Re-inspection \$75	
2/2/2	7) NI: IDao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (NI): TP (Non INC) against INC \$10	
	9) N11: Idao Mobile \$0	
	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	06/04/2020 18:08
Date Of Accident	03/04/2020 15:10
Exact Location Of Accident	ALONG ALEXANDRA ROAD TOWARDS HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH1231C
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO SECURE LOGISTICS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90125149
Alternative Phone No	OFFICE-90125149

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-124CC (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-20095422MFCE/29
Cover Note Number	

Driver

Name of Driver	ABDUL RASHID BIN ABDUL RAHMAN
NRIC No	SXXXX645F
Date Of Birth	27/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1988
Driving Experience	31 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90125149
Fax Number	
Contact Number	OTHERS-90125149
Email Address	NOEMAIL

Address BLK 298B COMPASSVALE STREET
#01-152

Postcode 542298

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 SIDE SWIPE

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 3

Was any body injured in the Accident? YES

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? YES

If Yes, Please state which Police Station

Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200403/2116

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 FBN8231A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver HAFEEZ

NRIC/Passport Number

Contact Number 87849904

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKW7765D

Vehicle Make/Model/Colour

MAZDA 3

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

97352249

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ABDUL RASHID BIN ABDUL RAHMAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBH1231C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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) in 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:

06/04/20
1000 Hrs

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

07/04/2020
F02, Luman

SKETCH PLAN

Refer to attached.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the attached police report.
T/20200403/2116



DECLARATION
I/We are the reporting parties and the following particulars are true in every respect.

Policy No. 20200403/2116
Date & Time:

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

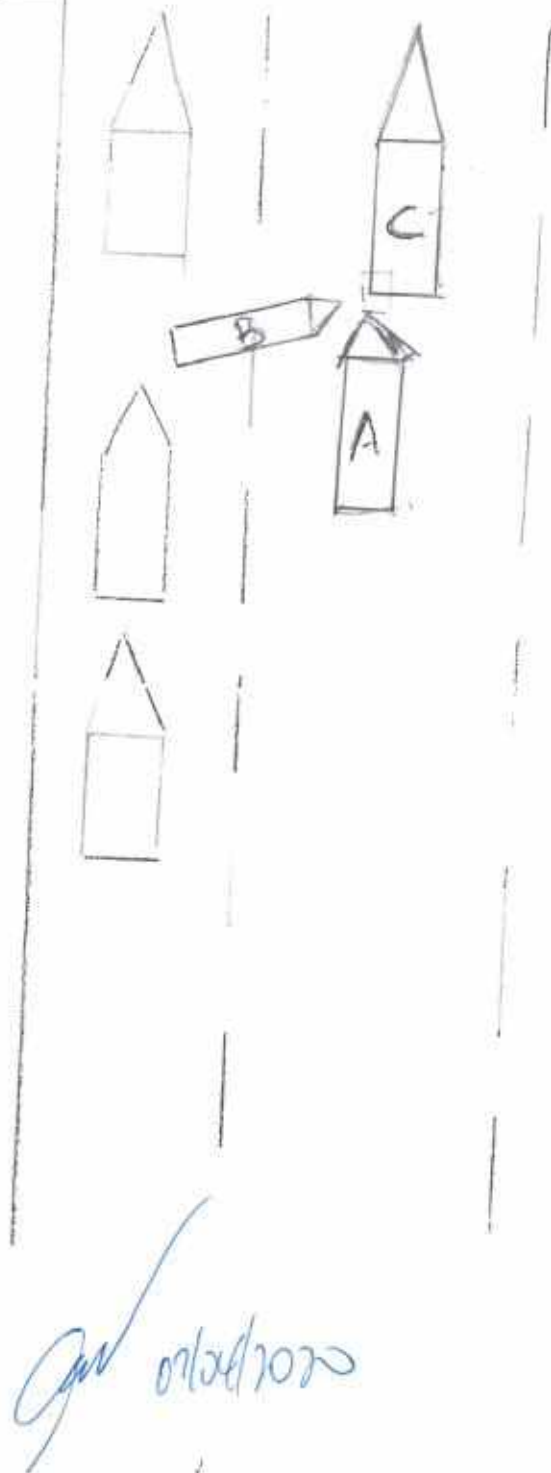
06/04/20
1000hrs

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

[Handwritten signature]
06/04/20
1000hrs

Along ALXPAIDSA Road Toward HAVLOCK ROAD

A
FBH 1231C
B
FBN 8231A
C
SKW 7765D



Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.1

Section 1: DRIVER DECLARATION

Name and Staff ID: A-KASHID 65578
NRIC/ FIN/ Passport: 5163864CF
Date of Birth: 27/10/64

a) Driver Particulars

Contact number: 90215147
Driving Pass Date: 15 SEP 2008
Start Shift Time: MORNING
(On the day of accident)

Vehicle Number: F3H 1231C
Vehicle brand: NBR
Vehicle Model: YAMAHA

b) Vehicle Details - Certis

Vehicle Category: Commercial / Motorcycle / Car

Number of passengers (include driver): 1

Date: 3-4-20
Time: 15-10
Location: ALEXANDRIA RD
Type of Collision: Rear-End / Side-impact / Sideswipe
(Please Circle) Head-on / Single Car / Chain Collision
Hit-and-Run / Rollover / Self-Skidded

c) Accident Details

Weather Condition: Clear / Rainy / Gloomy
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? SEKANG 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	<u>F3H 1231A</u>	<u>SKW 11650</u>			
Vehicle brand	<u>Honda</u>	<u>MAZDA 3</u>			
Vehicle Model	<u>150</u>				
Name	<u>HA FEEZ</u>				
NRIC/ FIN/ Passport					
Contact Number	<u>87849904</u>	<u>97352249</u>			

e) Witness Details (if any)

Name: _____ Contact number: _____

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: [Signature]
Date: 3-4-20
Time: 15-10

Supervisor Signature: _____
Date: _____
Time: _____

Section 2: FOR FMU STAFF ONLY			
a) Insurance Information			
Claim purposes:	Own Damage	3rd Party	Is Driver employee of Company?
Insurance Company:	See Attached		No / Yes
Policy Number:	Comprehensive	3rd Party/ Fire & Theft	Is driver the owner of the vehicle?
			No / Yes
b) Certis Demerit Point Recommendation			
At-Fault Accident?	No / Yes	BOLA Reference Number:	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Accident Type:	Minor / Major	Demerit points allocated:	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Driver Acknowledgement:		Head of FMS Acknowledgement:	
Date and Time:		Date and Time:	



**SINGAPORE
POLICE FORCE**



T/20200403/2116

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20200403/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2020 22:09		Vide Report No..		Station Diary No.: 106	
Informant's Particulars					
Name of Informant: ABDUL RASHID BIN ABDUL RAHMAN		Address: APT BLK 298B COMPASSVALE STREET #01-152 SINGAPORE 542298			
ID Type / ID No.: NRIC NO / S1638645F		Contact No.: Home/Office: Mobile: 90215149			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 55	Date of Birth: 27/10/1964	Type of Informant: Driver		
Race: Malay		Language:		Institution / School Name:	
Occupation: DISPATCH		Driving Licence Information: Class: 2B,2A		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2020 15:10	Type of Location:
Location: Along Road 1 ALEXANDRA ROAD HAVELOCK ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH1231C	Motorcycle					0
FBN8231A	Motorcycle					0
SKW7765D	Car					0



SINGAPORE POLICE FORCE

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20200403/2116

2 of 3

Report No. T/20200403/2116

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	ABDUL RASHID BIN ABDUL RAHMAN	ID No.	S1638645F
Related Vehicle	FBH1231C (Motorcycle)	Contact No.	90215149
Hospital/Clinic	MUTUAL HEALTHCARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Rider			
Name	Hafeez	ID No.	NIL
Related Vehicle	FBN8231A (Motorcycle)	Contact No.	87849904
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 03/04/2020 at about 1510hrs, I was motorbike registration plate FBH1231C along Alexandra Road towards Havelock Road. I was riding on the center lane.

I was approaching towards the traffic junction, suddenly there was one motorbike bearing registration plate number FBN8231A came from left lane and dash towards my lane. I then did not manage to stop in time and collision with the FBN8231A front.

My vehicle then fall and lean to the front vehicle SKW7765D left side. We then alight from the vehicle and exchange particular. We then drove off.

I then went to Mutual health care and given 4 days of MC. I suffer cut on my left hand which cause by the accident as I hit on to the FBN8231A handler.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20200403/2116

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Report No. T/20200403/2116

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
F /
Sgt 3 ONG RONG HUI EDMUND

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/04/2020 22:09

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219



Signature:

Classification Of Case:
SN 085

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Abdul Rashid Bin Abdul Rahman, HP: 90215149
NRIC/FIN S1638645F, has reported to the Police a non-injury traffic accident
which occurred at Alexandra Road heading towards Havelock Road,
on 03/04/2020 at 1510hrs involving the following vehicles:

- FBH1231C (Abdul Rashid Bin Abdul Rahman, S1638645F HP: 90215149)
- SKW7765D
- FBN8231A

- 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: SSgt T100404 Ryan YM Tan Sengkang NPC
2 Sengkang Square
#01-02 S(545025)
Tel: 1800-3438999

Date: 03/04/2020

Time: 1908hrs

S/D Ref: 63

Police Post/Unit: Sengkang NPC

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002



Blk 319B Anchorvale Drive #01-82 Singapore 542319
Tel: 6486 3833 Fax: 6489 3973

Medical Certificate

Date : 03 Apr 2020
MC No. : 0000109410

This is to certify that :

Name : ABDUL RASHID BIN ABDUL RAHMAN
NRIC : S1638645F

is Unfit for Duty for 4 days
from 03/04/2020 to 06/04/2020 inclusive.

DR RANJEET NARULLA

Dr Ranjeet Narulla
MBBS, MRCS(England), LRCP
Senior Physician
MCR02396E

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy: : MOTOR CYCLE INSURANCE - FLEET
Type of Cover: Comprehensive
Certificate No.: D-20095422MFCE/29
Vehicle No / Chassis No: FBH1231C / LBPKE1781D0016472
Name of Insured: CERTIS CISCO SECURE LOGISTICS PTE LTD
Period Of Insurance: 01.04.2020 To 31.03.2021
Insured Estimated Value: Market Value At Time Of Loss
Financial Institution: N.A

Excess :

AUTHORISED/ANY WORKSHOP (EXCLUDING MANUFACTURE/DEALER WORKSHOP) - 00
- SGD1,500.00
MANUFACTURER/DEALER WORKSHOP - 00
- SGD1,500.00

Authorised Driver*
ANY AUTHORISED RIDERS

Persons or classes of persons entitled to drive*

Any person provided he is in the Insured's employ and is driving on their order or with their permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so 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*

- (a) Use only for the Insured's business or profession.
- (b) Use for social domestic and pleasure purposes by the Insured.

The Policy does not cover use for the carriage of passengers for hire or reward, racing, pace-making reliability trial or speed-testing.

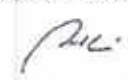
* Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

MS First Capital Insurance Limited
(Approved Insurers)

JORDINE/B0020/MY100

Issued at Singapore on 30.03.2020


Authorised Signature

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: MNA420040639 Vehicle Registration No: FBH 1281C
Name (as shown in NRIC): ABDUL RAHMAN BIN ABDUL RAHMAN NRIC/FIN/Passport No: SXXXX6457
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore()
Contact (Tel): _____ Mobile No.: 90125749
Email Address: _____
Date of Accident: 03/04/2020 Time of Accident: 15:10
Place of Accident: ALONG BUAYONDRA ROAD TOWARDS HAVELOCK ROAD
Insurance Company: FIRST CAPITAL

(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:

VEHICLE MODEL TO YAMAHA YBR 125

Policyholder / Driver's Signature
Date:

07/04/2020
Reporting Centre Personnel's Signature
Name: Paul Lim
NRIC/FIN No.:
Date: