

# NATIONAL Assessment Center Services

MAUR8056364

Date: 30/04/2018 14:01  
 Tel No: N/A 401 1800 7871  
 Veli No: 686 9135K  
 O.O.A: 30/04/2018 11:30  
 OO / TP Reporting Only

Job description	Date & Time Completed	Done by
QAS calling		
Small (mobile shot, Alcatel)		
Motor Claim Form		
Motor W/O (initialised shot, W/O shot)		
Photo Uploaded		
Assessment/Survey Report		
Assessment Report by Rep/Hand to Owner/Wksp		

Preferred Wksp (INC Assign Wksp / OVI)

Tell

Fax

TP Particulars: Yell No: ED 23325

INC ( ) / Non-INC ( )

Owner / Driver (

Tell

Policy No (

Period (

Cover Type (

Confirmed by (

Date

Time

Insured/Driver Liability (

% (Note: Bil. Limit (WO): NI 0-20%, PI 21-79%, PI 80-100%)

Year of Registration (

Warranty: YES ( ) / NO ( )

Excess (

Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Work-in-Garage: Customer's information solely Confidential & solely NO later of repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-in ( ) / Towed-in ( ) / Invoice YES ( ) / NO ( ) / Towing Co (

Remarks: INC Box (No. 6788 6016)

Date & Time Completed

Done by

1) Apply for Transition Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury (

Date/Time (

MAUR802775

Invoice Preparation Checklist

Humanity Particulars

1) AR: Accidental Reporting (200)

2) DA: Damage Assessment (300) INC (20)

3) TP: Towing Fee 240/240

4) FT: Follow-Through Survey 230

5) PT: Follow-Through Survey (Recovery) 230

Excludes: Initial INC Only (Excl 10, 20, 30)

6) TR: Mileage Fee 210

7) NI: DA + SMRT Survey 210

8) NTUC Additional Survey (200)

9) OVI

10) NI: Courtesy Car / Tpl Allowance 210

11) NI: Repair Coordination 210

12) NI: Post Repair Inspection 220

13) NI: OVI / Collect Vehicle Coordination 210

14) NI: (NI) TP (NI) INC: Initial INC 230

15) NI: Initial Invoice 210

Invoice filed

Rep Charged

Invoice filed

Rep Charged

7/2

## 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	30/04/2018 14:02
Date Of Accident	30/04/2018 11:30
Exact Location Of Accident	SLIP RD AT JLN BUKIT MERAH TURN TO LOWER DELTA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9135K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PRIMUS CONSTRUCTION PTE LTD
Co Reg No	201409677W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83417909
Alternative Phone No	OFFICE-83417909
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110161611800
Cover Note Number	
<b>Driver</b>	
Name of Driver	RAHIM ABDUL
Passport No/FIN	F8068921R
Date Of Birth	08/08/1969
Occupation	OUTDOOR
Date Of Driving Pass	08/01/2010
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83417909
Fax Number	
Contact Number	OTHERS-83417909
Email Address	NOEMAIL



Address	39 BEDOK TERRACE
Postcode	469198
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON THE 30-04-2018 AT ABOUT 11:30 I WAS DRIVING MY LORRY GBE9135K ALONG JALAN BUKIT MERAH AND WANTED TO TURN LEFT ON THE SLIP ROAD TOWARDS LOWER DELTA ROAD. IN FRONT OF ME WAS CAR EU2332J AND I WAS LOOKING ON MY RIGHT BEFORE I EXIT TO LOWER DELTA SUDDENLY THE CAR STOP AND I COULD NOT STOP ON TIME AND HIT THE REAR OF THE CAR EU2332J. I ONLY TOOK THE CAR PICTURE AND DID NOT TAKE ANY PARTICULARS THAT ALL.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EU2332J
Vehicle Make/Model/Colour	HONDA JAZZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.
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. 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:

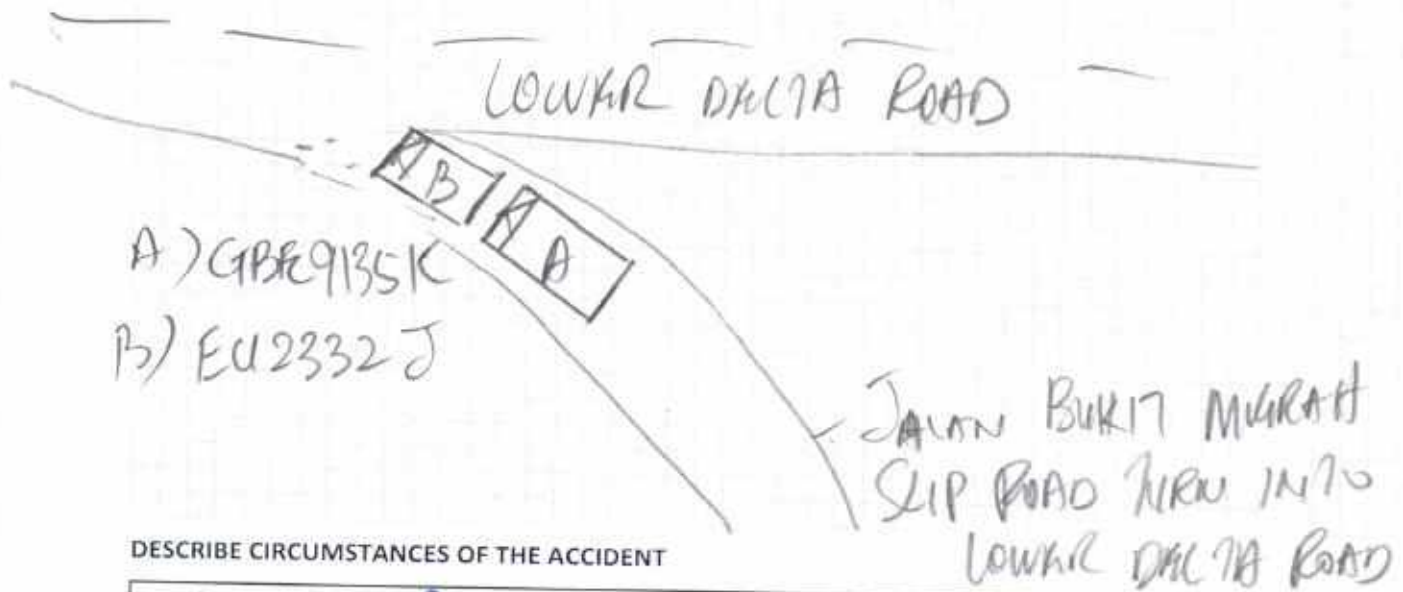
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

A.R.A. - 30.04.18

30/04/2018  
[Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

[A large rectangular area with horizontal lines, crossed out with a large blue 'X', indicating that the circumstances of the accident are detailed in the statement.]

DECLARATION

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

Policyholder's Signature  
Date & Time:

A. [Signature] 30.04.18  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

[Signature] 30/04/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 30/04/2018 (DD/MM/YYYY), TIME: 11:30 (HH:MM)

LOCATION: Jm 57 MUKAH SLP ROAD IN TO LOWAR DUKU RD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 2BE-9135-K  
 b) INSURANCE COMPANY: WZ  
 c) POLICY NUMBER: TOYOTA DYNA  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA DYNA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: PRIMUS CHEYUJUAN PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 201409677N CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: RAHIM ABDUL (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: E8068921R CONTACT: 83417909  
 c) ADDRESS: 39 BUKIT TURKAK (469198)

\* d) DATE OF BIRTH: 08/08/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) DATE OF DRIVING PASS: 08/01

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: EY 2332J MODEL: HONDA JAZZ  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email =

fax =

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

Employer:  
**PRIMUS CONSTRUCTION PTE. LTD.**

For: **CONSTRUCTION**

Name:  
**RAHIM ABDUL**

Occupation:  
**CONSTRUCTION WORKER-CUM-DRIVER**

Work Permit No.:  
**0 61161538**

Date of Application:  
**05-02-2017**

Date of Issue:  
**20-02-2017**

Date of Expiry:  
**12-10-2018**

 **L7649836**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **F8068921R**

Name:  
**RAHIM ABDUL**

Birth Date: **08 Aug 1969**

Issue Date: **31 Dec 2014**

Valid Till: **07 Jan 2020**

 **002381157H**

**VISIT PASS**  
Immigration Regulations

Name:  
**RAHIM ABDUL**

Date of Birth: **08-08-1969** Sex: **M** Nationality: **BANGLADESHI**

File: **F8068921R** Date of Issue: **20-02-2017** Date of Expiry: **12-10-2018**

**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.**



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

**EFFECTIVE DATE**

**Class 3** Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg **08 Jan 2010**

**Licence No: F8068921R**

**NP 428A**



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited  
3 Anson Road  
#28-01 Springleaf Tower  
Singapore 079909  
Tel (65) 6222 7733  
Fax (65) 6327 3869 / 6327 3870  
Email: ContactUs@uoi.com.sg  
uoi.com.sg  
Co. Reg. No. 197100152R

## Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

<b>CERTIFICATE NO.</b>	DH0M110161611800	<b>Excess:</b>	\$600/-SECTION 1 \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
<b>Type of Cover</b>	COMPREHENSIVE		
<b>Vehicle Number</b>	GBE9135K		
<b>Name of Insured</b>	PRIMUS CONSTRUCTION PTE LTD		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 29 April 2018 to 28 April 2019  
**Hire Purchase** ETHOZ CAPITAL LTD

**Engine#** 1K02590602  
**Chassis#** KDY2318023575

Private Car - Individual Ownership [MX 1]  
AUTHORISED DRIVER

- 1 Any other person who is driving on the Insured's order or with his permission
- 2 In the event of the death of the Insured
  - (a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and
  - (b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured

### LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business

### THE POLICY DOES NOT COVER

Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purposes in connection with the Motor Trade

The carriage of passengers pursuant to car pooling arrangements and payments or any of them by the passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be deemed to constitute use for hire or reward

Provided that the person 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.

\*Limitation 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).

UNITED OVERSEAS INSURANCE LTD

FCLAS Date : 20/04/2018

For the Company