NATIONAL Assessment Cu	ntre Services	1 1 320061 MNA 18000436		
Date In: 19/1/18 - 11:06	Jeb description	Date &Time Comp	deted Done	by
Rei No: NA/FCI 1800 1174 124	SAS e-filing			
Veh No: GBE1317X	E-mail (within \$h	rs, AIC 2hrs)		
D.O.A : 4/18-11:20	i-Motor Claim	Form		
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD TP ' Reporting Only	i-Photo Upload			334 S
	Assessment/Surr			HIT - 3.541
TP Insurer:		Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:		Tel:	Fax:	
TP Particulars: Veh No: 3		INC()/Non-INC()	
Owner / Driver: (44 46 111	Tel:)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date: Time:)	
	6) (Note-Est Status (Wi	O): N: 0-20%; P: 21-79%. I	7: SO-100%]	
Year of Registration: ()) Warranty: YES (
Excess: (\$) Loading:)		
General Remarks:-			\$30 C. F. 10 F.	
Remarks:- (INC horline: 6788 6610 1) Apply for Transport Allowance (Date&Time Compl	erad Done	Ly
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost:	>\$3000] ()	N N		
Injury:		12		
				- P/
Date/Time Actions			<u> </u>	
	1			
14 Y 0081AN		Invoice Preparation Checklist	Ant (S)	Amt (\$)
		1) AR: Accident Reporting (\$30);	17-1511	
laimant's Particulars:-		2) DA : Damage Assessment (\$100); 3) TF : Towing Fee	INC (\$80) \$40/\$45	
river/Owner:		4) FT : Follow-Through Survey	\$120	
ontact No:		5) FT : Follow-Through Survey (Resurve) For claiming assinst INC Only (wef 10	Jan 2005)	
amaged Portion:		5) TR: Re-inspection	\$75 \$160	
		7) N1 : Idae DA + SMRT Survey 8) NTUC Additional Services -	3.00	
C Checked by (Engr-In-Charge):		OD.	\$5	
Cong. In Courses,	The second second	*NS: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination	510	
uditors' Comments :-		*N7: Fost Repair Inspection *N8: DV / Collect Excess Coordination	\$25 \$5	
L.1:	CANADA CARA CARA CARA CARA CARA CARA CARA C	TP (N11) : TP (Non INC) against INC	\$20	-
MINISTER CONTRACTOR OF THE CON		9) N12: Idao Mobile Invoice dated - Fee:	30 Charged	山南河
1. 2/3;			Charged 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

- Any false reporting may be referred to the Police for investigation.
 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

10 00 10 00 00 00 10 00 00 00 00 00 00 0	ACCIDENT STATEMENT
Date Of Report	19/01/2018 11:06
Date Of Accident	04/01/2018 15:20
Exact Location Of Accident	JUNC JURONG WEST AVE 1 BEFORE COORPORATION RD
Country/State of Loss	SINGAPORE
The second of th	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE1217K
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Co Reg No	198400681M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	KIA
Model	K2500 6M/T
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-17087631MFCV/61
Cover Note Number	
Driver	
Name of Driver	ALAM MAHBUB
Passport No/FIN	G8376616L
Date Of Birth	01/01/1985
Occupation	OUTDOOR

Occupation OUTDOOR 29/03/2016 Date Of Driving Pass

1 YEAR AND 9 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-84891747 Mobile Number

Fax Number

Contact Number OFFICE-84891747

NOEMAIL EMail Address

21 JALAN MASJID Address

418946 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

YES

NO

If Yes, Please state which Police Station

JURONG WEST NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-2689999 - FAX NO: 62672438 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180104/2097.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHA4622D Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Authorised Driver
- 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.
- 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.
- 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.
- 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 :
 - 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:
 - 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.

OF SHOOT

Policyholder's Signature Date & Time: Air

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Person

Name.

NRIC/FIN No.:

DECLARATION

I/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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.





1 of 3

Report No. T/20180104/2097

Type of Location:

Straight Road

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

General Information of the Accident

Type of

Injury

Conveyed By Ambulance

REPORT C	F A TRAFFIC	ACCIDENT	1		
Date/Time Report Made: 04/01/2018 16:42		fade:	Vide Report No.:	Station Diary No. 124	
Informa	nt's Partice	ulars			
Name of Informant: ALAM MAHBUB			Address: C/O APT BLK 505 ANG MO KIO AVENUE 8 THONG NAN RENOVATION SINGAPORE 560505		
ID Type / ID No.: FIN NO / G8376616L		SL	Contact No.: Home/Office: 96180828	Mobile: 84891747	
National BANGLA		- P.	Email:		
Sex: Male	Age:	Date of Birth: 01/01/1985	Type of Informant: Driver		
Race:			Language: English	Institution / School Name:	
Occupat	ion:	NORKER	Driving Licence Information	: Date of Expiry:	

Accident:	Conveyed By Ambulance	No No	04/01/2018 15:20	Straight Noad
Location: Along Road 1 JURONG WES	ST AVENUE 1			*
Weather: Clear	Ros Dry	ad Surface:		oad Speed Limit:
Traffic Flow: Two Way		ffic Control: ffic Light - Wo	Marie Committee	raffic Volume: oderate
Type of Collision	on: ng Vehicles - Head To Rear	* *8	ar	nyone conveyed by mbulance: es

Drink

Drive:

Date/Time of

Accident:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBE1217K	Lorry	KIA	51	Black	Slightly Damaged	0
SHA4622D	TAXI	HYUNDAI	SONATA	Blue	Slightly Damaged	1

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





Report No. T/20180104/2097

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999 CONTINUÂTION OF REPORT

Driver						
Name	ALAM MAHBUB		ID No.		G8376616L	
Related Vehicle	GBE1217K (Lorry)		Contact No.		96180828	
Hospital/Clinic	NIL		W	Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Dis		Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Name	Unknown	4 12		ID No		NIL
Related Vehicle	SHA4622D (TAXI)	-		Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	N1L		Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 04/01/2018 at about 3.20pm, I was driving with my lorry (GBE1217K) along Jurong West Avenue 1 behind a taxi (SHA4622D). There was not a lot of vehicle at that point of time. Suddenly, the taxi in-front of me brake abruptly without signaling its intention to turn right into cluster of Block 531 Jurong West Street 52. Due to the sudden brake, I was not able to stop my lorry on time and collided into the back of the taxi. After which, I went out and make a check. Due to the collision, my front lorry was dented and I observed that the back of the taxi was also dented. The taxi driver then called for an ambulance who then took away a passenger to a hospital. There was also a Police at scene. I was not able to get the taxi driver name and contact number.

The police officer advised me to lodge a Police Report under IO Sofian, Tel: 65476367





Report No. T/20180104/2097

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

CONTINUATION OF REPORT Tel No: 1800-2689999

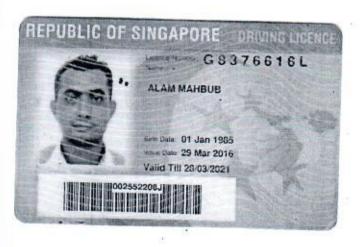
Sketch Plan

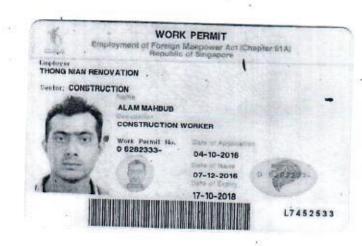
NP168

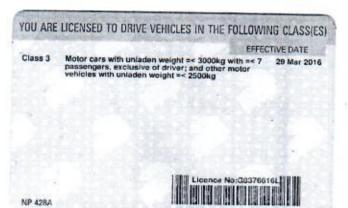
Informant is not able to provide sketch plan

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: J / Sgt 3 NURUL SYIFA BINTE MOHAMED JALIL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2018 16:42
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476367	Classification Of Case:









A FAIRFAX Company

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.

: COMMERCIAL VEHICLE - FLEET

Type of Cover.

: Comprehensive

Certificate No.

: D-17087631MFCV/61

Vehicle No / Chassis No

: GBE1217K / KNCSJX76LG7986205

Name of Insured

SIANG HOCK HOLDING PTE LTD

Period Of Insurance

: 01.04.2017 To 31.03.2018

Insured Estimated Value

: Market Value At Time Of Loss

Financial Institution

: MV CREDIT PTE LTD

EXCESS: AS INDICATED BELOW

Authorised Driver ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Insured's business:-

- (a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.
- (2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-
- (a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess: S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)

S\$4,000.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess: S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)

S\$8,000.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$2,000.00 on Section I & II separately (for Staff)

* 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*

Use in connection with the Insured's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

Use for social, domestic and pleasure purposes.

The Policy does not cover:-

(1) Use for racing, pace-making, reliability trial or speed-testing.

- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.
- * 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)

> First Capital Insurance Limited (Approved Insurers)

SUSAN/A0151/MZ301A1

Issued at Singapore on 05.04.2017

Authorised Signature