

Date In:	18/06/2018 16:27	Job Description	Date & Time Completed	Done by
Ref No:	NA/GAI18010974/KY	Gas drilling		
Veh No:	PC3441K	B-moll (within 3hrs, 1307hrs)		
O.O.A:	14/06/2018 19:05	1-Motor Claim Porin		
OO / TP / Reporting Utility		1-Motor W/O (within 100 hrs, 12 hrs)		
		1-Photo Uploaded		
TP Insured:		Assessment/Survey Report		
		Ass'l Report by Pax/Hand to Owner/VVHsp		

Preferred Wksp / INQ Assign Wksp / QW: (

T o l :

Fax:

TP Particulars	Yell No1	GZ7766H, INC()/Non-INC()"
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Owner / Driver: (

Te)

Policy No: () Period: () Cover Type: ()

Confirmed by 11/1/81

Dated

Thurs.

Insured/Driver Liability: (%) (Note: B/L Status (WO): N: 0.20%, P: 21.79%, P: 80.1 (100%)

Year of Registration: () Warranty: YES () / NO ()

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

General Remarks: 1. The above information was obtained from a review of the records of the Department of the Interior, Bureau of Land Management, and the Bureau of Reclamation, and from a review of the records of the Department of the Interior, Bureau of Land Management, and the Bureau of Reclamation, and from a review of the records of the Department of the Interior, Bureau of Land Management, and the Bureau of Reclamation.

() Work-In Character : Customer's Information strictly Confidential & strictly NO (s) of repeller.

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

Drive-In () / Towed, lb () / Invoiced: YES () / NO () / Towing Co: ()

[illegible]

<input type="checkbox"/> Apply portion of Allowance	<input checked="" type="checkbox"/> CONTINUING	
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1) Apply for funding/finance approval	1) Submitting on		
2) DO Check/Pass Result Inspection	()		

2) QC Shown For Type 2200-201			
3) Upload Brewery Photo (Bottle Cost > \$3000)			

10/1/1971

2nd Time: 10:00

[illegible]

NA1803823 Invoice Predator von Chizelis

1) LRI Accident Reporting (330)

2) DAI Deuji Ali Ahmed (5100)	10/12/21
3) T P Srinivas	12/12/21

river/owner:	(5) FTL Follow Through SVIIV	110
	(6) SVIIV Follow Through SVIIV (SVIIV)	110

Serial No: _____

1) TRIAL 11/19/1068

1) NTUC Additional Services

0111

C. Checked by (Engr.-In-Chief) _____	(Signature) _____	\$10
	National Coordination Unit	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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2 (N11) LTP (N96) INC	SEANUS INC	570
2 (N11) LTP (N96) INC	SEANUS INC	570

1) Hildesheim	10/10/10
2) Hildesheim	10/10/10
3) Hildesheim	10/10/10
4) Hildesheim	10/10/10
5) Hildesheim	10/10/10
6) Hildesheim	10/10/10
7) Hildesheim	10/10/10
8) Hildesheim	10/10/10
9) Hildesheim	10/10/10
10) Hildesheim	10/10/10

17/2

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	18/06/2018 16:27
Date Of Accident	14/06/2018 19:05
Exact Location Of Accident	LOYANG CLOSE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3441K
Insured/Policyholder	
Name Of Registered Owner	SANTARLI CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97154597
Alternative Phone No	OFFICE-97154597

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	BUS

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000000251-02-000
Cover Note Number	

Driver

Name of Driver	ASADUZZAMAN MD
Passport No/FIN	G7292332X
Date Of Birth	01/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2006
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97154597
Fax Number	
Contact Number	OTHERS-97154597
EMail Address	NOEMAIL

Address	SANTARLI CONSTRUCTION PTE LTD
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

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	
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

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	GZ7766H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

ACCIDENT STATEMENT

Reported on 16/6/2018 @ 11:35AM

ACCIDENT DATE: (14, 6, 2018) (DD/MM/YYYY), TIME: (19:05) (HH:MM)

LOCATION: Layang Close

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 3441 K
- b) INSURANCE COMPANY: _____
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- 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: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No. of passengers
(including driver)
(1)

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 97154597
- c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATES OF DRIVING PASS: _____

- 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: GZ 7766 H MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- c) VEHICLE NUMBER: _____ MODEL: _____
- d) DRIVER'S NAME: _____
- e) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Continue 68523388 i Ade line
Email =
Fax =

* Driver said Vocational DL don't have but can drive?

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.



ASAD Basm

18/6/2018

Policyholder's Signature
Date & Time:

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

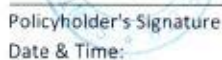
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Loyang Close



- ① Vehicle - B should left turn suddenly by take left
- ② he never look left mirror and over head shoulder.
- ③ He hit me.

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



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

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

18(6/2018
Personnel's Signature

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

Employer
SANTARLI CONSTRUCTION PTE. LTD.

Name
ASADUZZAMAN MD

Work Permit No.
0 61995331

Sector
CONSTRUCTION

SAN-RD 144

K0216740

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number
G7292332X

Name
ASADUZZAMAN MD

Birth Date
01 Jan 1976

Issue Date
27 Oct 2016

Valid Till
02/11/2021

002623509H

VISIT PASS
Immigration Regulations

Name
ASADUZZAMAN MD

PRs
G7292332X

Date of Birth
01-01-1976

Sex
M

Nationality
BANGLADESHI

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.

Download SGWorkPass App to check status

28-03-2018

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 $\leq 2500\text{kg}$	03 Nov 2006

NP 428A

Licence No: G7292332X

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)

Policy Details

Certificate Number	: MOMVC000000251-02-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: Santarli Construction Pte Ltd	Chassis Number	: KDH2230023370
NCD Entitlement	: 10% No Claim Discount	Engine Number	: 1KD2499139
Hire Purchase	: UNITED OVERSEAS BANK LIMITED	Registration Number	: PC3441K
Period of Insurance	: From 27/03/2018 (00:00) To 26/03/2019 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

a) 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 or regulations to drive the Motor or so has been Vehicle 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

a) Use in connection with Policyholder's business
b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business
This Policy does not cover:
a) Use for Hire and Reward
b) Use for racing, pace making, reliability trial or speed testing

* 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

Excess (Section 1)	: SGD 1,500.00
Excess (Section 2)	: SGD 1,500.00
Windscreen Excess	: SGD 200.00

Driver Details

Named Driver 01	: Any persons who is driving on the policyholder's order or with their permission
Name of Intermediary	: AVA Insurance Brokers Pte Ltd
Date of Issue	: 12/03/2018

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of
Great American Insurance Company



Authorised Signatory
mlow