

NATIONAL Assessment Centre Services. June 1 Jan 2003 **N/A 200046591**

Date In: 18/05/2020 10:29	Job description	Date & Time Completed	Done by
Ref No: N/A/KC120005768/Y	SAS e-filing		
Veh No: 764 8660B	E-mail (Veh No, A/C 2hrs)		
O.O.A: 08/04/2020 18:15	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/Wksp		

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

TP Particulars: Vch No: () 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 repolar.

() 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: ()

Address: ()

N/A 20002924

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

And/or Comments: ()

Ref: 1: ()

Ref: 2: ()

Item	Amount	INC (\$)	Non-INC (\$)
1) A/C: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)			
3) TP: Towing Fee			
4) PT: Follow-Through Survey			
5) PT: Follow-Through Survey (Resurvey)			
6) TR: Re-inspection			
7) NI: Idea DA + SMRT Survey			
8) NTUC Additional Services			
9) NI: Idea Mobile			
10) NI: Idea Mobile			
11) NI: Idea Mobile			
12) NI: Idea Mobile			
13) NI: Idea Mobile			
14) NI: Idea Mobile			
15) NI: Idea Mobile			
16) NI: Idea Mobile			
17) NI: Idea Mobile			
18) NI: Idea Mobile			
19) NI: Idea Mobile			
20) NI: Idea Mobile			

Fee Charged

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	18/05/2020 10:29
Date Of Accident	08/04/2020 18:15
Exact Location Of Accident	ALONG BUKIT BATOK WEST AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH8660B
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92376190
Alternative Phone No	OFFICE-92376190

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBX125-124CC (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-20095417MFCE/13
Cover Note Number	

Driver

Name of Driver	SHAZWAN AZIQ BIN RODZALEE
NRIC No	SXXXX609I
Date Of Birth	19/06/1998
Occupation	OUTDOOR
Date Of Driving Pass	24/01/2019
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92376190
Fax Number	
Contact Number	OFFICE-92376190
Email Address	NOEMAIL

Address	BLK 166 YISHUN RING ROAD #04-737
Postcode	760166
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	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
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 SKETCH AND POLICE REPORT T/20200408/7013

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 INJURED PERSON 1

Name	SHAZWAN AZIQ BIN RODZALEE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

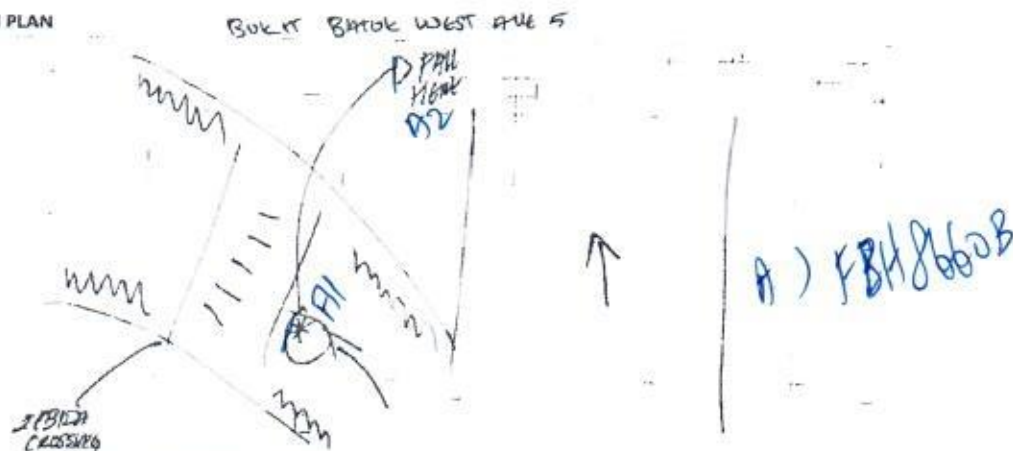


Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 12 09 20
21 15

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TRAVELLING ALONG BOKIT BATOK TOWARDS BOKIT BATOK AVE 5, FROM PAULION ROAD. IT WAS RAINING, HEADING TO TAKE SHELTER. APPROACHING FILTER LANE SAW MOP WANT TO CROSS & SLOWING DOWN USING THE FRONT BRAKE TO MAKE A STOP. WHILE SLOWING DOWN, BIKE STARTED TO Wobble AND TRIED TO CONTROL BUT NOT ABLE TO CONTROL AND SKIDDED FALLING ON THE RIGHT SIDE.

POLICE REPORT 7/70200408/7013

DECLARATION

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



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12 05 20 2115

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

18/05/2020
Kosa 11/1/13

Version: 1.0

a) Driver Particulars

Contact number: 92376190
Driving Pass Date: 24 01 2019
Start Shift Time: _____
(On the day of accident)

b) Vehicle Details - Certis

Vehicle Category: Commercial / Motorcycle / Car

Number of passengers (Include driver): 1

c) Accident Details

5) Are you on at least 3 days or more medical leave (MC)?	No / <u>Yes</u>
6) Any personnel taken to hospital?	No / <u>Yes</u>
7) Damaged to Government Property or Material?	No / <u>Yes</u>
8) Foreign Vehicle(s) Involved?	No / <u>Yes</u>
Any questions (1 to 8) consist of a "Yes", proceed to make police report	
^Police report required?	No / <u>Yes</u>
^If Yes, police station name?	<u>ONLINE</u>
Any Other Vehicle Involved?	No / <u>Yes</u>
*If above question consist of "Yes", proceed to part (d)	
Any Prosecution Given by TP?	No / <u>Yes</u>

g) 3rd Party Vehicle Details

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Vehicle Number:	FB18660B				
Vehicle brand:	YAMAHA				
Vehicle Model:	YBR				
Name:	SHAZWAN				
NRIC/ FIN/ Passport:	S8819609J				
Contact Number:	92376190				

es 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.

Supervisor Signature: _____
Date: _____
Time: _____

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



SINGAPORE POLICE FORCE



T/20200408/7013

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

1 of 3

Report No. T/20200408/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2020 23:35		Vide Report No.: J/20200408/0204		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHAZWAN AZIQ BIN RODZALEE			Address: APT BLK 166 YISHUN RING ROAD #04-737 SINGAPORE 760166		
ID Type / ID No.: NRIC NO / S9819609I			Contact No.: Home/Office: Mobile: 92376190		
Nationality: SINGAPORE CITIZEN			Email: shaz_wan1997@hotmail.com		
Sex: Male	Age: 21	Date of Birth: 19/06/1998	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: EO CERTIS			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/04/2020 18:15	Type of Location: Bend
Location: BUKIT BATOK WEST AVENUE 5				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 70 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH8660B	Motorcycle					0

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



**SINGAPORE
POLICE FORCE**



T/20200408/7013

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

2 of 3

Report No. T/20200408/7013

CONTINUATION OF REPORT

Rider			
Name	SHAZWAN AZIQ BIN RODZALEE	ID No.	S9819609I
Related Vehicle	FBH8660B (Motorcycle)	Contact No.	92376190
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 8/4/2020, i was travelling along Bukit Batok towards Bukit Batok west ave 5 from pavilion road. it was raining and the roads were wet, as i was heading to take shelter, as i was approaching the filter lane toward bukit batok west ave 5, i saw MOP want to cross the zebra crossing, i was riding approximately 40 kmph and slowing down so i can stop in time to let MOP cross the road. As i was pressing the front brake to make a stop, my bike (FBH8660B) started to wobble so badly and i tried to control but i was not able to control and skidded by falling on my right side. ambulance was activated. Hospitalisation Leave 8/4/20 - 21/4/20. right toe pain and abrasion on right knee.



**SINGAPORE
POLICE FORCE**



T/20200408/7013

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

3 of 3

Report No. T/20200408/7013

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 / TPHQ /
MOHAMMED FERAZ BIN HUSSEIN
Contact No.: 65476206

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:
08/04/2020 23:35

Classification Of Case:

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-20095417MFCE/13
Vehicle No / Chassis No : FBH8660B / LBPKE1785E0018484
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.

IN/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 31.03.2020

Authorised Signature