

NATIONAL ASSOCIATION OF COMPENSATION SURVEILLORS

Date: 26/1/2021 17:15
Ref No: NBSA/CI 20119574
Job No: 11212
D.O.A: 23/1/2021 08:30

Job Description	Date & Time Completed	Done by
SAS Billing		
Transfer/Update/Cancel		
Motor Claim Review		
Motor W/O (Within 60 days of loss)		
Police Uploaded		
Assessment/Repair Report		
Assessment by Fax/Email to Owner/Agent		

(1) TP / Reporting Only

TP Insured

Preferred Wksp / HO Affili / Wksp / CW

Owner / Driver () Policy No () Period () Cover Type ()

Continued by () Date () Time ()

Insured/Driver Liability () % (New-est status (WO) N10-20% PI 21-79% PI 80-100%)

Year of Registration () Warranty YES () / NO ()

Excess (\$) Loading \$1,000 () / \$2,000 ()

() Within Customer / Customer Information Policy Confidential & Policy NO for o/replication

() Total Loss Case () to email Insurer URGENTLY

Driver-In () / Towed-In () / Involves YES () / NO () / Towing Cost ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check/Rep/Repair Inspection ()

3) Upload Recovery Photo (Repair Costs > \$5,000) ()

Injury ()

Driver/Owner

Continued No

Continued Portion

QC Checked by (Engineer/Churno)

1) Addendum/Update (20)	
2) Addendum/Update (3100)	
3) Addendum/Update (1100)	
4) Addendum/Update (1100)	
5) Addendum/Update (1100)	
6) Addendum/Update (1100)	
7) Addendum/Update (1100)	
8) Addendum/Update (1100)	
9) Addendum/Update (1100)	
10) Addendum/Update (1100)	
11) Addendum/Update (1100)	
12) Addendum/Update (1100)	
13) Addendum/Update (1100)	
14) Addendum/Update (1100)	
15) Addendum/Update (1100)	
16) Addendum/Update (1100)	
17) Addendum/Update (1100)	
18) Addendum/Update (1100)	
19) Addendum/Update (1100)	
20) Addendum/Update (1100)	



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	24/11/2021 17:19 (SGT)
Date of Accident	23/11/2021 08:30 (SGT)
Exact Location of Accident	Serangoon Ave 3, Singapore
Additional Location Information	NEAR BUS STOP 66409
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH1121L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CERTIS CISCO SECURE LOGISTICS PTE. LTD.
Company Reg No	2XXXXXX933W
Email Address	leongsen@singnet.com.sg
Mobile Phone No	(Phone) +65-81989621
Alternative Phone No	+65-81989621

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YBR 125
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 - Reporting only
Vehicle Category	Motorcycle
Transmission	Manual
CC	124

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D-21097295MFCE/14
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD SHAWAL BIN ESA
NRIC No	SXXXX169J



Date Of Birth	13/04/1992
Occupation	Outdoor
Date Of Driving Pass	29/06/2011
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81989621
Alt. Phone Number	-
Email Address	leongsen@singnet.com.sg
Address	BLK 619 BUKIT PANJANG RING ROAD #02-810
Address complement	-
Postcode	670619
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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 PLAN

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	SLC6405R
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	ZENG YINGLAN
NRIC No	SXXXX574Z
Contact Number	(Phone) +65-96578063
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 Traffic Police Department for investigation**.
6. This report will be forwarded by the insurers to 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.

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' law yers/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.



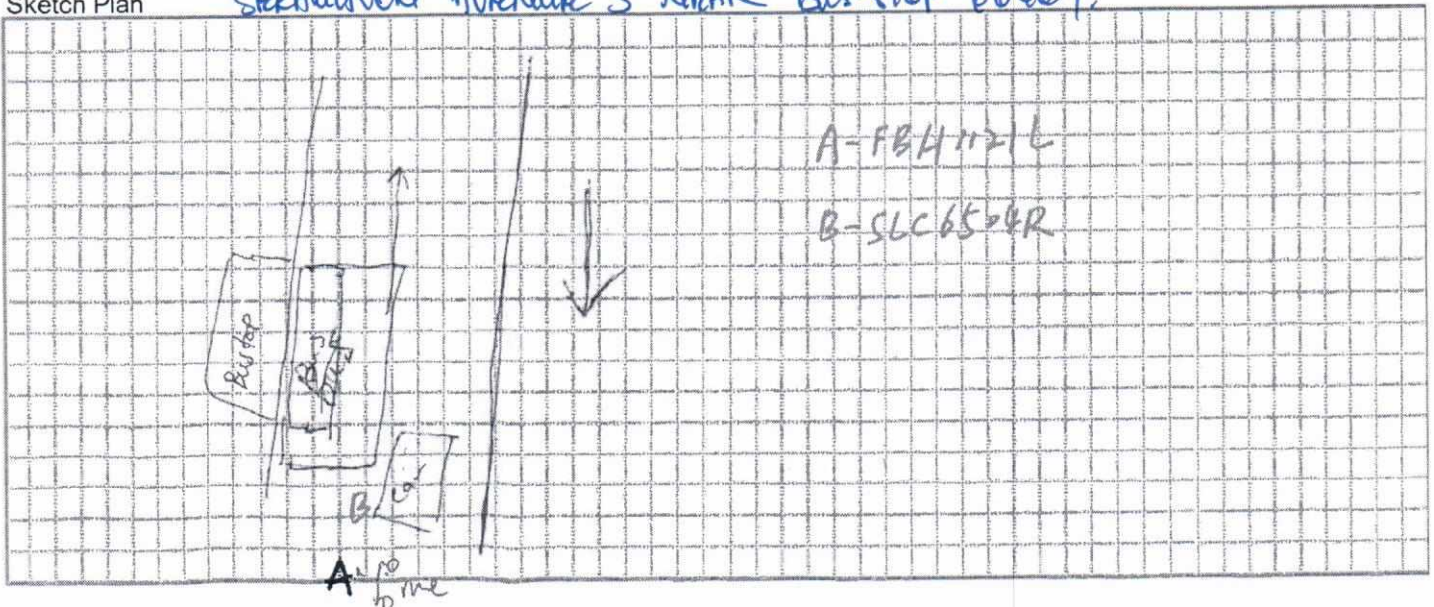
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SELANGOR AVENUE 3 NEAR BUS-STOP 66409.



On 23/11/2021 at 1133am I met with an accident at Serangoon Ave 3 near bus stop 66409 with vehicle number SL 6504R (Toyota was black colour). Bus was stopping to alight passenger and the driver make an intention to cut the bus on the right side on the single file lane as she move to the right she apply brake instant of me and I collide with the above mentioned ~~car~~ vehicle. Particular exchange for claims.

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 24/11/2021 1230

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

[Signature] 24/11/2021
Witnessed by Reporting Centre Personnel

Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.4

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name and Staff ID: Muhammad (Iqbal) (11143)
 NRIC/ FIN/ Passport: 892121695
 Date of Birth: 13/04/1992

Contact number: 81989621
 Driving Pass Date: 29/06/2011
 Start Shift Time: 0830
 (On the day of accident)

b) Vehicle Details - Certis

Vehicle Number: FBH 1121 L
 Vehicle brand: Yamaha
 Vehicle Model: _____

Vehicle Category: Commercial / Motorcycle / Car
 Number of passengers (Include driver): 01

c) Accident Details

Date: 23/11/2021
 Time: 1133 AM
 Location: Seringen Ave 3 near bus stop 66409
 Type of Collision: Rear-End / Side-Impact / Sideswipe
 (Please Circle) Head-on / Single Car / Chain Collision
 Hit-and-Run / Rollover / Self-Skidded

Weather Condition: Clear / Rainy / Groomy
 Road Surface: Wet / Dry
 1) Any Fatality/Major Injury? No / Yes
 2) Did you violate any Traffic Rules? No / Yes
 3) Traffic Police Activated? No / Yes
 4) Any Pedestrians or Cyclist involved? No / Yes

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

d) 3rd Party Vehicle Details

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Vehicle Number:	<u>SLC 6504 R</u>				
Vehicle brand:	<u>TOYOTA</u>				
Vehicle Model:	<u>VIOS</u>				
Name:	<u>Zeng Yunglan</u>				
NRIC/ FIN/ Passport:	<u>S69215742</u>				
Contact Number:	<u>9657 8063</u>				

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: [Signature]
 Date: 24/11/2021
 Time: 1215

Supervisor Signature: _____
 Date: _____
 Time: _____

Section 2: FOR FMU STAFF ONLY**a) Insurance Information**

Claim purposes:	Own Damage / 3rd Party / <u>Reporting Only</u>	Is Driver employee of	No / <u>Yes</u>
Insurance Company:	See Attached	Company?:	
Policy Number:	<u>Comprehensive</u> / 3rd Party/ Fire & Theft	Is driver the owner of the	<u>No</u> / Yes
		vehicle?	

b) Certis Demerit Point Recommendation

At-Fault Accident?	No / Yes	BOLA Reference Number:	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>
Accident Type:	Minor / Major	Demerit points allocated:	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>
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/14
Vehicle No / Chassis No : FBH1121L / LBPKE1789D0014095
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