ASS. REC. BY: Kenneth

REF: CTZ/200168741k

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s 8 Three

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: YP6815X Yr Regn: _____

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Isuzu NPR c.c _____

Colour Yellow A/C: Insured / Std / NI / NA

Sp.Reading 221719 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JAANPR75K1H 7100751

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/85R16

R: ——— (D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	3 mm
L/Bal.	8 mm	L/Bal.	3 mm
D.O.A.	27/9/20	D.O.I.	9/10/2020

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	Est not ready

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parts _____

Others _____

TOTAL _____

Report Format :

Lump Sum / I.B.I: ($ _____)

MCMM20085043 / Chin Meng Motors - HQ
ENTRY DATE & TIME: 30/09/2020 09:09
SUBMITTED BY: QUEK KIM SENG

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 30/09/2020 10:48

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	30/09/2020 09:09
Date Of Accident	27/09/2020 05:45
Exact Location Of Accident	PIE TOWARDS CHANGI DIRECTION 18.9KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6815X
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	2XXXXX882K
Email Address	JEREMYYC_QUEK@CERTISSECURITY.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68428849
Vehicle Particulars	
Manufacturer	ISUZU
Model	NFR59PB-3.9 (M)
Exact Purpose for which vehicle was being used at time of accident	
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	D-19093619MFVS/3
Cover Note Number	
Driver	
Name of Driver	HARON RAMIAH
Passport No/FIN	FXXXX762L
Date Of Birth	24/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2013
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88785109
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	20 JALAN AFIFI
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	COLLIDED INTO PARKED VEHICLE
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	3
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: : PRABAKARAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD:** 1 CASSIA LINK , **POSTCODE:** 397618 , **COUNTRY:** SINGAPORE
Police Station Contact	**TEL NO:** - **FAX NO:**
Was notice of Intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

Attachment(s)

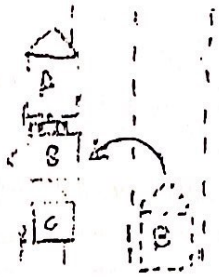
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH4178D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Accident Sketch Plan Pg. 1

SKETCH PLAN



A - YP6815X
B - GQH4178D
C - SJR6249Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28-09-2020 10.10 hrs

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

Accident Sketch Plan Pg. 1

SINGAPORE POLICE FORCE

T/20200527/2013

Report No. T/20200527/2013

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No..
27/09/2020 05:46		37

Informant's Particulars

Name of Informant: HARON RAMIAH		Address: C/O APT BLK 3 Jln Bukit Merah #05-5054 SINGAPORE	
ID Type / ID No.: FIN NO / F4603762L		Contact No.: Home/Office:	Mobile: 88785109
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 45	Date of Birth: 24/05/1975	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: EMAS RECOVERY OFFICER		Driving Licence Information: Class: 2B,3,4A,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Attended by Police	No	27/09/2020 00:45	Bend

Location:

PAN-ISLAND EXPRESSWAY

Weather: Raining	Road Surface: Wet	Road Speed Limit:
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH4178D	Van				Slightly Damaged	0
SJR6249Y	Car				Slightly Damaged	0
YP8615X	EMAS Recovery Vehicle				Slightly Damaged	1

Accident Sketch Plan Pg. 1

SINGAPORE POLICE FORCE

T/20200927/2013

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-6488999

Report No. T/20200927/2013

CONTINUATION OF REPORT

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

Driver

Name	HARON RAMIAH	ID No.	F4503762L
Related Vehicle	YP6815X (EMAS Recovery Vehicle)	Contact No.	88785109
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Passenger

Name	Prabakaran Karunanithi	ID No.	NIL
Related Vehicle	YP6815X (EMAS Recovery Vehicle)	Contact No.	NIL
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	Slight

Brief Details.
I am working as a EMAS Recovery Officer under Certis.

On 26/09/2020 at about 11pm, I reported for work and was deployed for duty with my partner Prabakaran (Staff ID 113584) with the vehicle DR Truck YP6815X

On 27/09/2020 at about 12.46am, we were attending to a case along PIE towards Changi Direction 18.9km mark at the left road shoulder when a Van skidded towards our direction.

Both me and my partner spotted the van skidding from the first lane and before the van hit onto us, I managed to jump to safety completely but my partner was hit by the skidding van while trying to jump away. My partner then landed on the ground and complain of pain on his right upper chest area.

The van then collided into our truck fork area and in-between the car SJR6249Y that we was suppose to tow away.

I wish to state that I did not suffer any injury from this incident and we set up the safety cones properly.

The traffic police and ambulance were at scene and my partner was conveyed to Singapore General Hospital. I was instructed to lodge a traffic accident report by my Duty Operations Supervisor.