

NATIONAL Assessment Centre Services. Print 1 Jan 2013 **MAA8120041187**

Date In: <b>08/04/2020 12:17</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MAA/FCI 200050754</b>	SAS e-illing		
Veh No: <b>AKC 60135</b>	E-mail (E-judge sheet, AIC sheet)		
D.O.A: <b>07/04/2020 12:20</b>	I-Motor Claim Form		
(O) TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Vch No: **SKV 1394K** 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 of Injury: \_\_\_\_\_

Location: \_\_\_\_\_

<b>MAA2002599</b>	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30
Ward/Comments:	6) TR: Re-inspection	\$75
Tel: ( )	7) NI: I-Info DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	9) NI: I-Info Mobile	\$3
	*NI: Courtesy Car / Tpl Allowance	\$10
	*NI: Repair Co-ordination	\$25
	*NI: Post Repair Inspection	\$3
	*NI: DV / Collect Excess Coordination	\$20
	TP (NI) / TP (Non-INC) against INC	\$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	08/04/2020 12:17
Date Of Accident	07/04/2020 12:20
Exact Location Of Accident	KALLANG ROAD TURNING RIGHT TO LAVENDER STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6013S
<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) +65-94553904
Alternative Phone No	OFFICE-94553904
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	CB400X-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
<b>Insurance Company</b>	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-20095417MFCE/112
Cover Note Number	
<b>Driver</b>	
Name of Driver	MUHAMMAD ALI IMRAN BIN TEMPAL
NRIC No	SXXXX582H
Date Of Birth	13/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1992
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94553904
Fax Number	
Contact Number	OTHERS-94553904
Email Address	NOEMAIL

Address: BLK 299A COMPASSVALE STREET  
#10-140

Postcode: 541299

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 AND ACCIDENT STATEMENT

**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: SKV1394K

Vehicle Make/Model/Colour: MAZDA 5

Details Of Properties

Vehicle Category: PRIVATE CAR

Name of Driver: LAU SEOW PING

NRIC/Passport Number: SXXXX651Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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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.



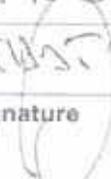
Policyholder's Signature  
Date & Time:

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

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



**INCIDENT REPORT FOR DUTY POST**

Location of Duty Post	Type of Business (Bank/KINs/Embassy/ Residence/Factory)	Date of Incident	Time of Incident	Weather Condition
E 8 E	M.O.H	07/04/20	12:19 hrs	NORMAL
Person(s) Involved	Particulars of Witness(es)			
<b>Details of Incident</b> (Who, What, Where, When, Why, How and Other Essential Details)				
<p>I CPL 26296 NO AKI IMENI, CURRENTLY          WITNESSED TO M.O.H AMBULANCE ESCORT. WHILE          PERFORMING AMBULANCE ESCORT ALONG KOLLONER RD          TURNING RIGHT TO LAUNDRY ST. ONE VEHICLE          SKV139AK MAZDA 5, JAM BRAKE INFRONT OF          ME AND SUCH I DID BRAKE AND NOT MANAGE          TO STOP ON TIME. AS A RESULT MY BIKE          FORKED ITS HIT THE REAR LEFT OF THE SAID          VEHICLE. NO INJURY. AS I CONTINUE WITH THE          AMBULANCE ESCORT. THAT'S ALL.</p>				
Reported by : (Rank/Svc No/Name)	Signature	Date	Time	
CPL 26296 NO AKI IMENI		07/04/20		

*aw 08/04/2020*

# Certis Fleet Management Section Traffic Accident Reporting Form

Version 1.3

## Section 1: DRIVER DECLARATION

a) Driver Particulars	
Name and Staff ID: <u>MS ALI IMRAN 26296</u>	Contact number: <u>94553904</u>
NRIC/ FIN/ Passport: <u>S1236582H</u>	Driving Pass Date: <u>09 Dec 1992</u>
Date of Birth: <u>13/10/1972</u>	Start Shift Time: <u>0800hrs</u> <i>(On the day of accident)</i>

b) Vehicle Details - Car	
Vehicle Number: <u>F10K00155</u>	Vehicle Category: <u>Commercial / Motorcycle / Car</u>
Vehicle brand: <u>Honda CB400X</u>	Number of passengers (include driver): <u>1</u>
Vehicle Model: <u>CB400X</u>	

c) Accident Details	
Date: <u>01/04/2020</u>	5) Are you on at least 3 days or more medical leave (MC)? <input checked="" type="radio"/> No / Yes
Time: <u>12:19hrs</u>	6) Any personnel taken to hospital? <input checked="" type="radio"/> No / Yes
Location: <u>Kelang Road turning right to Layan Road ST</u>	7) Damaged to Government Property or Material? <input checked="" type="radio"/> No / Yes
Type of Collision: <u>Rear-End / Side-impact / Sideswipe</u>	8) Foreign Vehicle(s) Involved? <input checked="" type="radio"/> No / Yes
(Please Circle)	<i>*If any questions (1 to 8) consist of a "Yes", proceed to make police report</i>
Head-on / Single Car / Chain Collision	Police report required? <input checked="" type="radio"/> No / Yes
Hit-and-Run / Rollover / Self-Skidded	<i>*If Yes, police station name? _____</i>
Weather Condition: <input checked="" type="radio"/> Clear / <input type="radio"/> Rainy / <input type="radio"/> Groomy	Any Other Vehicle Involved? <input checked="" type="radio"/> No / Yes
Road Surface: <input checked="" type="radio"/> Wet / <input type="radio"/> Dry	<i>*If above question consist of "Yes", proceed to part (d)</i>
1) Any Fatality/Major Injury? <input checked="" type="radio"/> No / Yes	Any Prosecution Given by TP? <input checked="" type="radio"/> No / Yes
2) Did you violate any Traffic Rules? <input checked="" type="radio"/> No / Yes	
3) Traffic Police Activated? <input checked="" type="radio"/> No / Yes	
4) Any Pedestrians or Cyclist involved? <input checked="" type="radio"/> No / Yes	

d) 3rd Party Vehicle Details					
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Vehicle Number:	<u>SKV13AK</u>				
Vehicle brand:	<u>MAZDA</u>				
Vehicle Model:	<u>MAZDA 5</u>				
Name:	<u>LAW SENG HAN</u>				
NRIC/ FIN/ Passport:	<u>S1658651Z</u>				
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	
I/we declare the foregoing particulars are true in every aspect.	
Driver Signature: <u>[Signature]</u>	Supervisor Signature: _____
Date: <u>01/04/20</u>	Date: _____
Time: <u>14:30hrs</u>	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:	See Attached	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 / Yes	BOLA Reference Number:	<input type="text"/>
Accident Type:	Minor / Major	Demerit points allocated:	<input type="text"/>
Driver Acknowledgement:	_____	Head of FMS Acknowledgement:	_____
Date and Time:	_____	Date and Time:	_____

**CERTIFICATE OF INSURANCE**

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950  
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-20095417MFCE/112  
Vehicle No / Chassis No : FBK6013S / JH2NC4799EK000333  
Name of Insured : CERTIS CISCO AUXILIARY POLICE FORCE 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) - OD  
- SGD1,500.00  
MANUFACTURER/DEALER WORKSHOP - OD  
- 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 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.

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)

Authorized Signature

JORDINE/B0020/MY100

Issued at Singapore on 31.03.2020