

8N10821930002

[illegible]

NA203783

| | | |
|------------------|-------------------------------------------------------------------|-------------|
| NAX03783 | 1) All Additional Surveys (\$20) | NO (\$0) |
| Driver/Owner: | 2) DA Survey Allowance (\$100) | \$100.00 |
| Contract No: | 3) TP Following | \$120 |
| Damaged Portion: | 4) PT Follow Through Survey | \$30 |
| | 5) PT Follow Through Survey (Resurvey) | \$30 |
| | 6) PT Follow Through Survey (No survey) | \$0 |
| | 7) PT Follow Through Survey (No survey) (No Only) (W/ 10 min 300) | \$75 |
| | 8) TR Inspection | \$160 |
| | 9) RI Use DA + BMRT Survey | |
| | 10) RIUC Additional Services | |
| | ON | \$5 |
| | NS Courtesy Car / Tol Allowance | \$10 |
| | NS Dispatch Coordination | \$25 |
| | NS Post Trip Inspection | \$5 |
| | NDVD / Calicut District Coordination | \$20 |
| | TP (NIST) TP CHANGING TOASTING | \$0 |
| | PN NIST Mobile | |
| | 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 Submission | 03/09/2021 12:04 (SGT) |
| Date of Accident | 01/09/2021 15:40 (SGT) |
| Exact Location of Accident | SLE, Singapore |
| Additional Location Information | TOWARDS CTE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | FBH979K |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | CERTIS CISCO SECURE LOGISTICS PTE LTD |
| Company Reg No | 2XXXXX933W |
| Email Address | csteo88@hotmail.com |
| Mobile Phone No | (Phone) +65-91132371 |
| Alternative Phone No | +65-91132371 |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer | Yamaha |
| Model | YBR |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Motorcycle |
| Transmission | Manual |
| CC | 124 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------|
| Name of Insurance Company | MS First Capital Insurance Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | Yes |
| Policy Number | D-21097295MFCE/43 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|------------------------|
| Name of Driver | KAMARRUDDIN BIN KAMSAN |
| NRIC No | SXXXX676D |

| | |
|--------------------------------------------------------------|------------------------------|
| Date Of Birth | 22/04/1965 |
| Occupation | Outdoor |
| Date Of Driving Pass | 12/12/1986 |
| Driving experience | 34 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91132371 |
| Alt. Phone Number | - |
| Email Address | leongsen@singnet.com.sg |
| Address | BLK 6 MARSILING DRIVE #05-96 |
| Address complement | - |
| Postcode | 730006 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|------------|
| Type of Accident | Side Swipe |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|-----------------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|-------------------------------------------|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND ATTACHMENT

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 | SML1983P |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | DARRY LIM TENG KEONG |
| NRIC No | SXXXX833J |
| Contact Number | - |
| Address | - |

| | | | |
|---|-----------------------------------------|-------|---|
| - | Address complement | | - |
| | Postcode | | - |
| - | Insurance Company Name | | - |
| | Nature Of Damage | | - |
| | Details of property damaged in accident | | - |
| | No. Of Passenger (Including Driver) | | - |

SKETCH PLAN

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. 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:

 09.21
17:51 hrs
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 03/09/2021
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SUR TOWARDS CRK



A - FBH979K

B - SML1983P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached

DECLARATION

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



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

2.9.21
17.5hrs

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

03/09/2021

OPS STORE INCIDENT REPORT

| | |
|----------------------------|--|
| S/N | |
| Item / vehicle Description | |
| FBH 979K | |

| | | | | |
|--------------------------|--------------|------------------|------------------|-------------------|
| Location of Incident | Department | Date of Incident | Time of Incident | Weather Condition |
| SLE Toward CIE/TRE | BLS/ PCMS | 01-09-2021 | 1540hrs | Dry |

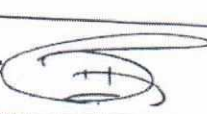
| | | | | |
|--------------------|----------------------------|---|---|---|
| Person(s) Involved | Particulars of Witness(es) | | | |
| 02 person | / | / | / | / |

Details of Incident

(Who, What, When, How, Why and Other Essential Details)

I was riding at lane 2, lane was clear
Road was dry. Then got 1 lorry on my
left lane 3. The car was from behind the
lorry, the car suddenly change lane from
lane 3 to lane 2 and hit my left side
of my motorbike

Car no. SML 1983P

| | | | | | |
|---------------|--------------------|------------|-------------------------------------------------------------------------------------|-----------------|-----------------|
| Reported by : | Kamardin Kansen | Signature: |  | Date : 01-09-21 | Time : 09.35hrs |
|---------------|--------------------|------------|-------------------------------------------------------------------------------------|-----------------|-----------------|

aw 03/09/2021

Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.3

Section 1: DRIVER DECLARATION

| | |
|-----------------------------------------------|-------------------------------------------------------------|
| a) Driver Particulars | |
| Name and Staff ID: <u>Kamarruddin, i06400</u> | Contact number: <u>91132371</u> |
| NRIC/ FIN/ Passport: <u>S. 1689676D</u> | Driving Pass Date: <u>13.12.86</u> |
| Date of Birth: <u>22.04.65</u> | Start Shift Time: <u>8.00am</u> (On the day of accident) |

| | |
|------------------------------------|------------------------------------------------------------|
| b) Vehicle Details - Certis | |
| Vehicle Number: <u>FBH 979K</u> | Vehicle Category: Commercial / Motorcycle / Car <u>Car</u> |
| Vehicle brand: _____ | Number of passengers (Include driver): <u>01</u> |
| Vehicle Model: _____ | |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| c) Accident Details | |
| Date: <u>01.09.21</u> | 5) Are you on at least 3 days or more medical leave (MC)? <u>No</u> Yes |
| Time: <u>1540 hrs</u> | 6) Any personnel taken to hospital? <u>No</u> Yes |
| Location: <u>SLE towards CTC</u> | 7) Damaged to Government Property or Material? <u>No</u> Yes |
| Type of Collision: (Please Circle) Rear-End / Side-impact / <u>Sideswipe</u> Head-on / Single Car / Chain Collision Hit-and-Run / Rollover / Self-Skidded | 8) Foreign Vehicle(s) Involved? <u>No</u> Yes |
| Weather Condition: <u>Clear</u> / Rainy / Groomy | <i>*If any questions (1 to 8) consist of a "Yes", proceed to make police report</i> |
| Road Surface: <u>Wet</u> / Dry | ^Police report required? <u>No</u> Yes |
| 1) Any Fatality/Major Injury? <u>No</u> Yes | ^If Yes, police station name? _____ |
| 2) Did you violate any Traffic Rules? <u>No</u> Yes | Any Other Vehicle Involved? <u>No</u> Yes |
| 3) Traffic Police Activated? <u>No</u> Yes | <i>*If above question consist of "Yes", proceed to part (d)</i> |
| 4) Any Pedestrians or Cyclist involved? <u>No</u> Yes | Any Prosecution Given by TP? <u>No</u> Yes |

| d) 3rd Party Vehicle Details | | | | | |
|------------------------------|------------------|-------------------|-----------|-----------|-----------|
| Vehicle Number: | Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 | Vehicle 5 |
| Vehicle brand: | <u>SML1983P</u> | | | | |
| Vehicle Model: | | | | | |
| Name: | <u>DARRY Lim</u> | <u>THANJ KEOH</u> | | | |
| NRIC/ FIN/ Passport: | <u>S8005837J</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: _____ | Supervisor Signature: _____ |
| Date: _____ | Date: _____ |
| Time: _____ | Time: _____ |

Section 2: FOR FMU STAFF ONLY

a) Insurance Information

Claim purposes:
Insurance Company:
Policy Number:

Own Damage / 3rd Party / Reporting Only
See Attached
Comprehensive 3rd Party/ Fire & Theft

Is Driver employee of
Company?:
Is driver the owner of the
vehicle?

No ☒ Yes

☒ No Yes

b) Certis Demerit Point Recommendation

At-Fault Accident?

No / Yes

Accident Type:

Minor / Major

BOLA Reference Number:

| |
|--|
| |
| |

Demerit points allocated:

Driver Acknowledgement:

Head of FMS

Date and Time:

Acknowledgement:

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, 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-21097295MFCE/43
Vehicle No / Chassis No : FBH979K / LBPKE1786D0014099
Name of Insured : CERTIS CISCO SECURE LOGISTICS PTE LTD
Period Of Insurance : 01.04.2021 To 31.03.2022
Insured Estimated Value : Market Value At Time Of Loss

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.

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/B0029/MY100

Issued at Singapore on 04.03.2021



Authorised Signature