

ASS. REC. BY:

Steve

REF:

CS/FC122001581/EPF3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

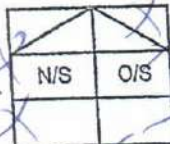
Claims No. **D21001682MFCE**Sum Insured: _____ Excess: **1500**

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____ 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: **FBK61808**Yr Regn: **5/11/15**

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Honda CB400**c.c. **399**Colour: **White**

A/C: Insured / Std / NI / NA

Sp. Reading: **N/A**

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JH2NC4795EX-000378**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **120/55R17**R: **140/55R17**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or .

Front

Rear

R/Bal. **4** mmR/Bal. **4** mmL/Bal. **X** mmL/Bal. **X** mmD.O.A. **18/5/21**D.O.I. **18/2/22**Survey held at **comfort belgro**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

MP-8K

20/1/23

Submit preli report-revised fig \$6276.50

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report
Days Of Repair: **4**

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

1)

Date/Time, File Return to?

2) 20/1/23-typist

Add Fee: ☐ : Site Insp (\$ _____)☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

☐

S + RS. \$ _____

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.S.A. (\$ _____)

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	03/08/2021 12:03 (SGT)
Date of Accident	28/05/2021 14:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6180S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Company Reg No	2XXXXX882K
Email Address	sallyL_ZHANG@certisgroup.com
Mobile Phone No	(Phone) +65-90683451
Alternative Phone No	+65-90683451

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400
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?	Yes
Vehicle Category	Motorcycle
Transmission	Auto
CC	400

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097290MFCE/111
Cover Note Number	-

DRIVER

Name of Driver	LEOW FONG YING
NRIC No	SXXXX987G

Date Of Birth	10/06/1993
Occupation	Outdoor
Date Of Driving Pass	25/11/2015
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97908071
Alt. Phone Number	-
Email Address	sallyL_ZHANG@certisgroup.com
Address	BLK 429 PASIR RIS DRIVE 6 #09-55
Address complement	-
Postcode	510426
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM6930L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEOW FONG YING
Gender	Male
Phone No	(Phone) +65-97908071
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBK6180S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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:

Driver's Signature
If driver is not the policyholder
Date & Time: 14/7/21
1226 HRS

COMFORTDELTA ENGINEERING PTE LTD
320 UPI ROAD 3
SINGAPORE 400649

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

From: IRIMS Notification (SG) <IRIMS-Notification@certisgroup.com>
Sent: Friday, 28 May 2021 9:34 PM
To: Muhammad Azmi Bin Muhammad Sahar (SG) <MAzmi_MSAHAR@certisgroup.com>
Subject: SG\CLS\EE-Cat 2-Injury at work

Traffic Accident (2 Wheeler)

Adhoc - - - PIE Towards Tuas near Toh Guan Road exit

Incident Date/Time: Friday, May 28, 2021 1:42:00 PM

Incident Summary:

Officer was on MTI Ops Bodyguard Assignment heading back to Tuas Checkpoint. While travelling along Pan-Island Expressway towards Tuas near Toh Guan Exit, officer tried to swerve his bike to avoid a stationary lorry (YM 6930 L) but was unable to avoid it.

The motorbike hit the left rear of the lorry and officer sustained injuries to his right arm and wrist. SCDF and TP was activated and officer was conveyed to Ng Teng Fong Hospital for initial review.

Officer then informed that he had requested for his CT scan to be conducted at Sengkang Hospital instead.

His controlled equipment 01 x Straight Extended Baton was taken over by escort team and returned to Armoury safely.

WICA No: WICA2021/05/28/0001

Remark/Action:

Will update once more details are in.

Involved Officers: SG137786 Leow Fong Ying

Action Officers: Muhammad Azmi Bin Muhammad Sahar (SG)

Incident ID: CLS-20210528-760

Please **do not** reply as this is a system generated message.

SKETCH PLAN



A-FBK6180S

B-YM64302

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached

DECLARATION

We declare the foregoing particulars are true in every respect:



Policyholder's Signature _____
Date & Time: _____

Driver's Signature _____
(If driver is not the policyholder)

Date & Time: 14/3/2

1226 HRS

COMFORTDELGRO ENGINEERING PTE LTD

320 UOI HOAD 3

SINGAPORE 408649

Reporting Centre Personnel's Signature _____

Naam:

2183C23104 No.



MS First Capital Insurance Limited Co Reg No: 19500106C GST Reg No: M2-0901676-9
5 Raffles Quay #21-00 Singapore 048580
Tel: (65) 6222 2311 Fax: (65) 6222 3547
Claims & Motor underwriting Dept: 36 Robinson Road #16-01 City House Singapore 058877
Tel: (65) 6507 3848 Fax: (65) 6507 3849
www.msfirstcapital.com.sg

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1956 (Malaysia)

Type of Policy: : MOTOR CYCLE INSURANCE - FLEET
Type of Cover: : Comprehensive
Certificate No: : D-21067293MFCE/111
Vehicle No / Chassis No : FBK8180S / JH2NC4795EK000326
Name of Insured : CERTIS CISCO AUXILIARY POLICE FORCE 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 MANUFACTURER/DEALER WORKSHOP) - CD
- SGD1,500.00 FOR RISK 1 TO 114
- SGD1,700.00 FOR RISK 115 TO 125
MANUFACTURER/DEALER WORKSHOP - CD
- SGD1,500.00 FOR RISK 1 TO 114
- SGD1,700.00 FOR RISK 115 TO 125

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

A Member of  INSURANCE GROUP









**SINGAPORE
POLICE FORCE**



T/20210601/7006

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No 65470000

2 of 3

Report No. T/20210601/7006

CONTINUATION OF REPORT

Rider			
Name	LEOW FONG YING	ID No.	S9320987G
Related Vehicle	FBK6180S (Motorcycle)	Contact No.	97908071
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2A,3 Date of Expiry: NIL
Date	28/05/2021	Date	29/05/2021
No. of Days granted Medical Leave	15	Degree of	Serious

Brief Details

I was doing an escort of Malaysia cargo lorry along PIE towards Tuas, and accident happened at accelerating lane on the filter lane of exit 30 or 31.
I was escorting behind the cargo truck about 2-3 cars length, and the truck suddenly changed lane as there was a small Singapore truck slowing down and going to stop at the filter lane due to punctured front tyre. But I did not have enough time to stop or avoid, so I swerved to avoid, roughly less than 50-60 km/hr but unfortunately hit head on, first contact on my right handlebar. The point of contact should be the left back of the small truck. And I flung towards the side of the road shoulder, landed on the soil.



**SINGAPORE
POLICE FORCE**



T/20210601/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210601/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2021 14:18	Vide Report No. D/20210528/0081	Station Diary No.
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Informant's Particulars

Name of Informant: LEOW FONG YING		Address: 426 PASIR RIS DRIVE 6 #09-55 SINGAPORE 510426	
ID Type / ID No.: NRIC NO / S9320987G		Contact No. Home/Office: Mobile: 97908071	
Nationality: SINGAPORE CITIZEN		Email: JORDAN.LEOWFONGYING@GMAIL.COM	
Sex: Male	Age: 27	Date of Birth: 10/06/1993	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Auxiliary police officer		Driving Licence Information: Class: 2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive No	Date/Time of Accident: 28/05/2021 14:15	Type of Location: Highway
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBK6180S	Motorcycle					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210601/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No: T/20210601/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report
Not applicable

Signature Of Interpreter
Not applicable

Officer In Charge Of Case
TP / TP1B /
YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp
NP168

Signature Of Informant

The identity of the person making this report has
been authenticated by Singpass. No signature is
required

Date/Time
01/06/2021 14:18

Classification Of Case:



ComfortDelGro Engineering

320 UBI ROAD 3 SINGAPORE 408649

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : _____

Vehicle No. : **FBK6180S**Make & Model : **HONDA CB400X**

Year of Manufacture : _____

Chassis No. : _____

Engine No. : _____

Policy No. : **D-21097290MFCE/111**Time of Accident : **14.15**Ins Company : **FIRST CAPITAL**

Excess : _____

Date of Accident : **28/05/21**

Suggested Days of Repair : _____

In-house Vehicle Assessor

Case Owner : _____

Signature : _____

Contact No : _____

Repair Estimates**Parts** (a) Cost / List Price Items **\$9,865.00**Plus/Less _____ **\$-**Total of Cost / List **\$9,865.00**(b) Nett Price Items **\$-**

Less _____

Total of Nett Item _____

(c) Special Nett Items **\$-****Total Parts Cost (Appendix A) \$9,865.00****Labour (Appendix B) \$1,200.00****Total Repair Cost \$11,065.00***The above total will be subjected to 7% G.S.T.*

Name of Surveyor : _____

Company : _____

Survey conducted on : _____ at _____

Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : _____ day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : _____ Date: _____

Spark Car Care

ComfortDelGro Engineering Pte Ltd
320 UBI ROAD 3 SINGAPORE 408649
TEL :68438723/68438736 Fax:67436072

Spare Parts

Vehicle No : FBK6180S Case Owner : 0

Make & Model : HONDA CB400X Year Manufacture : 0

Chassis No : 0 Engine No : 0

Sales Order : _____ Supplier : _____

Order By : _____ Type of Claim : 0

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	Rear Seat Cowling / MIS	1		\$450.00			
2	Rear Side Box Rack / BR	1		\$280.00			
3	Rear Body Frame X R	1		\$3,500.00			
4	Rear L/H Pillion Footrest Bracket / BR	1		\$95.00			
5	Rear R/H Pillion Footrest Bracket / BR	1		\$95.00			
6	Rear Blinker Light / BR	1		\$450.00			
7	Rear Blinker Pole / BT	1		\$390.00			
8	Rear Box Rack / BT	1		\$285.00			
9	Rear Number Plate / BT	1		\$35.00			
10	Chain Adjuster / BT	1		\$45.00			
11	Brake Lever / CM	1		\$45.00			
12	Front Master Pump Cylinder X nn	1		\$280.00			
13	Siren / BR	1		\$950.00			
14	Right Side Cover / BR	1		\$90.00			
15	Front Headlight Lower Cover / CUT	1		\$120.00			
16	Fairing Decal (STICK) / nlc	1		\$300.00			
17	Handle Bar / BT	1		\$180.00			
18	Handle Barend / BT	2		\$50.00			
19	Rear Crashbar Set / BT	1		\$580.00			
20	Brake Pedal / BT	1		\$180.00			
21	Exhaust Protector / CM	1		\$75.00			
22	Exhaust Muffler / BT	1		\$780.00			
23	Side Box Set / BR	1		\$360.00			
24	Customize Decals (BOX STICK) / nlc	1		\$250.00			
25							
26							
27							
28							
29							
30							

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

Spark Car Care

ComfortDelGro Engineering Pte Ltd
320 UBI ROAD 3 SINGAPORE 408649
TEL :68438723/68438736 Fax:67436072

Spare Parts

Vehicle No : FBK6180S Case Owner : 0

Make & Model : HONDA CB400X Year Manufacture : 0

Chassis No : 0 Engine No : 0

Sales Order : 0 Supplier : 0

Order By : 0 Type of Claim : 0

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
31							
32							
33							
34							
35							
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59							

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

Tel: 68438723/68438736 FAX : 67436072

Vehicle No. :	<u>FBK6180S</u>	Case Owner :	<u>0</u>
Make & Model :	<u>HONDA CB400X</u>	Year of Manufacture :	<u>0</u>

LKK Auto hence notify
the following:

- To respray painting
- To do repair work during recovery
- To get to confirmation
- To be on a "Without Prejudice" basis
- That repair work is allowed
- No repair work must be resurveyed and
- Get approval from Insurance Company

Is so

Acknowledge, Repairer

Signature

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.