

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118058119

Date In: 4/5/18-10:50	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008159/24	SAS e-filing		
Veh No: 6Q7264L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 3/5/18-08:15	i-Motor Claim Form	MT/0992935-001	4/5/18 11:33
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLE646T	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% 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:- (INC hotline: 6788 6616)	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

NA1802786	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non 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	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

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ7264L
Insured/Policyholder	
Name Of Registered Owner	P.C ANG ENGINEERING CONSTRUCTION
Co Reg No	51065200W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095464346
Cover Note Number	

Driver

Name of Driver	HOSSAIN MOHAMMAD RASEL
Passport No/FIN	G2350091X
Date Of Birth	19/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	22/05/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97152805
Fax Number	
Contact Number	OFFICE-97152805
EMail Address	NOEMAIL

Address	BLK 31 DEFU LANE 10 #01-52 DEFU INDUSTRIAL PARK
Postcode	539212
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 - CHANGE/CROSS LANE
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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE646T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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.

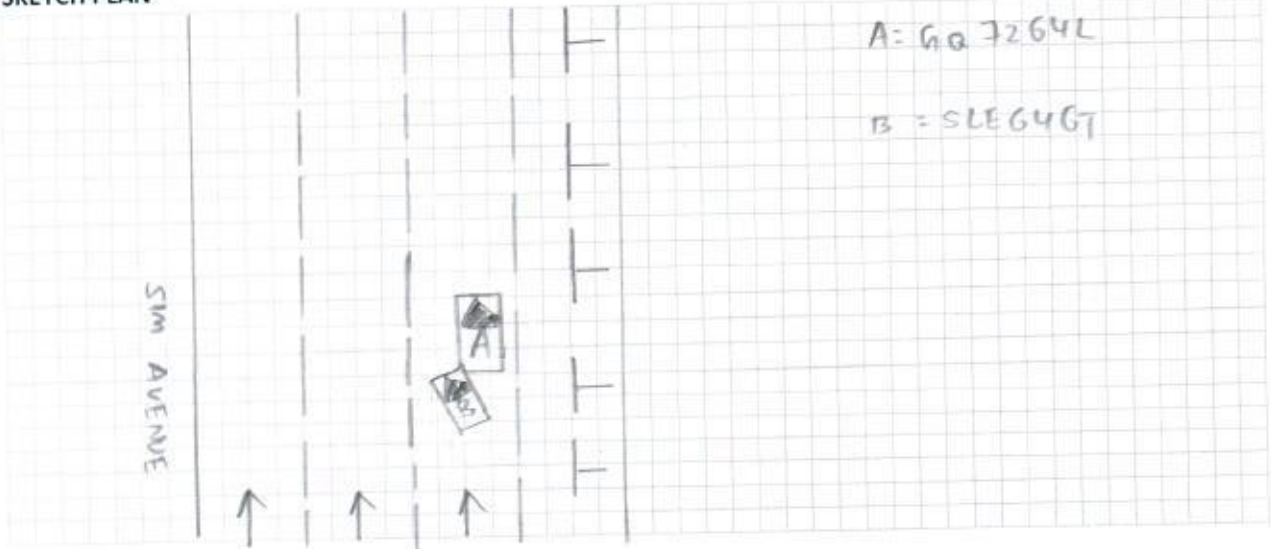


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report 1/20180303/2024.

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/20180503/2024

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20180503/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2018 10:06	Vide Report No.:	Station Diary No.: 22
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Informant's Particulars

Name of Informant: HOSSAIN MOHAMMAD RASEL			Address: 368 Lorong 20 Geylang SINGAPORE		
ID Type / ID No.: FIN NO / G2350091X			Contact No.: Home/Office: Mobile: 97152805		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 26	Date of Birth: 19/07/1991	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 03/05/2018 08:15	Type of Location: Straight Road
Location: Along Road 1 SIMS AVENUE between Geylang Lorong 13 and 15				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GQ7264L	Lorry	TOYOTA	DYNA 150 D	White	No Damage	0
SLE646T	Car					0



**SINGAPORE
POLICE FORCE**



T/20180503/2024

2 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20180503/2024

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.



**SINGAPORE
POLICE FORCE**



T/20180503/2024

3 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20180503/2024

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:

G /

Sgt 2 TAN CHUAN SIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / DDGVT /

Sr Staff Sgt CHONG GUAN FATT

Contact No.: 65476198

Signature Of Informant:

Date/Time:

03/05/2018 10:06

Classification Of Case:

Authentication Stamp

NP168

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

Employer:
HJ ENGINEERING PTE. LTD.



Name:
HOSSAIN MOHAMMAD RASEL

Work Permit No.: 0 64159550 Sector: CONSTRUCTION



 K0003174

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2350091X**

Name:
HOSSAIN MOHAMMAD RASEL

Birth Date: 19 Jul 1991
Issue Date: 22 May 2017
Valid Till 21/05/2022



 002685999G

VISIT PASS
Immigration Regulations 22-09-2017

Name:
HOSSAIN MOHAMMAD RASEL

Pass:
G2350091X

Date of Birth: 19-07-1991 Sex: M

Nationality:
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED





Download SGWorkPass App to check status

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
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	22 May 2017

NP 428A



eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

03/05/2018 08:15

Vehicle No. (For Motor)

GQ7264L

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095464346	P.C.ANG ENGINEERING CONSTRUCTION	51065200W	GCV	Third Party	GQ7264L	GQ7264L	01/11/2017	31/10/2018

▼ Policy Information

Policy No.	5095464346	Policyholder Name	P.C.ANG ENGINEERING CONST	Policyholder NRIC	51065200W
Address	BLK 31 #01-52 DEFU LANE 10 DEFU INDUSTRIAL ESTATE SINGAPORE 539212				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	31/10/2017	Effective Date	01/11/2017 00:00	Expiry Date	31/10/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	KWG INSURANCE AGENCY PTE.	Agent Tel.	62913960	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 31 #01-52	Address 2	DEFU LANE 10	Address 3	DEFU INDUSTRIAL ESTATE
Address 4	SINGAPORE 539212	Address Type	Singapore address	Post Code	539212
Unit No.	01-52	Related Policy Number	5095464346		

▶ Insured Object: GQ7264L

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

ipcang@gmail.com

Exit

Claim Handling

Accident MT/0992935

Policy No.	5095464346	Vehicle No.	GQ7264L	GST Registration No.	
Policyholder Name	P.C. ANG ENGINEERING CONSTRUCTION	Cover Type	Third Party	Policyholder NRIC	S1065200W
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	0	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	04/05/2018 11:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	03/05/2018	Time of Accident hh:mm	05:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMS AVE BEFORE LOR 15 GEYLANG				

Benefits

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 31 #01-52	Address 2	DEFU LANE 10	Address 3	DEFU INDUSTRIAL ESTATE
Address 4	SINGAPORE 539212	Address Type	Singapore address	Post Code	539212
Unit No.	01-52	Related Policy Number	5095464346		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/07/1991
Unnamed driver Name	HOSSEIN MOHAMMAD RASEL	Driver NRIC	G2350091X	Driving Experience	0
Register Date of Driver License	22/05/2017	Driver Age	26	Contact No. (Home)	0
Contact No. (Mobile)	97152805	Contact No. (Office)	0	Address 3	DEFU INDUSTRIAL ESTATE
Address 1	BLK 31	Address 2	DEFU LANE 10	Post Code	539212
Address 4	SINGAPORE 539212	Address Type	Singapore address		
Unit No.	01-52				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	CO-MX	Insured Name	P.C. ANG ENGINEERING CONSTR	Insured NRIC	S1065200W
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OT Vehicle Number	GQ7264L	TP Vehicle Number	SLE546T
Claim Description	GQ7264L / SLE546T ON 3 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/05/2018 11:33	Claim Close Date		Date Received	04/05/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0992935	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/05/2018 11:33

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>	Normal	

☐ Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 11:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-4	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 11:33	SAS	Normal	SAS 2018-5-4	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 11:33	Photos	Normal	Photos 2018-5-4	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 11:33	Photos	Normal	Photos 2018-5-4	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 11:33	Photos	Normal	Photos 2018-5-4	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 11:33	Photos	Normal	Photos 2018-5-4	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 11:33	Photos	Normal	Photos 2018-5-4	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 11:33	Photos	Normal	Photos 2018-5-4	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 11:33	Photos	Normal	Photos 2018-5-4	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 11:33	Photos	Normal	Photos 2018-5-4	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 11:33	Photos	Normal	Photos 2018-5-4	Edit
Video List					
	Uploaded By/Date	Folder Date	File Name	Source	Action
Display in New Window		Scan and uploading			