

NATIONAL Assessment Centre Services

Date In: 22/02/2018 17:05	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18003420/14	SAS e-filing		
Veh No: GX8329R	E-mail (within 8hrs, AIC 2hrs)		
DOA: 20/02/2018 20:55	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 Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: JSP 764	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

NA1801167	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
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			
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR: Re-inspection \$75			
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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 (N'n INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee 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 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.
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 Report	22/02/2018 17:05
Date Of Accident	20/02/2018 20:55
Exact Location Of Accident	UPPER CHANGI ROAD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX8329R
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	200806860W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85411859
Alternative Phone No	OFFICE-85411859

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE SDR
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	7VCT1737500
Cover Note Number	

Driver

Name of Driver	RAHMAN MD ANISUR
Passport No/FIN	G6769108W
Date Of Birth	15/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85411859
Fax Number	
Contact Number	OTHERS-85411859
Email Address	NOEMAIL

Address C/O FONDA GLOBAL ENGINEERING PTE LTD SINGAPORE
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 3
 Passenger 1 NAME: : NIL
 GENDER: : MALE
 Passenger 2 NAME: : NIL
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT :T/20180221/2177

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JSP764
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver LEO GUO HAO
 NRIC/Passport Number G2858604W

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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.



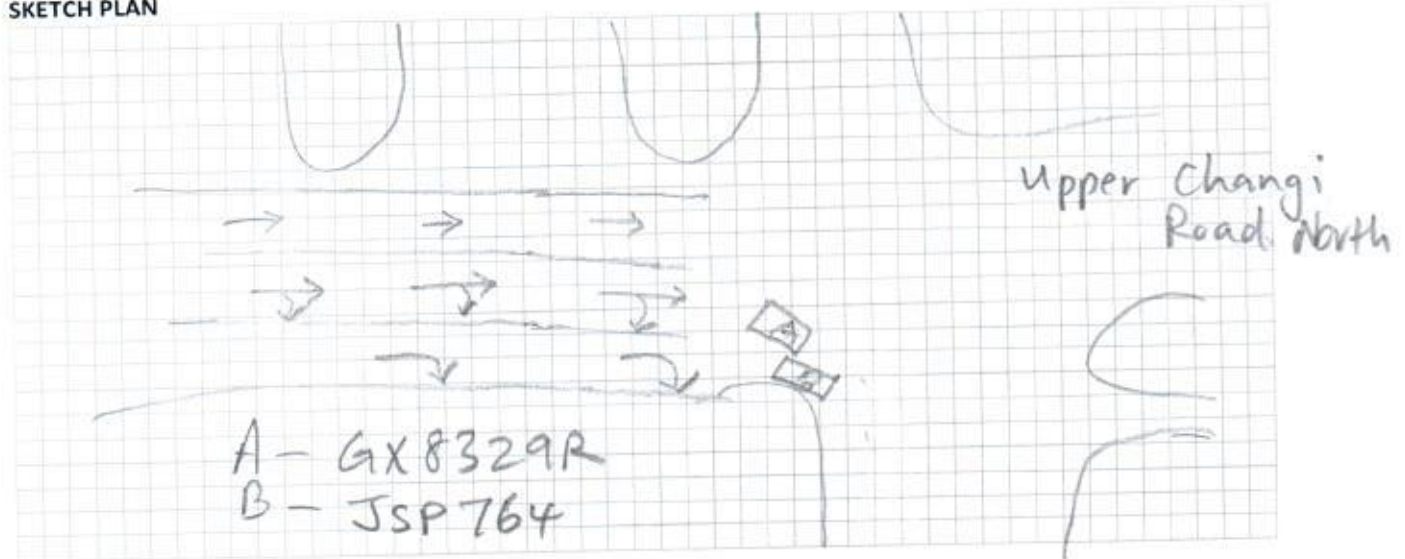
Policyholder's Signature
Date & Time:

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

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

22/2/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180221/2177

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.:



SINGAPORE POLICE FORCE



T/20180221/2177

1 of 3

Report No. T/20180221/2177

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
21/02/2018 20:53

Vide Report No.:
G/20180220/0208

Station Diary No.:
155

Informant's Particulars

Name of Informant:
RAHMAN MD ANISUR

Address:
C/O FONDA GLOBAL ENGINEERING PTE LTD SINGAPORE

ID Type / ID No.:
FIN NO / G6769108W

Contact No.:
Home/Office: Mobile: 85411859

Nationality:
BANGLADESHI

Email:

Sex: Age: Date of Birth:
Male 27 15/11/1990

Type of Informant:
Driver

Race:
Indian

Language: Institution / School Name:

Occupation:
CONSTRUCTION WORKER

Driving Licence Information:
Class: 3 Date of Expiry:

General Information of the Accident

Type of
Accident:

Non-Injury
Conveyed By Ambulance

Drink
Drive:
No

Date/Time of
Accident:
20/02/2018 20:55

Type of Location:
T-Junction

Location:
Along Road 1
UPPER CHANGI ROAD NORTH

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:
Light

Type of Collision:
Between Moving Vehicles - Side Swipe - Same Direction

Anyone conveyed by
ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX8329R	Van				Slightly Damaged	3
JSP764	Bicycle				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20180221/2177

2 of 3

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Report No. T/20180221/2177

CONTINUATION OF REPORT

Driver		ID No.	
Name	RAHMAN MD ANISUR	G6769108W	
Related Vehicle		Contact No.	
GX8329R (Van)		85411859	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
NIL		Class: 3 Date of Expiry: NIL	
Date Treatment		Date Discharge	
NIL		NIL	
No. of Days granted Medical Leave		Degree of Injury	
NIL		NIL	
Rider		ID No.	
Name	LEO GUO HAO	G2858604W	
Related Vehicle		Contact No.	
JSP764 (Bicycle)		NIL	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
NIL		Class: NIL Date of Expiry: NIL	
Date Treatment		Date Discharge	
NIL		NIL	
No. of Days granted Medical Leave		Degree of Injury	
NIL		NIL	

Brief Details.

On 20/02/2018 at about 2100hrs, I was driving my company van V1) GX8329E along Upper Changi Road North towards Loyang Way on middle of 3 lane roads.

I was travelling on the same road on middle of a 3 lane road. While turning right towards Simei Avenue, I collided onto a motorbike V2) JSP764 that was proceeding straight. The rider of V2 informed that he wanted to go to Upper Changi North Road. No one was injured. The rider of V2 was conveyed by ambulance. Traffic police was at scene. V1 and V2 is slightly damaged. V1's front wheels and bumper and side cabin (above the tyre) is dented. V2 is damaged at the footrest area as well as the handbar area.



**SINGAPORE
POLICE FORCE**



T/20180221/2177

3 of 3

Report No. T/20180221/2177

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

CONTINUATION OF REPORT

Sketch Plan

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 2 ARVIN PILLAI S/O MANI RAJAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

21/02/2018 20:53

Classification Of Case:



TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CARD

REPORT NO.: 67080220/0208

Traffic Accident along UPP Changkat

involving vehicles: J80764 / Gx8329R

on 20/02/08 at about 2:00 pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic Police on
at about _____ am/pm to see the Investigation Officer to assist in the
investigation to the traffic accident.

2. Please bring along your :-

- a) Identity card/Passport/Work Permit
- b) Driving Licence/Vocational Licence
- c) Vehicle Insurance/Medical Certificate
- d) Any video footage
- e) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: TO Norfarizal
Contact: 65476202

Transaction ref 20130628151329765909

The owner and vehicle particulars for Vehicle No. GX8329R as at 28 Jun 2013 are as follows:

1. Name	: KST AUTO RENTAL PTE LTD
2. Identification No. Type	: Company
3. Identification No.	: 200806860W
4. Place Of Passport Issue	: -
5. Vehicle No.	: GX8329R
6. Previous Vehicle No	: -
7. Effective Date of Ownership	: 28 Jun 2013
8. Original Registration Date	: 30 Sep 2004
9. First Registration Date	: 30 Sep 2004
10. Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
11. Vehicle Scheme	: Normal
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: TOYOTA
16. Vehicle Model	: LITEACE SDR
17. Year of Manufacture	: 2004
18. Primary Colour	: Silver
19. Secondary Colour	: -
20. Passenger Capacity	: 1
21. Chassis/Trailer Chassis No.	: CR425010550 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: 3C4002165 / -
24. Engine Capacity(cc)/Power Rating(kw)	: 2184 / -
25. Unladen Weight(kg)	: 1280
26. Maximum Laden Weight(kg)	: 2230
27. Open Market Value	: \$18,689.00
28. PARF Eligibility	: No
29. PARF Eligibility Expiry Date	: -
30. Minimum PARF Benefit	: \$0.00
31. No. of Transfers	: 1
32. IU Label No.	: 1041916644
33. COE No.	: 2004080105000791E
34. COE Expiry Date	: 29 Sep 2014
35. COE Category	: C - Goods Vehicle & Bus
36. Quota Premium/Prevailing Quota Premium	: \$8,503.00 / -
37. Actual Quota Premium/PQP Paid	: \$8,503.00
38. Actual ARF Paid	: \$935.00
39. CO2 Emission(g/km)	: -
40. Actual CEVS Rebate Utilised	: -
41. CEVS Surcharge Paid	: -
42. Actual Green Vehicle Rebate Utilised	: -
43. Vehicle Lifespan Expiry Date	: 29 Sep 2024
44. Road Tax Amount	: -
45. Road Tax Start Date	: -
46. Road Tax End Date	: -
47. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category C.

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
FONDA GLOBAL ENGINEERING PTE. LTD.

Sector: **CONSTRUCTION**

Name
RAHMAN MD ANISUR


Occupation
CONSTRUCTION WORKER-CUM-DRIVER


Work Permit No.
0 63360309


Date of Application
16-06-2017

Date of Issue
25-07-2017

Date of Expiry
24-07-2018







L8176532

VISIT PASS
Immigration Regulations

Name
RAHMAN MD ANISUR

Date of Birth
15-11-1990

Sex
M

Nationality
BANGLADESHI

FIN
G6769108W

Date of Issue
25-07-2017

Date of Expiry
24-07-2018



MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G 6769108 W**

Name: **RAHMAN MD ANISUR**

Birth Date: **15 Nov 1990**

Issue Date: **12 May 2016**

Valid Till: **11/05/2021**





002566771D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE
12 May 2016

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

NP 428A



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 www.msig.com.sg

CERTIFICATE OF INSURANCE

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)

23-Aug-2017
 Third Party

A0633 - 001

Certificate No

: 7VCT1737500

1. Index Mark and Registration Number of Vehicle

: GX8329R

2. Chassis Number of Vehicle

: CR425010550

3. Name of Policyholder

: KST Auto Rental Pte Ltd

4. Effective date of the Commencement of Insurance for the purposes of the Act

: 30 SEP 2017 00:00 AM

5. Date of Expiry of Insurance

: 29 SEP 2018

6. Person or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's or their named Lessee's employ and is driving on their order or with their permission.

Named Lessee: AS PER LIST PROVIDED TO MSIG

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.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to Use*

Use in connection with the Policyholder's or the specified Lessees' business

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

Use for social domestic and pleasure purposes.

The Policy does not cover

(i) Use for hire or reward, leasing other than to specified Lessees or for racing pace-making reliability trial or speed testing

(ii) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

* 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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

For MSIG Insurance (Singapore) Pte. Ltd.



Not valid unless countersigned by Authorised Person

Approved Insurer

IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed, a

Statutory Declaration to that Effect must be made. Failure to comply with this obligation is an offence under the compulsory Insurance Legislation.

This Certificate must be returned if the insurance is suspended during its currency.

If you are involved in an accident, full details must be forwarded immediately to the Company

FORM MZ 400 (Commercial Vehicle)

(For the Issuance of Motor Certificate of Insurance only)