

# NATIONAL Assessment Centre Services

Date In: <b>08/05/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/AWA18008434/13</b>	SAS e-filing		
Veh No: <b>SJY7706B</b>	E-mail (w/duc 8hrs, APC 2hrs)		
DOA: <b>07/05/18</b> <b>2030</b>	i-Motor Claim Form		
OD: <b>(11)</b> 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: (	<b>NEW HOCK TECK</b>	Tel:	Fax:
TP Particulars:	Veh No: <b>SLA50402</b>	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:**

Date/Time	Actions

<b>NA1800899</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$30)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
	5) RT: 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:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
<b>Auditors' Comments :-</b>	TP (N11): TP (Non INC) against INC \$20		
<b>Ref 1:</b>	9) N12: Idac Mobile 30		
<b>Ref 2 / 3:</b>	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	08/05/2018 17:07
Date Of Accident	07/05/2018 20:30
Exact Location Of Accident	25 LEMBU ROAD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7706B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MD NASHIRUL ISLAM
NRIC No	S2664253A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96220740
Alternative Phone No	OTHERS-96220740

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AVPCSB0307441705
Cover Note Number	

### Driver

Name of Driver	MD NASHIRUL ISLAM
NRIC No	S2664253A
Date Of Birth	02/05/1965
Occupation	INDOOR
Date Of Driving Pass	16/08/1995
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96220740
Fax Number	
Contact Number	OTHERS-96220740
Email Address	NOEMAIL

Address	BLK 14 UPPER BOON KENG ROAD #06-959
Postcode	380014
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	0

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SLA5042Z
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)	




## SKETCH PLAN


### IMPORTANT NOTICE

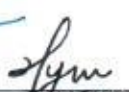
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

 08/05/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

A: SJY7706B  
B: SLA50427

25 Lembu Rd open space car park

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle parked stationary at 25 Lembu Rd open space car park.

When I return to my vehicle and noticed there was 1 note replace at my front windscreen.

Veh "B" when drove out from parking lot accidentally collided onto rear A rear RH portion of my vehicle and caused damaged.

## 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:

 08/05/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



VEHICLE NO: SJY7706B

MAKE &amp; MODEL: Toyota Camry

DATE OF ACCIDENT	07 / 05 / 18
TIME OF ACCIDENT	2030 AM/PM
LOCATION OF ACCIDENT	25 Lembu Road open space car park
EXACT PURPOSE USE DURING ACCIDENT	
<b>NAME OF OWNER</b>	MD Hashimul Islam
TEL NO	9632-0740
NRIC	82664263A
CLAIM TYPE	OD / <u>THIRD PARTY</u> / <u>REPORTING ONLY</u>
INSURANCE CO	Alfred World
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	AVPCSB0307441705
<b>NAME OF DRIVER</b>	As Above / If No:
NRIC	
DATE OF BIRTH	02 / 05 / 1965
OCCUPATION	Outdoor / <u>Indoor</u>
DATE OF DRIVING PASS	16 / 08 / 1995
GENDER	Male / Female
CONTACT NO.	9632-0740 Office: Home:
ADDRESS	Blk 14 Upper Bann King Rd #06-959 Singapore 360074
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	No / If yes: Who?
CONTACT NO.	
POLICE REPORT	No / If yes: Where?
VEHICLE B NO.	SLA 50427
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
OWNER/DRIVER EMAIL	
<b>PARTICULAR WORKSHOP</b>	<b>NEW HOCK TECK MOTOR WORKSHOP</b>
	1 Kaki Bukit Ave 5, Blk C #01-43
	Autobay@Kaki Bukit Singapore 417883
TEL NO	TEL: 6747 9241
CONTACT PERSON	Reena / Sukyi
FAX NO.	FAX: 6741 7276
EMAIL	reena@nhtmotor.com
	admin@nhtmotor.com

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2664253A**



Name

**MD NASHIRUL ISLAM**



Race

**BANGLADESHI**

Date of birth

**02-05-1965**

Sex

**M**

**S2664253A**

Country/Place of birth

**BANGLADESH**

5246179



NRIC No. **S2664253A**



Date of issue

**10-12-2013**

Address

**APT BLK 14 UPPER BOON KENG ROAD  
#06-959  
SINGAPORE 380014**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S2664253A**

Name:

**MD NASHIRUL ISLAM**

Birth Date: **02 May 1965**

Issue Date: **13 Jun 2003**



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

**PASS DATE**

**Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

**16 Aug 1995**

NP 428A





# CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE  
 THE ROAD TRANSPORT ACT 1987 OF MALAYSIA  
 THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1977  
 THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1983  
 ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

MX1  
 R - GB  
 MAD4005  
 Cov. Type: C  
 PUPLASB

CERTIFICATE No. AVPCSB0307441705 ChaNo: MR053BE41070E1345

1. Index Mark and Registration Number of Vehicle SJY 7706 B
2. Name of Policyholder MD NASHIRUL ISLAM
3. Effective Date of Commencement of Insurance for the purposes of the Ordinance 30 September 2017
4. Date of Expiry of Insurance 29 September 2018
5. Persons or Classes of Persons entitled to drive\* (For certificate references MX1 and MX4, see overleaf)
  - A. THE POLICYHOLDER.  
 THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR TO HIS EMPLOYER OR HIS PARTNER.
  - B. ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

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 to that behalf from driving the Motor Vehicle.

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

6. Limitations as to Use\* (For certificate reference MX1, see overleaf)

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.

THE POLICY DOES NOT COVER:

1. USE FOR HIRE OR REWARD.
2. USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
3. USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
4. USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

Estimated Value : MARKET VALUE WITH COE/PARF  
 Hire Purchase Owner : DBS BANK LIMITED  
 Type of Cover : Comprehensive

\* Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore)



Approved Insurers

Signed By