

NATIONAL Assessment Centre Services *SN of 221 P0006*

Date In: <i>25/1/22 18:08</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/FCI22000899/T</i>	SAS e-illing		
Veh No: <i>F341132E</i>	E-mail (within 3hrs. At 2hrs)		
DOA: <i>10/12/21 09:35</i>	I-Motor Claim Form		
OD TP Reporting Only	I-Motor W/O (Within 10: 2hrs. 10: 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: <i>SN C4935A</i>	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%; F: 80-100%]		
Year of Registration: () Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000 () / \$2,000 ()		

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC Hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

<i>NA200418</i>	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2015)		
Est. 1:	6) TR: Re-inspection \$75		
Est. 2/3:	7) NI: Issue DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) NI: Issue Mobile \$30		
	10) NI: Issue Car / Tpt Allowance \$5		
	11) NI: Repair Co-ordination \$10		
	12) NI: Post Repair Inspection \$25		
	13) NI: DV / Collect Excess Coordination \$5		
	14) NI: TP (N11): TP (Non INC) against INC \$20		
	15) NI: Issue Mobile \$30		
	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	25/01/2022 18:08 (SGT)
Date of Accident	10/12/2021 09:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FARRER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH1132E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CERTIS CISCO PROTECTION SERVICES PTE LTD
Company Reg No	2XXXXX678C
Email Address	SallyL_ZHANG@certisgroup.com
Mobile Phone No	(Phone) +65-88071009
Alternative Phone No	(Office) +65-88071009

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YBR125
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	Yes
Policy Number	D-21097287MFCE/1
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD ISA BIN ROSLI
NRIC No	SXXXX885A

Date Of Birth	16/08/1997
Occupation	Outdoor
Date Of Driving Pass	13/03/2017
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88071009
Alt. Phone Number	-
Email Address	SallyL_ZHANG@certisgroup.com
Address	BLK 435A BUKIT BATOK WEST AVE 5
Address complement	#04-996
Postcode	651435
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	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?	Yes
Police Station Name	Commonwealth Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004749999
Alt. Police Station Phone No	(Fax) +65-64715297
Police Station Address	Blk 111 Commonwealth Crescent (Annex) #01-288A Singapore 140111
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT & POLICE REPORT NO : T/20220121/2070

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	SNC4933A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
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 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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

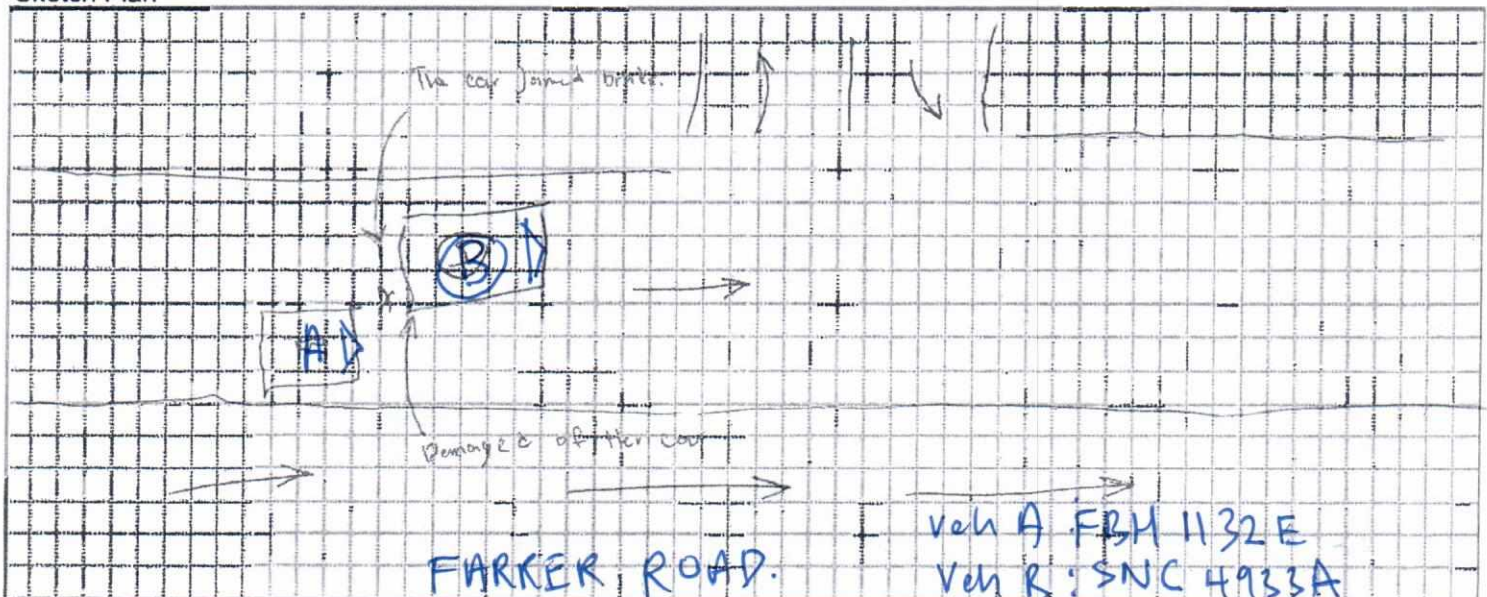


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

On the 10/12/2021 @930hrs, while I was riding my working motorcycle F13H11SE and while reaching at said location, the vehicle SNC49354 suddenly jammed brake and causing me to brake hard to avoid collision, as the act he did was too sudden and I was still not able to stop on time, thus collided onto the vehicle. The damage to my m/cycle is front signal dropped off and the damage to his vehicle was one scratch line on the rear right bumper. After the accident, the said Chinese driver came out from the vehicle and started to confront me, thus I called for police for assistance, ref 12/202112100032. I wished to inform that earlier while I was riding along Farrer RD, towards Holland direction, after the Farrer RD MNT, at the second lane, and suddenly the said vehicle, which was travelling along the third lane, suddenly without giving any signal, abruptly cut into my lane and continued move off, and nearly collided onto the side of my m/cycle. As I was not sure whether he said was in a correct condition, thus I trailed the vehicle and followed till the said location where the thing happened.

Declaration

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



Policyholder's Signature / Date & Time

Ch 21/1/22 1840hrs

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

[Signature]

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220121/2070

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Report No. T/20220121/2070

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2022 17:37	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars			
Name of Informant: MUHAMMAD ISA BIN ROSLI		Address: APT BLK 435A BUKIT BATOK WEST AVENUE 5 #04-996 SINGAPORE 651435	
ID Type / ID No.: NRIC NO / S9726885A		Contact No.: Home/Office: Mobile: 88071009	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 16/08/1997	Type of Informant: Rider
Race: Boyanes		Language: English	Institution / School Name:
Occupation: Protection Officer		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2021 09:30	Type of Location: T-Junction
Location: QUEENSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH1132E	Motorcycle				Slightly Damaged	0
SNC4933A	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220121/2070

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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Report No. T/20220121/2070

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD ISA BIN ROSLI	ID No.	S9726885A
Related Vehicle	FBH1132E (Motorcycle)	Contact No.	88071009
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Other Party			
Name	Unknown	ID No.	NIL
Related Vehicle	SNC4933A (Car)	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	NIL

Brief Details.

On the 10/12/2021 @ 0930hrs, while I was riding my working motorcycle FBH1132E and while reaching at the said location, the vehicle SNC4933A suddenly jammed brake and causing me to brake hard to avoid collision, as the act he did was too sudden and I was still not able to stop on time, thus collided onto the vehicle. The damage to my m/cycle is front right signal dropped off and the damage to his vehicle was one scratch line on the rear right bumper. After the accident, the said Chinese driver came out from the vehicle and started to confront me, thus I called for police for assistance, ref D/20211210/0032. I wished to inform that earlier while I was riding along Farrer Rd, towards Holland direction, after the Farrer Rd MRT, at the second lane, and suddenly the said vehicle, which was travelling along the third lane, suddenly without giving any signal, abruptly cut into my lane and continued move off, and nearly collided onto the side of my m/cycle. As I was not sure whether the said driver was in a correct condition, thus I trailed the vehicle and followed till the said location where the thing happened.



**SINGAPORE
POLICE FORCE**



T/20220121/2070

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

3 of 3

Report No. T/20220121/2070

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
D /
Staff Sgt YIP KUM HOONG

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
21/01/2022 17:37

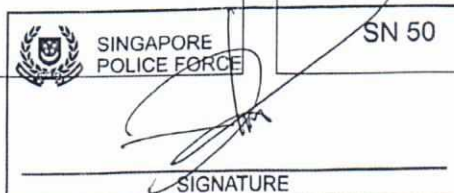
Officer In Charge Of Case:
TP / GIT /

Classification Of Case:

Contact No.:

SN 50

Authentication Stamp
NP168



Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.4

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name and Staff ID: mnHammond ISA / 135293
 NRIC/ FIN/ Passport: 897260854
 Date of Birth: 16/08/1997

Contact number: 8907 1009
 Driving Pass Date: 13/03/2017
 Start Shift Time: 0700hrs
 (On the day of accident)

b) Vehicle Details - Certis

Vehicle Number: FBH 1132 E
 Vehicle brand: YAMAHA
 Vehicle Model: CR125F

Vehicle Category: Commercial / Motorcycle / Car
 Number of passengers (Include driver): 1

c) Accident Details

Date: 10/12/21
 Time: 0935hrs
 Location: Fayrer RD
 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 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? Commonwealth NYP
 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>SNC4933A</u>				
Vehicle brand:					
Vehicle Model:					
Name:					
NRIC/ FIN/ Passport:					
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: [Signature]
 Date: 21/1/21
 Time: 1825

Supervisor Signature: _____
 Date: _____
 Time: _____

Certis Cisco Protection Service
 PL
 200101678C

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 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 Acknowledgement:	_____
Date and Time:	_____	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-21097287MFCE/1
Vehicle No / Chassis No : FBH1132E / LBPKE1781D0014222
Name of Insured : CERTIS CISCO PROTECTION SERVICES 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)

JORDINE/B0029/MY100

Issued at Singapore on 04.03.2021

MS First Capital Insurance Limited
(Approved Insurers)



Authorised Signature