

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 Actual 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	29/07/2022 15:11 (SGT)
Reported by	Driver
Date of Accident	28/07/2022 13:55 (SGT)
Exact Location of Accident	Collyer Quay, Singapore
Additional Location Information	BEFORE MARINA BOULEVARD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH4130R
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) +65-84181169
Alternative Phone No	-

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	135

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099104MFCE/32

DRIVER

Name of Driver	KHAIRUL AZHAR BIN ALI
NRIC No	SXXXX760Z
Date Of Birth	01/09/1991
Occupation	Outdoor

Date Of Driving Pass	14/10/2010
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84181169
Alt. Phone Number	-
Email Address	leongsen@singnet.com.sg
Address	BLK 637A PUNGGOL DRIVE #03-421
Address complement	-
Postcode	821637
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN1493L
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) -


On 28/7/2022 at about 1.55pm-2.00pm I was riding and lane splitting at Collyer Quay before marina bvd junction as the traffic light was red. while i was lane splitting halfway the traffic light turn green. There was a black toyota car suddenly wanted to turn left ^{without signal} into One marina bvd the car hit my exhaust pipe behind as ~~my bike~~ half of my bike has pass his car infront.

Declaration

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



Policyholder's Signature / Date & Time

 29/7/2022
11:39 am

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

 29/07/2022
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: KHAIRUL AHAIR 98121
 NRIC/ FIN/ Passport: S 9130760 2
 Date of Birth: 1/9/1991

Contact number: 84181169
 Driving Pass Date: 14 Oct 2010
 Start Shift Time: 8 am
 (On the day of accident)

b) Vehicle Details - Certis

Vehicle Number: EBH 4130 R
 Vehicle brand: YAMAHA
 Vehicle Model: YBR

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

c) Accident Details

Date: 28/7/2022
 Time: 1.55 pm - 2.00 pm
 Location: Collyer Quay before Marina Blvd Junction
 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? _____
 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>SJN 1493 L</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] Supervisor Signature: _____
 Date: 28/7/2022 Date: _____
 Time: 1139 am Time: _____

BIK 637A PUNGGAL DRIVE #03-421
 (821637)

Section 2: FOR FMU STAFF ONLY

a) Insurance Information

Claim purposes:	Own Damage	<input checked="" type="checkbox"/> 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:	<input checked="" type="checkbox"/> Comprehensive	<input type="checkbox"/> 3rd Party/ Fire & Theft			

b) Certis Demerit Point Recommendation

At-Fault Accident?	No / Yes	BOLA Reference Number:	<div></div>
Accident Type:	Minor / Major	Demerit points allocated:	<div></div>
Driver Acknowledgement:	<div></div>	Head of FMS Acknowledgement:	<div></div>
Date and Time:	<div></div>	Date and Time:	<div></div>

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/32
Vehicle No / Chassis No : FBH4130R / LBPKE1780D0027611
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