NATIONAL Assessment Centre S Date In: (9 5) 18-10:50	Jeb description	Date &Time Completed	Done by	
Βατ. π. ψ/1/18>10-20	SAS e-filing			
Rel No: NA INC18008159 24	E-mail (within Shrs, AIC 2hrs)			
Veh No: 607264L	i-Motor Claim Form	MT 0992935-001	4/5/18 1	1:33
D.O.A : 35/18-08:15	i-Motor W/O (Within: OD 2hr	-		USE
OD / TP / Reporting Only		1		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	1 1		
II hisuro.	Ass't Report by Fax / Hand		ax:	
Preferred Wksp / INC Assign Wksp / QW: (101.	ax:	
TP Particulars: Veh No: St E 646	T INC(1	
Owner / Driver: (Tel: Cover Type: (
Policy No: () Period		Time:)	
Confirmed by : (Date:		00%]	
	e-Est. Status (WO): N: 0-2) 1. 20%, F. 21-1570. 1. 30 1		
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General Remarks;-	0 - 54 - 41-18 C	Mostly NO rafer of repairer.	5.70.	
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() Total Loss Case : to e-mail Insurer I		Towing Co: ()
Drive-In ()/ Towed-In (); Invoice: Y	YES()/NO();	3	NUMBER OF THE	china.
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done	у
1) Apply for Transport Allowance ()/Cou	rtesy Car ()	-		
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$300	0] ()			
Injury:			•	
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NA1802786	1) AR : Accid	ent Reporting (\$30);		
Inimant's Particulars :-	2) DA : Dame	ge Assessment (\$100); INC (\$80) 40/\$45	
priver/Owner:	3) TF : Towin 4) FT : Follow	-Through Survey	\$120 \$30	
ontact No:	5) FT : Follow For claimin	r-Through Survey (Resurvey) g against INC Only (wef 10 Jan 20)	05)	
	6) TR : Re-ins	pection OA + SMRT Survey	\$160	
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amaged Portion:	8) NTUC Add	ditional Services		
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C Checked by (Engr-In-Charge):	8) NTUC Add OD* *N5: Court *N6: Repa *N7: Fost	ditional Services tosy Car / Tpt Allowante ir Co-ordination Repair Inspection	\$10 \$25	
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Oamaged Portion: OC Checked by (Engr-In-Charge): Auditors' Comments :-	8) NTUC Add OD* *N5: Court *N6: Repa *N7: Fost +N8: DV /	icsy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile	\$10 \$25 \$3 \$20 30	

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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
- 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. 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.		A STATE OF THE PARTY OF
A PART OF THE PART	ACCIDENT STATEMENT	
Date Of Report	04/05/2018 10:50	
Date Of Accident	03/05/2018 08:15	
Exact Location Of Accident	SIMS AVE BEFORE LOR 15 GEYLANG	
Country/State of Loss	SINGAPORE	
Country/State of 2000	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GQ7264L	
Insured/Policyholder		

Insured/Policyholder

P.C.ANG ENGINEERING CONSTRUCTION Name Of Registered Owner

51065200W Co Reg No NOEMAIL Email Address

Mobile Phone No

OFFICE-89999999 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer **DYNA 150 D** Model

Exact Purpose for which vehicle was being used at WORKING

Are you claiming under your own insurance policy NO

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

NO Fleet Policy

5095464346 Policy Number

Cover Note Number

Driver

HOSSAIN MOHAMMAD RASEL Name of Driver

G2350091X Passport No/FIN 19/07/1991 Date Of Birth OUTDOOR Occupation 22/05/2017 Date Of Driving Pass

0 YEAR AND 11 MONTH Driving Experience

MALE Gender

(LOCAL) +65-97152805 Mobile Number

Fax Number

OFFICE-97152805 Contact Number

NOEMAIL EMail Address

BLK 31 DEFU LANE 10 Address

#01-52 DEFU INDUSTRIAL PARK

539212 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

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

GEYLANG NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-8486999 - FAX NO: 68486799 Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180503/2024.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SLE646T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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)
 - (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.

CERINA

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.:

pefor to	police re	0x4-1/20180503/2014.	
	1		
	/		

DECLARATION

ping particulars are true in every respect. I/We de

Policyholder , Sig 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/20180503/2024

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

Date/Time	EPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: 03/05/2018 10:06		Vide Report No.:	Station Diary No. 22		
		Park and a superposite space of	A DESCRIPTION OF THE PROPERTY	College Carlot State College Carlot C		
Name of	Informant:		Address: 368 Lorong 20 Geylang SINGA	APORE		
HOSSAIN MOHAMMAD RASEL ID Type / ID No.: FIN NO / G2350091X			Contact No.: Home/Office:	Mobile: 97152805		
Nationali BANGLA	ty:	^	Email:			
Sex:	Age:	Date of Birth: 19/07/1991	Type of Informant: Driver	Institution / School Name:		
Male Race:	20		Language:	Institution / Gollooi Hame		
Occupati Lorry dr			Driving Licence Information: Class: 3	Date of Expiry:		

eneral Information Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 03/05/2018 08:15	Type of Location Straight Road
	JE ylang Lorong 13 and 1	11000	R	oad Speed Limit:
Weather: Dry Clear Tra		Dry	T	
The state of the s		Traffic Control: Not Controlled	H	raffic Volume: eavy nyone conveyed by

Details of V	ehicle Invo	lved	Model	Color	Condition	No of Passenge
Vehicle No.	LUTT PERSONAL DESIGNATION OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY ADDRESS OF THE REAL PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF	Make	DYNA 150 D	The state of the s	No	0
GQ7264L	Lorry	TOYOTA	DYNA 150 D	VVIIIC	Damage	
						0
SLE646T	Car					





2 of 3

Report No. T/20180503/2024

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999 CONTINUATION OF REPORT

Brief Details.

On the 3/5/2018, at about 8.15am, I was driving my company's vehicle GQ7264L, along Sims avenue, I spotted a parallel parking lot between Lorong 13 and Lorong 15 Geylang and started to slow down my vehicle. A vehicle, BMW bearing license plate number SLE646T was driving behind me and he suddenly changed lane abruptly and swiped the left rear of my vehicle. We stop at the side of the road and examined the damages, there was no damage to my vehicle however the front right bumper of the other person's vehicle was slightly damaged. When he spoke to me he smelled heavily of alcohol and seemed to be drunk. He took my particulars and some photos of my lorry and left. I only have his vehicle license plate number.





3 of 3

Report No. T/20180503/2024

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

Sketc	h	P	a	n
SKELL				•••

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 sortificate with you now please fax a copy to 65474885 stating the report number as reference. th

Signature Of Officer Recording The Report: G / Sgt 2 TAN CHUAN SIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/05/2018 10:06
Officer In Charge Of Case: TP / DDGVT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476198	Classification Of Case:

WORK PERMIT

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

Englisher
HJ ENGINEERING PTE. LTD.



HOSSAIN MOHAMMAD RASEL

Work Permit No. 0 64159550

CONSTRUCTION







K0003174



VISIT PASS

Immigration Regulations

22:09:2017

HOSSAIN MOHAMMAD RASEL



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(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 22 May 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

NP 428A

								Gene	ralClaim
601						Change Lan	guage	Change Passwor	d + Log Ou
Polic	y Query								
Policy No	0.				Date of Acc	ident	03/05	/2018 08:15	3
Vehicle !	No (For Motor)	GQ7264L							
				1	Search				
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5095464346	P.C.ANG ENGINEERING CONSTRUCTION	51065200W	GCV	Third Party	GQ7264L	GQ7264L	01/11/2017	31/10/2018
	Policy No Vehicle Select	Policy Query Policy Na. vehicle No. (For Motor) Select Policy No.	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Policyholder Name P.C.ANG ENGINEERING	Policy Query Policy Na: Vehicle No. (For Motor) Select Policy No. Policyholder Name P.C.ANG P.C.ANG ENGINEERING 51065200W	Policy Query Policy Na. Vehicle No. (For Motor) Select Policy No. Policyholder Name Policyholder NRIC P.C.ANG P.C.ANG	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Policyholder Name NRIC Product Cover Type P.C.ANG P.C.A	Policy Query Policy No. Date of Accident Vehicle No. (For Motor) Select Policy No. Policyholder Name Policyholder NRIC Product Cover Type No. P.C.ANG P.C.ANG Policyholder NRIC Product Cover Type No. Third Party GQ7264L	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Policyholder Name Policyholder NRIC Product Cover Type Vehicle No. Policyholder Name Policyholder NRIC P.C.ANG	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Policyholder Name Policyholder NRIC Product Cover Type Vehicle Insured No. Object Date P. C.ANG P. C.AN

Sequ	ence Dat	e of Endorsement		Endorsemen	t Type	Endorsemer	nt Status	Eligoratinent Content
☑ Endo	rsements					F. 4	ot Status	Endorsement Content
) Insur	ed Object: GQ72	64L						
Unit No.	01-52		Rela Num	ted Policy iber	5095464346			
Address 4		RE 539212	Add	ress Type	Singapore address		Post Code	539212
Address 1	Washington to		Addr	ess 2	DEFU LANE 10		Address 3	DEFU INDUSTRIAL ESTATE
Policy	holder Mailing A	ddress						The second secon
Certificate Info								
Open Policy Info								
Co- insurance Flag	No							
Agent	KWG INSURANC	E AGENCY PTE. A	gent Tel.	62913960		GST Flag	20	
Outside Singapore OD Excess		S	utside ingapore P Excess			GST Flag	Young/	Inexperience Driver Excess
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ip cargegmal.com

t MT/0992935			003357	GST	Registration No.		
	5095484345	Vehicle No.	GQ7264L		cyholder NRIC	51065200W	
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Address:		Special Remark	® No ○Yes		de Reason		
	® No ○ Yes	TCA	0	Priv	ate Hire	No	
Protection	No	NCD Emplement(%)	9				
Accident Details				Acc.	ident Type	Collision - Char	nge / Cross lane
ert Date	04/05/2018 11:30	Accident Report Within 24 hrs	Yes			Singapore	
	05/05/2018	Time of Accident Nh.mm	05:15		intry of Accident	1000000	
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OI Driver Info		Driver Type	Unnamed Driv	etr			
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nnames driver Name	HOSSAIN MOHAMMAD RASEL	Onver Age	26	D	riving Experience	0	
igater Date of Driver License		Contact No.(Office)	0	c	ontact No. (Home)	0	
antact No. (Mobile)	97152806	Address 2	DEFU LANE 1	0 A	ddreisi 3	DEPU INDUS	TRIAL ESTATE
ddress 1	BLK 31		Singapore add		ost Code	539212	
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