

NATIONAL Assessment Centre Services:

(wef 1 Jan'08)

SN092269000C

Date in: 09/06/2022 15:59	Job description	Date & Time Completed	Done by
Ref No: N/A/FC22505502/7	SAS e-filing		
Veh No: F3H 1006L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 08/06/2022 14:30	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: STD 6310A	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	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

NA2201600	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
C. Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2008)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	09/06/2022 15:59 (SGT)
Date of Accident	08/06/2022 14:30 (SGT)
Exact Location of Accident	Boon Lay Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH1006L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CERTIS CISCO SECURE LOGISTICS PTE. LTD.
Company Reg No	2XXXXX933W
Email Address	leongsen@singnet.com.sg
Mobile Phone No	(Phone) +65-89499736
Alternative Phone No	+65-89499736

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	125

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-22099104MFCE/1
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD ASYRAF BIN MOHAMED YASID
NRIC No	SXXXX053J

Date Of Birth	10/12/1997
Occupation	Outdoor
Date Of Driving Pass	26/02/2019
Driving experience	3 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89499736
Alt. Phone Number	-
Email Address	leongsen@singnet.com.sg
Address	BLK 626 WOODLANDS AVENUE 6 #04-876
Address complement	-
Postcode	730626
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 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	SHD6310A
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	QUAH GHIM BEN
NRIC No	SXXXX145C
Contact Number	(Phone) +65-84223138
Address	-



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

SKETCH PLAN

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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 firms/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.

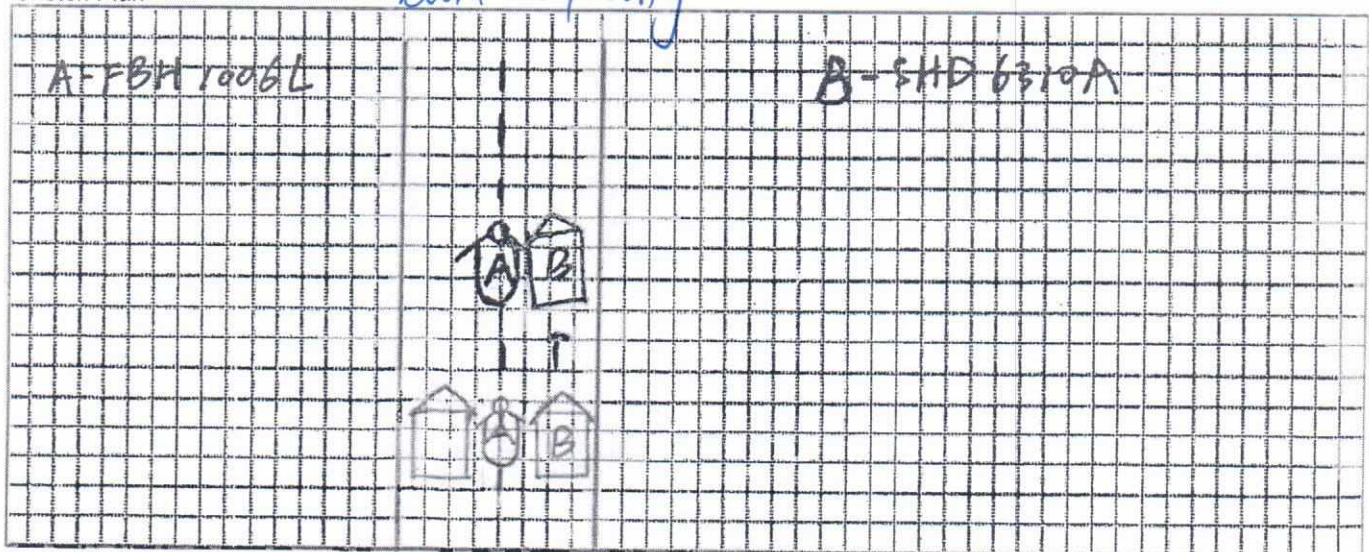


Policyholder's Signature / Date / Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

I was Lane-splitting, suddenly two cars between me
to came too near to me, I tried to avoid getting sandwiched
but my hand hit the left ~~side~~ side mirror.

Declaration

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



Policyholder's Signature / Date & Time

mt 9 June 1146 am

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

[Signature] 09/06/2022

Witnessed by Reporting Centre Personnel

Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.4

89499736

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name and Staff ID: MUHAMMAD ASYRAF
NRIC/ FIN/ Passport: S97440535
Date of Birth: 10 December 1997

Contact number: 89499736
Driving Pass Date: 20 FEB 2019
Start Shift Time: 8:00am
(On the day of accident)

b) Vehicle Details - Certis

Vehicle Number: FBH 1006L
Vehicle brand: Yamaha
Vehicle Model: YBR

Vehicle Category: Commercial / Motorcycle / Car

Number of passengers (Include driver): 1

c) Accident Details

Date: 14-30 June 2022
Time: 14:30 p.m.
Location: Bukit Lay Way 1430

Type of Collision: (Please Circle)
Rear-End / Side-Impact / Sideswipe
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? No / Yes

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>S4D6310A</u>				
Vehicle brand:	<u>Toyota</u>				
Vehicle Model:	<u>taxi</u>				
Name:	<u>a. Quan Ghim Ben</u>				
NRIC/ FIN/ Passport:	<u>S7009145C</u>				
Contact Number:	<u>84223136</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: Mk
Date: 14 June 2022
Time: 11:30

Supervisor Signature: _____
Date: _____
Time: _____

Section 2: FOR FMU STAFF ONLY

a) Insurance Information

Claim purposes:	Own Damage / 3rd Party / Reporting Only	Is Driver employee of Company?:	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Insurance Company:	See Attached	Is driver the owner of the vehicle?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
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: 50px; height: 20px;"></div>
Accident Type:	Minor / Major	Demerit points allocated:	<div style="border: 1px solid black; width: 50px; 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-22099104MFCE/1
Vehicle No / Chassis No : FBH1006L / LBPKE1785D0016569
Name of Insured : CERTIS CISCO SECURE LOGISTICS PTE LTD
Period Of Insurance : 01.04.2022 To 31.03.2023
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : N.A

Excess :

AUTHORISED/ANY WORKSHOP (EXCLUDING MANUFACTURE/DEALER WORKSHOP) - OD
- SGD1,500.00
MANUFACTURER/DEALER WORKSHOP - OD
- SGD1,500.00
ALL EXCESS AMOUNTS ARE SUBJECT TO GST

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)

STELLAL/B0029/MY100

Issued at Singapore on 25.03.2022



Authorised Signature