REF:	1	
ASS. REC. BY:		
ASSI	GNMENT	
From: Date:	Veh No: RU&57G, Yr Regn: 2018, May.	
Estimated Cost:	Type: M.Car / M.Cycle / Bus Van / Lorry / Taxi / Prime Mover /	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:	Make: Toyota Hiace c.c 2982	
at Workshop m/s	Colour A/C: Insured / Std / NI / NA	
of	Sp.Reading /43/59 T/Radio: Insured / Std / NI / NA	
Insured:	Eng/No:	
Policy No.	C/No: JTFHT027500242200	
Claims No.	Gen. Cond Good Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Iportier / Jammed / Leaked / Burnt or	
Make of Veh:	Modi : Nil /S/Rim / STD A/Rim or	
	Tyre Size: F: /95/2/5C	
(Policy Condition)	R: 185R15C	
Remark: The veh had commenced its N/S O/S	BS(DUN) EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO / YOKO or	
Bal. or Market Value:	Front Rear	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. D mm R/Bal.	
GIA / PR Seen: Consistent? : Yes or No	L/Bal. Ob mm L/Bal. Ob mm	
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 08/07/20	
Lum Sum: % 3 Val.: Yes or No	Survey held at Chin Mery 1,	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C Rooftop or	
Vehicle: IN / OUT Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.	
Date / Time Action / Instruction		
Independent:	·	
<u> </u>		
A C		
:		
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
; Final Report	Resurvey No. of Trip: Survey Fee:	
Date/Time, File Return to?	Transportation:	
2) Add Fe	e: : Site Insp (\$)s+Rssi	
**	: Interview (\$) Photos	
Report Format:	: Tech. Invs (\$) Others	
Lump Sum / L.B.J: (\$:Weelrend (\$)	
	TOTAL	

MCMM20055635 / Chin Meng Motors - HQ ENTRY DATE & TIME: 30/06/2020 11:38 SUBMITTED BY: MERVIN QUEK KIM PUAY

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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	30/06/2020 11:38
Date Of Accident	26/06/2020 15:25
Exact Location Of Accident	SATS CARGO CENTRE (FREIGHTER BAY CHECKPOINT)
Country/State of Loss	SINGAPORE
	DETAILS OF OMNIVELIGIE

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	RU6857G	

Insured/Policyholder

CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD Name Of Registered Owner

Co Reg No 2XXXXX882K

Email Address JEREMYYC QUEK@CERTISSECURITY.COM

Mobile Phone No

Alternative Phone No OFFICE-68428849

Vehicle Particulars

TOYOTA Manufacturer Model HIACE-2.5 (M)

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD

COMPREHENSIVE Type Of Coverage

Fleet Policy YES

Policy Number

Cover Note Number

Driver

Name of Driver MUHAMAD FADLI BIN MUHAMAD

NRIC No SXXXX246I Date Of Birth 25/11/1979 Occupation **OUTDOOR Date Of Driving Pass** 01/08/2001

Driving Experience 18 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82601004

Fax Number

Contact Number

EMail Address NOFMAIL Address

BLK 602A PUNGGOL CENTRAL #04-680

Postcode

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) 2

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

4

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 : STAFF NAME:

> GENDER: : MALE

Passenger 2 NAME: : STAFF

> GENDER: : MALE

Passenger 3 : STAFF NAME:

> GENDER: : MALE

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO INCIDENT REPORT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

WD1036Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 22

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1 Picase report correctly the details of the accident to speed up the claim, process
- 2. This form must be completed by the Policyholder and/or the Authorised Driver
- niormation provided must be as <u>truthful and accurate as possible</u>. Any welful in prepresents; calor withholding of material facts may allow increase companies to <u>repudiate policy liability</u>.
- Digit specially accepts the dram by injurance companies to not an admission of policy indicate part of the incurrent companies.
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- 6 The report will be forwarded by the invurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for airchiving and that copies of this report with for a fine be made available upon application by indexed parties.
- divine ladgment on this regard to the impress, you hereby convent to the archiving of this report but the centre and to copies of the report being made explicitly discressed.
- 8 Consent under the Personal Data Protection Act (PDPA)
 - unperstand beknowledge, agree and consent that
 - (a) My insurer, my workshop and the Centeral insurance Association of Singapere II GIAT) may/are permitted to collect use, disclose and/or process my personal data/personal information set out in this (form) and any price personal information provided by me or possessed on my insurer (collectively the Tersonal information) and disclose and transfer such Personal information to all insurants) who have insured vehicles in involved in this accordance in the accordance who exists involved in this accordance shall be collectively referred to as the "Insurers"), the insurers' (lawyers/law firms the Modutary Authority or Singapore and any relevant government agency/authority issues as the police) for the purpose!)
 - (if processing, handling and/or dealing with my claims including the settlement of the Claims and any necessary investigations relating to the claims;
 - bil investigating the accident and/or my daims,
 - (Figezinging out and/or dealing with my matructions or responding to any enquines by mat
 - (iv) administering my claims (including the mailing of correspondence, statements invoices, reports or notices to me, which could involve disclosure of certain personal date about mo to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complete with applicable lowin administering, processing handling end/or dealing with my claims (collectively the "Purposes")
 - (b) abin superist, who have insured while(s) involved in this accident and the insurers' lawyers/len firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Europases, and
 - (c) my Personal information may fear be disclosed by any of the insurers and/or GIA to their third party service providers or agent Hinduding their lawyers/law firms), which have the sted outside of Singapere, for one or more of the above Puriouses
 - (d) my Personal information will also be collected and used to comprecidints history for the purpose of floud detection, investigation and management in present and all lature (Jams).
 - (c) the information so collected under (d) above may be shared / disclosed

CERTIS

policino del

- (1) to all insurers and/or any other tried parties that assut in evaluating, investigating, controlling or managing flaud regulators, law enforcement and government agencies as reasonably required for the pulposes stated land.
- (a) for complying with requirements under any regulations, laws or court didens

The figure of [16] 1059 (2) 25/2.

Discuss from the baptishages.

Discuss from the baptishages.

Reporting Course Name

Quek Kin Pwy

Page 3 of 4

Sketch Plan #2 Pg. 1

SKETCH PLAN
TREFFIC DIVERSION TO THE
SATS CAENO CENTRE
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
As the date 26 June 2020 time 1525hrs behicle Ru685th was hit near end during Stationard waiting to exit the cargo freighter box checkpoint by STAEC track driver WD 1036Y MR N/A CHAN LEE was the trackor driver. - The back rear end bumper Ru685th was damaged. - No visible damage to tractor WD 1036Y - Ndo injury to report. - Rear end bumper back door damaged. - Wehicle Ru685th was Stationary waiting to with - checkpoint at the time the accident occurred. - Chago SHTS forgues box 9510.
DECLARATION We decreate the process are true in every respect

Page 4 of 4