

<b>NATIONAL Assessment Centre Services</b> (wef 1 Jan 2005) <b>Ministry 22330</b>			
Date In: <b>20/09/2018 19:33</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/LP180178814</b>	SAS e-filing		
Veh No: <b>9X 2237L</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>19/09/2018 14:15</b>	i-Motor Claim Form		
OD / TP: <b>Reporting Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: <b>XD 756Y</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 ( )		

<b>General Remarks:-</b>	
( ) 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] ( )		

<b>Injury :</b>	
<b>Date/Time</b>	<b>Actions</b>

<b>Claimant's Particulars :-</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) In Bill	Am't (\$) 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		
	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:-		
	ON*		
	*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: Idac Mobile \$0		
<b>QC Checked by (Engr-In-Charge):</b>	Invoice dated	Fee Charged	
<b>Auditors' Comments :-</b>	Invoice dated	Fee Charged	
<b>Cat. 1:</b>			
<b>Cat. 2 / 3:</b>			

## 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	20/09/2018 19:33
Date Of Accident	19/09/2018 14:15
Exact Location Of Accident	ALONG JALAN BURUH NEAR LAMP POST 327
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX2237L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TIONG WOON CRANE & TRANSPORT (PTE) LTD
Co Reg No	19804703W
Email Address	TRAINING_HR@TIONGWOON.COM
Mobile Phone No	(LOCAL) +65-81092938
Alternative Phone No	OFFICE-81092938

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SD18V00001/VCH/R03
Cover Note Number	

### Driver

Name of Driver	RAFIQUL ISLAM RONY GOLAM MOSTOFA
Passport No/FIN	G8309923U
Date Of Birth	30/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	03/02/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81092938
Fax Number	
Contact Number	OTHERS-81092938
Email Address	TRAINING_HR@TIONGWOON.COM



Address	15 PANDAN CRESCENT
Postcode	128470
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 - HEAD TO REAR
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180920/2019

#### 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	XD756Y
Vehicle Make/Model/Colour	TRAILER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI PEIJIAN
NRIC/Passport Number	G2410153W
Contact Number	83091198
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

## 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

7- (ampas) 327

No 20 Jalan Buloh

B A X +

A) GX 2237L

B) XD 756Y

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS refer to Police Report  
7/20180920/2019

## 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/20180920/2019

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

1 of 3

62718307

Report No. T/20180920/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/09/2018 08:57		Vide Report No.: J/20180919/0123		Station Diary No.: 10	
<b>Informant's Particulars</b>					
Name of Informant: RONY RAFIQU L ISLAM			Address:		
ID Type / ID No.: FIN NO / G8309923U			Contact No.: Home/Office: Mobile: 81092938		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 36	Date of Birth: 30/12/1981	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/09/2018 14:25	Type of Location: Straight Road
Location: Along Road 1 JALAN BUROH				
Near to LP 327				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX2237L	Lorry	NISSAN	CABSTAR	White	Slightly Damaged	0
XD756Y	Trailer	MITSUBISHI	FP517DR2R DEB	White	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20180920/2019

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

2 of 3

Report No. T/20180920/2019

**CONTINUATION OF REPORT****Brief Details.**

On the above mentioned date, time and location, I was driving my lorry bearing the said registration plate number heading for work. At the point of time, I was travelling along lane 3 and came to a complete stop as I was waiting for the cars in front of me to move.

When I was about to drive off, I felt an impact coming from the rear of my lorry. I then went down to make a check and discovered a trailer bearing the said registration plate number had collided into my lorry. After the accident, I went to Ng Teng Fong Hospital to seek medical treatment. I was then given 3 days MC prior to the accident.

This is the first time such incident happened to me and there is no in-car camera installed in my lorry.

**SINGAPORE  
POLICE FORCE**

T/20180920/2019

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No. T/20180920/2019

## 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:  
D /  
Staff Sgt CLEMENT CHEE WEI JUN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SUFIYAN BIN KHAIRI  
Contact No.: 65476390

Signature Of Informant:

Date/Time:  
20/09/2018 08:57

Classification Of Case:



Authentication Stamp

SN 37

SIGNATURE



# ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 09 / 2018) (DD/MM/YYYY), TIME: (14:15 PM) (HH:MM)

LOCATION: JLN BUROH L/P 327

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GX2237L  
 b) INSURANCE COMPANY: LIBERTY  
 c) POLICY NUMBER: SD18Y00001/VCH/K03  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: NISSAN CABSTAR  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 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: TIONG WOON CREANE & TRANSPORT (PTK) LTD (MALE / FEMALE)  
 B) NRIC/FIN/PASSPORT: 19804703W CONTACT:  
 C) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: RONY RAFIQUUL ISLAM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G8309923U CONTACT: 81092938  
 c) ADDRESS: 15 PANDAN CRESCENT SINGAPORE 128470

\*d) DATE OF BIRTH: (30 / 12 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03/02/2014

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: OTHMANI (PC)

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XD756Y MODEL:  
 b) DRIVER'S NAME: LI PEIJIAN  
 c) NRIC/FIN/PASSPORT: G2410153W CONTACT: 83091198

## 9. THIRD PARTY VEHICLE

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

EMAIL = training\_hr@tiongwoon.com

VIDEO =



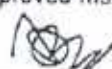
**Liberty  
Insurance**



Liberty Insurance Pte Ltd  
Registration no: 109002791D  
51, Club Street  
#03-00 Liberty House  
Singapore 069420  
Tel: (65) 6221 8611 Fax: (65) 6225 8600  
Website: <http://www.libertyinsurance.com.sg>

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1987  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

<b>Certificate No</b>	SD18V00001 / VCH / R03
<b>Form</b>	MZ301A
<b>Date Of Issue</b>	26-DEC-2017
<b>1. Index Mark and Registration No. of Vehicle:</b>	GX2237L
<b>2. Chassis number of Vehicle:</b>	JN1SF4F23Z0851832
<b>3. Name of Policyholder:</b>	TIONG WOON CRANE & TRANSPORT (PTE) LTD
<b>4. Effective date of Commencement of Insurance for the purposes of the Act:</b>	01-JAN-2018 00:00 AM
<b>5. Date of Expiry of Insurance:</b>	31-DEC-2018 23:59 PM
<b>6. Persons or Classes of Persons entitled to drive*:</b>	
<p>A) Whilst the vehicle is being used in connection with the Policyholder's business :- Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>B) Whilst the vehicle is being used for social, domestic and pleasure purposes :- Any person who is driving on the Policyholder's order or with their permission.</p> <p>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 in that behalf from driving the Motor Vehicle.</p> <p>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.</p>	
<b>7. Limitations as to use:</b>	
<p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>	
<b>8. The Policy does not cover:</b>	
<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward.</p>	
<p>*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.</p>	
<p>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).</p>	
<p>For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p> <p></p> <p>Authorized Signature</p>	
<p><b>For information only:</b></p> <p><b>COVERAGE:</b> Third Party Only</p> <p><b>SUM INSURED:</b></p> <p><b>EXCESS:</b> Section II \$5500, Additional Excess for Young, Elderly &amp; Inexperienced Drivers. \$53000</p> <p><b>FINANCE COMPANY:</b> MALAYAN BANKING BERHAD</p> <p><b>PRODUCER NAME:</b> JARDINE LLOYD THOMPSON PTE LTD</p>	

PLSU-/26-DEC-17

S1\_CL\_T1\_T3\_OE\_Template2-Ver1.

26-DEC-17

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

Employer:  
**TIONG WOON CRANE & TRANSPORT (PTE) LTD**

  
Name:  
**RONY RAFIQUUL ISLAM**  
Work Permit No.:  
**0 62544222** Sector:  
**CONSTRUCTION**

  
  
**X0488421**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

  
Licence Number: **G8309923U**  
Name:  
**RAFIQUL ISLAM RONY GOLAM MOSTOFA**  
Date of Birth: **30 Dec 1981**  
Issue Date: **03 Feb 2014**  
Valid Till: **02 Feb 2019**

  
**002264500C**

**VISIT PASS**  
Immigration Regulations

Name:  
**RONY RAFIQUUL ISLAM**

  
File:  
**G8309923U**  
Date of Birth: **30-12-1981** 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**  
**03 Feb 2014**

**Class 3** Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

  
Licence No: **G8309923U**

**NP 428A**