

NATIONAL Assessment Centre Services: (part 1 of 2) **51062970007**

Ref: **07/09/2022 17:54** Job description: **SAS e-filing** Date & Time Completed: Done by:

File No: **XBA/FC222088194** E-mail (withto this, ATW other)

In No: **EBH 1138P** I-Motor Claim Form

O.A: **31/08/2022 18:30** I-Motor W/O (withto: 0D, 2hrs, TP 4hrs)

D TP / Reporting Only I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner / Wksd

Preferred Wksp / INC Assgn Wksp / QW: ()

Particulars: Yeh No: **51062970007** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Est. Status (WO): NI 0-20%; P: 21-79%; P: 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	Checked by	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check/ Post Repair Inspection			
3) Upload Resurvey Photo [Repair Cost > \$3000]			

Injury: _____

NA202432

Item	Description	Amount
1) AR1 Accident Reporting	(\$30)	
2) DA1 Damage Assessment	(\$100) INC (\$30)	
3) TFI Towing Fee	\$120/\$43	
4) FT1 Follow-Through Survey	\$120	
5) PT1 Follow-Through Survey (Resurvey)	\$30	
For claimant against INC Only (over 10 Jan 2005)		
6) TR1 Re-inspection	\$75	
7) NI1 (also DA + SMRT Survey)	\$160	
8) NT/IC Additional Services		
DN:		
*N3: Courtesy Car / Tpl Allowance		\$3
*N6: Repair Coordination		\$15
*N7: Post Repair Inspection		\$15
*N8: DV / Collusion Excess Coordination		\$5
TP (NI1) TP (Inc/INC) against INC		\$30
9) NI2: Line Mobile		\$0
Invoice dated		Not Charged
Invoice dated		Not Charged

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

C. Checked by (Engr-In-Charge): _____

Signature: _____

Date: _____

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	07/09/2022 17:52 (SGT)
Reported by	Driver
Date of Accident	31/08/2022 18:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(BEFORE CTE EXIT TOWARDS TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH1138P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CERTIS CISCO SECURE LOGISTICS PTE. LTD.
Company Reg No	XXXXXX933W
Email Address	leongsen@singnet.com.sg
Mobile Phone No	(Phone) +65-90211905
Alternative Phone No	-

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?	Yes
Vehicle Category	Motorcycle
Transmission	Manual
CC	124

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099104MFCE/17

DRIVER

Name of Driver	MUHAMMAD HAFIZ BIN AU BAKAR
NRIC No	SXXXX641E
Date Of Birth	30/10/1995
Occupation	Outdoor

Date Of Driving Pass	31/05/2018
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90211905
Alt. Phone Number	-
Email Address	leongsen@singnet.com.sg
Address	BLK 891A WOODLANDS DRIVE 50 #04-199
Address complement	-
Postcode	730891
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
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?	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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20220901/7013

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	SMW2103Z
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD HAFIZ BIN AU BAKAR
Gender	Male
Phone No	(Phone) +65-90211905
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBH1138P
Were seat belts worn?	-
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 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' 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.



hr 06/09/2022
16.15hrs

[Signature] 07/09/2022

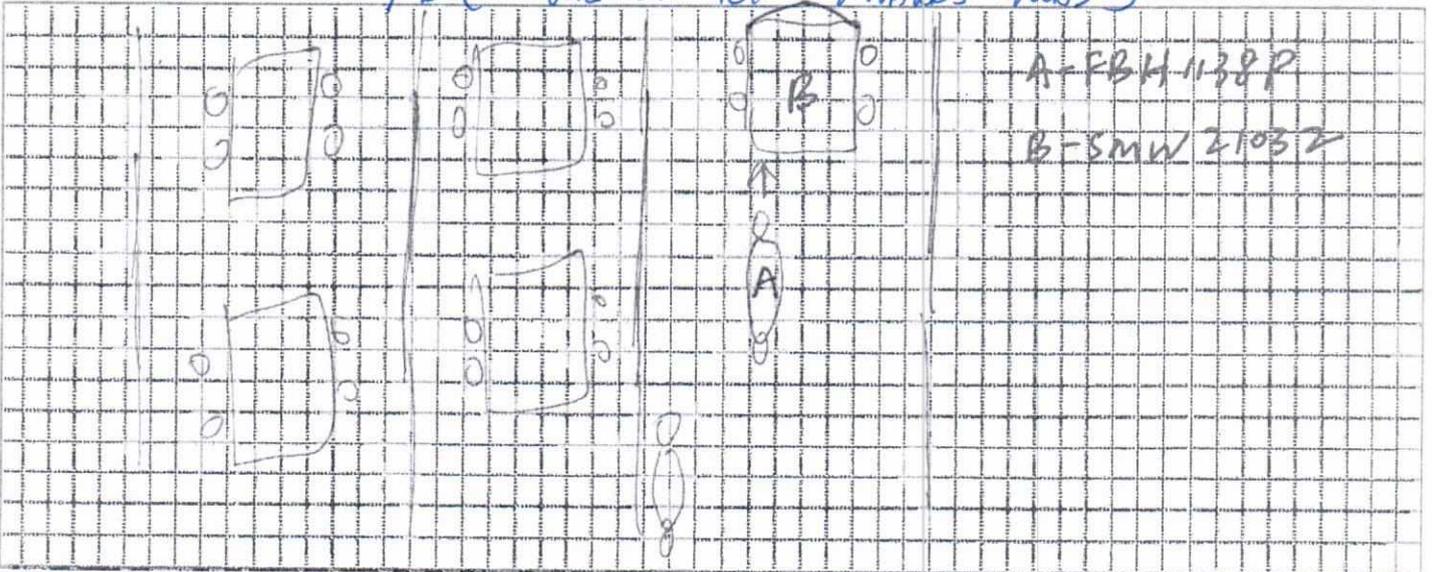
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE (BEFORE CRK EXIT TOWARDS JMS)



Describe Circumstance of the Accident

I was at lane 2 on Pie (Twas). A car had just switched lanes from lane 1 to 2 in front of me. So I switched to lane 1. After the lane switch, I saw slow moving vehicles in front of me so I wanted to switch lanes again. I checked to my left to see if there are vehicles and saw another motorcyclist which meant it was not safe to switch lanes. By the time, I turned my head forward, I was just a few metres away from SMW 2103Z. I tried to emergency brake but still rear ended the car. I fell off and was conveyed to the hospital shortly after.

Police Report T/20220901/7013

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 06/09/2022
16:25

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

[Signature] 07/09/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220901/7013

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

1 of 3

Report No. T/20220901/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2022 10:14	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MUHAMMAD HAFIZ BIN ABU BAKAR		Address: 891A WOODLANDS DRIVE 50 #04-199 SINGAPORE 730891	
ID Type / ID No.: NRIC NO / S9538641E		Contact No.: Home/Office:	Mobile: 90211905
Nationality: SINGAPORE CITIZEN		Email: muhammadhafiz.ab95@gmail.com	
Sex: Male	Age: 26	Date of Birth: 30/10/1995	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 2B,2A	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/08/2022 18:30	Type of Location: On PIE(Tuas) before CTE Exit
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBH1138P	Motorcycle					0
SMW2103Z	Car	TOYOTA	NOAH HYBRID 7- SEATER 1.8X CVT	Black		0



**SINGAPORE
POLICE FORCE**



T/20220901/7013

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

2 of 3
Report No. T/20220901/7013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HAFIZ BIN ABU BAKAR	ID No.	S9538641E
Related Vehicle	FBH1138P (Motorcycle)	Contact No.	90211905
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A Date of Expiry: NIL
Date	31/08/2022	Date	31/08/2022
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

I had just entered PIE(Tuas). Traffic was heavy. Before the accident I was in lane 2, a car had just switched lanes from 1 to 2 in front of me so I decided to switch lanes to lane 1. Ahead of me I saw vehicles moving slowly. I decided to lane split to avoid collision but as I turned to check my blindspot, I saw another motorcyclist so I decided to not lane split. As I turned my head forward, I then realized that the car in front of me had come to either a complete stop or moving extremely slow. I tried to apply my brakes but still rear ended the car. I fell off and was conveyed to the hospital after with minor injuries.



**SINGAPORE
POLICE FORCE**



T/20220901/7013

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

3 of 3

Report No. T/20220901/7013

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 / TPIB / ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 01/09/2022 10:14
Classification Of Case:

Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.4

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name and Staff ID: Muhammad Hale 127566
 NRIC/ FIN/ Passport: S9538641E
 Date of Birth: 30/10/1995

Contact number: 90211903
 Driving Pass Date: 31/05/2018
 Start Shift Time: 8am
(On the day of accident)

b) Vehicle Details - Certis

Vehicle Number: F8H1138P
 Vehicle brand: YAMAHA
 Vehicle Model: YBR125

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

c) Accident Details

Date: 31/08/2022 ~~18-15-18-45~~
 Time: 18.15 - 18.45
 Location: PIE (before CTE exit towards Tans)
 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? Online report
 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>SMW 2103Z</u>				
Vehicle brand:	<u>Toyota</u>				
Vehicle Model:	<u>Noah Hybrid 7seater</u>				
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: 06/09/2022 Date: _____
 Time: 16.15 Time: _____

Section 2: FOR FMU STAFF ONLY

a) Insurance Information

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

b) Certis Demerit Point Recommendation

At-Fault Accident?	<input type="checkbox"/> No / <input type="checkbox"/> Yes	BOLA Reference Number:	<input type="text"/>
Accident Type:	<input type="checkbox"/> Minor / <input type="checkbox"/> Major	Demerit points allocated:	<input type="text"/>
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/17
Vehicle No / Chassis No : FBH1138P / LBPKE1787D0016623
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)

STELLAL/B0029/MY100

Issued at Singapore on 25.03.2022

MS First Capital Insurance Limited
(Approved Insurers)

Authorised Signature