

NATIONAL Assessment Centre Services. [wef 1 Jan'09] MNA118661115

Date In: 10/5/18-16:33	Job description	Date & Time Completed	Done by
Ref No: NA/C7I18008616/24	SAS e-filing		
Veh No: 6U 1581P	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 8/5/18-17:45	i-Motor Claim Form		
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: Vch No: 6B65826R 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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 2 / 3:	6) TR: Re-inspection \$75			
	7) N1: Idao 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 (Non INC) against INC \$20			
	9) N12: Idao Mobile \$0			
	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	10/05/2018 16:23
Date Of Accident	08/05/2018 17:45
Exact Location Of Accident	SIMS AVE TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU1581P
Insured/Policyholder	
Name Of Registered Owner	J-KHO ENGINEERING PTE LTD
Co Reg No	199702914H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62459254

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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN3004001802
Cover Note Number	

Driver

Name of Driver	HOSSAIN MANIR
Passport No/FIN	G7407291M
Date Of Birth	15/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	27/12/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90522140
Fax Number	
Contact Number	OFFICE-90522140
Email Address	NOEMAIL

Address 17 PRINCESS OF WALES RD
 Postcode 266918
 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 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 BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4629999 - FAX NO: 64628933
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180509/2038.

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 GBG5826R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver NG KHENG HWA
 NRIC/Passport Number
 Contact Number 91772557
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.

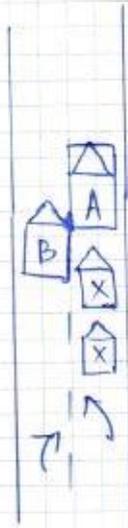

Policyholder's Signature
Date & Time:


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

10/05/2018
15.04 PM


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

SKETCH PLAN



(A) GU 1581P

(B) GBG 5826R

Along Sims Avenue

Towards PIE
(Mering Lane).

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement please refer to
Police Report No: T/20180509/2038

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: 10/07/2018
15:07 PM


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

VEHICLE NO : GU 1581P

MAKE & MODEL : Toyota Dyna

Date of Accident	08 / 05 / 18	
Time of Accident	1745 AM / (PM)	
Location of Accident	Along Sims Avenue Towards P16	
Exact Purpose Usage	Personal / Private Hire (Uber / Grab) / Commercial	
NAME OF OWNER :	J-Kho Engineering Pte Ltd	
Contact No.	6245 9254 (Sheron)	
Nric No		
Type Of Claim	Third Party / Own Damage / Reporting only	
Insurance Co.	China Taiping	
Type of Coverage	Comprehensive / Third Party / Third Party Fire & Theft	
Policy No	DM CVSN 304001802	
NAME OF DRIVER :	As above / If No: Hossain Mehin	
Nric No	G 7407 291M	Any Passenger: <input checked="" type="checkbox"/>
Date Of Birth	15 / 01 / 1980	
Occupation	Outdoor / Indoor	
Date Of Driving Pass	27 / 12 / 2017	
Gender	Male / Female	
Contact no	9052 2140 Office :	Home : <input type="checkbox"/>
Address	Blk 293 Beddo Ind Park #01-2140 C (489979)	
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?	
Name		Contact :
Name		Contact :
Police Report	No / If Yes: Where? T/20180509/2038	
Vehicle B No :	GBG 5826R	Any Passenger: <input type="checkbox"/>
Name Of Driver	Ng Kheng Hua	
Contact No :	9177 2557	
Vehicle C No :		Any Passenger: <input type="checkbox"/>
Vehicle D No :		Any Passenger: <input type="checkbox"/>
Vehicle E No :		Any Passenger: <input type="checkbox"/>
Vehicle F No :		Any Passenger: <input type="checkbox"/>
Any Witness		
Witness Contact No		
Have you been approach by unknow person soliciting (s) / offering accident claims assistance?	YES / NO	
PARTICULAR WORKSHOP	PRECISE AUTO SERVICE	
Address	1 Kaki Bukit Ave 6 #02-34	
	Kaki Bukit @ Auto Bay	
	Singapore 417883	
Email : praxis-contractors@yahoo.com.sg	Tel : 6745 7367	Fax : 6841 3390



Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

CONTINUATION OF REPORT

Driver			
Name	NG KHENG HWA		ID No. S7015753E
Related Vehicle	GBG5826R (CAR)		Contact No. 91772557
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HOSSAIN MANIR		ID No. G7407291M
Related Vehicle	GU1581P (Lorry)		Contact No. 90552140
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 09/05/2018 at 1745hrs, I was travelling in my vehicle GU1581P alone along sims avenue towards PIE. It was a merging lane. When I was at the end of the merging lane, I heard a horn behind me. I then swerve slightly to the right. Subsequently, I heard a bang and went out of the vehicle to make a check and observed a vehicle GBG5826R collided on the back of my vehicle. There was a scratch on the rear left of my vehicle.

No one was injured. We exchanged particulars and left.



**SINGAPORE
POLICE FORCE**



T/20180509/2038

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3

Report No. T/20180509/2038

CONTINUATION OF REPORT

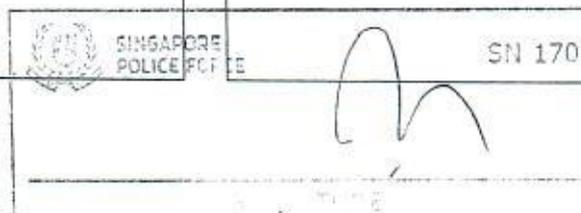
Sketch Plan

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: E / Staff Sgt ISAAC YEO QING KAI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/05/2018 11:57
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp
NP168



SN 170

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G7407291M**
 Name: **HOSSAIN MANIR**

Birth Date: **15 Jan 1980**
 Issue Date: **27 Dec 2017**
 Valid Till **26/12/2022**

002757897G



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

Employer: **J-KHO ENGINEERING PTE LTD**
 Sector: **CONSTRUCTION**

Name: **HOSSAIN MANIR**
 Occupation: **CONSTRUCTION WORKER**

Work Permit No. **0 62052821** Date of Application: **15-10-2002**
 Date of Issue: **21-07-2017**
 Date of Expiry: **13-09-2018**

L6145791



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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	27 Dec 2017

NP 428A

Licence No: G7407291M



VISIT PASS
 Immigration Regulations

Name: **HOSSAIN MANIR**

Date of Birth	Sex	Nationality
15-01-1980	M	BANGLADESHI
FIN	Date of Issue	Date of Expiry
G7407291M	21-07-2017	13-09-2018

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.



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)

CERTIFICATE No.	DMCVSN3004001802	Engine No :5L4995959 Chassis No:LY2120004616
Index Mark and Registration Number of Vehicle	GU1581P	
Name of Policy Holder	J-KHO ENGINEERING PTE LTD	
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	31 JANUARY 2018	
Date of Expiry of Insurance	30 JANUARY 2019	
Persons or Classes of Persons entitled to drive *	ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION. PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OF 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.	
Limitations as to use: *	(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES. THE POLICY DOES NOT COVER. (1) USE FOR HIPE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING. (2) 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 and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

undersigned By:



Authorized Officer

Authorized Signatory