

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In: 30/10/18        | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/0218019708/13 | SAS e-filing                             |                       |         |
| Veh No: 6BM7120A         | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A 07/10/18 1530      | 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: (MOTO INTEL) | Tel:   | Fax:                  |
| TP Particulars:                                     | Veh No: 4N3312K  | 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 repaler.

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

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

|   |                       |         |
|---|-----------------------|---------|
| Remarks: (INC hotline: 6788 6016)                       | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |          |
|---------------------------------|---|-------------|----------|
| NA/507054                       | Invoice Preparation Checklist                   | Amo (\$)    | Amo (\$) |
| Claimant's Particulars          | 1) AR: Accident Reporting (\$30);               |             |          |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$50)    |             |          |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |             |          |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |          |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |          |
| Auditors' Comments:             | For claiming against INC Only (wef 10 Jan 2005) |             |          |
| Ref. 1:                         | 6) TR: Re-inspection \$75                       |             |          |
| 2/3:                            | 7) NI: Idao DA + SMRT Survey \$160              |             |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |
|                                 | Q11:  |             |          |
|                                 | *N5: Courtesy Car / Tpl 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 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. 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             | 30/10/2018 11:54      |
| Date Of Accident           | 27/10/2018 13:30      |
| Exact Location Of Accident | SUNGEI KADUT STREET 5 |
| Country/State of Loss      | SINGAPORE             |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | GBH7120A                 |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | M/S CYC BUILDERS PTE LTD |
| Co Reg No                   | 201606071D               |
| Email Address               | NOEMAIL                  |
| Mobile Phone No             | (LOCAL) +65-92951633     |
| Alternative Phone No        | OFFICE-97830241          |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | DYNA               |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL USE     |
| 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          | COMPREHENSIVE                                 |
| Fleet Policy              | NO  |
| Policy Number             | DMCVSN1827651800                              |
| Cover Note Number         |   |

### Driver

|                      |                          |
|----------------------|--------------------------|
| Name of Driver       | MAMUN MD MUZTABAN HOSSEN |
| Passport No/FIN      | G2420365X                |
| Date Of Birth        | 04/01/1991               |
| Occupation           | OUTDOOR                  |
| Date Of Driving Pass | 25/10/2016               |
| Driving Experience   | 2 YEARS AND 0 MONTHS     |
| Gender               | MALE                     |
| Mobile Number        | (LOCAL) +65-84011677     |
| Fax Number           |                          |
| Contact Number       |                          |
| E-Mail Address       | NOEMAIL                  |

|   |                            |
|---|----------------------------|
| Address   | 11 MANDAI ESTATE<br>#03-01 |
| Postcode  | 729908                     |
| 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 | AFTER RAIN |
| Road Surface       | WET        |

#### 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?   | 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?  | 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?   | YES           |
| Remarks/ Reasons:                             | WITH WORKSHOP |
| Was there any audio recorded?                 | NO            |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                    |
|-------------------------------------|--------------------|
| Vehicle Registration Number         | YN3312K            |
| Vehicle Make/Model/Colour           | ISUZU              |
| 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) |                    |

#### DETAILS OF INJURED PERSON 1

|   |                          |
|---|--------------------------|
| Name  | MAMUN MD MUZTABAN HOSSEN |
| Approximate Age                                     |                          |
| Injuries Sustain                                    | SLIGHT                   |
| Injured person in which vehicle?                    | GBH7120A                 |
| Were seat belts worn?                               | YES                      |
| Was this injured conveyed to hospital by ambulance? | NO                       |
| Address   |                          |
| Postcode  |                          |



## 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.
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5. Any false reporting may be referred to the Police for investigation.
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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:

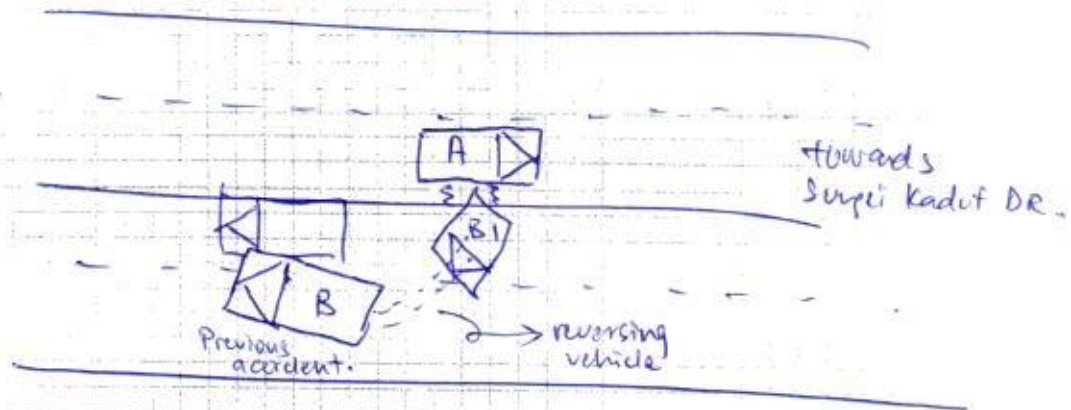
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 30/10/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

Sungei Kadut St 5.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Sungei Kadut St 5 on the left lane of a 2-lane road towards Sungei Kadut Drive. Somewhere while passing NO1A Sungei Kadut St 5, there was an accident and I slowed down to drive past the accident. After I passed the accident, I suddenly felt a strong impact from the right hand side of my vehicle. After the accident, I alighted to see that vehicle B, who was previously involved in an accident, had reversed and collided into the right hand portion of my vehicle. Hence I was involved in an accident of 3 vehicles. I got video recording for the accident. I experienced body pain and will be seeking medical attention.

Vehicle A: GBH 7120A.

Vehicle B: YN 3312K

## DECLARATION

We declare the foregoing particulars are true in every respect.

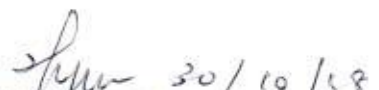


Policyholder's Signature  
Date & Time:



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



 30/10/18

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



Date of Accident : 27 Oct 2018 Accident Time: 1330hrs. (24-HR-Form)  
 Accident Place : Sungei Kadut Street 5.  
 Vehicle No. (Car Plate No.) : GBH 7120A Make/Model: Toyota Dyna.  
 Insurance Company : China Taiping Policy No: DM CVSN 1827651800  
 Owner or Company Name / IC No. : CYC BUILDERS PTE LTD. 201606071D  
 Owner or Company Contact No. : 97830241 (Yap) Owner's Hp 92951633 Company Tel. (Chan)  
 DRIVER'S Name / IC No. : Mamun Md Muztaban Hossen (G2420365X)  
 DRIVER'S Date Of Birth : 04 Jan 91 DRIVER'S License Pass Date 25 Oct 2016.  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
 DRIVER'S Address : 11 mandai Estate #03-01 S(6759908)  
 DRIVER'S Contact No. / Alt No. : 8401 1677. 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Sales@mia.co  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 01 - Passenger.  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): Driver Injured.

**Other Party Driver's Particular (if any)**

|                               |                              |
|-------------------------------|------------------------------|
| Vehicle No: <u>YN 3312 K.</u> | Vehicle No: _____            |
| Vehicle Make/Model: _____     | Vehicle Make/Model: _____    |
| Name Driver: <u>Suzu.</u>     | Name Driver: _____           |
| IC No. Driver/Contact: _____  | IC No. Driver/Contact: _____ |

\* NEW - Passenger's name & gender:

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

Licence Number: **G 2 4 2 0 3 6 5 X**  
Name: **MAMUN MD MUZTABAN HOSSEN**

Birth Date: **04 Jan 1991**  
Issue Date: **25 Oct 2016**  
Valid Till: **24/10/2021**





 002622905D


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

Employer:  
**FUI BUILDERS PTE. LTD.**

Name:  
**MAMUN MD MUZTABAN HOSSEN**

Work Permit No.: **0 6423420-** Sector: **CONSTRUCTION**

 **K0285401**



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

|  | EFFECTIVE DATE |
|--|----------------|
| Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg | 25 Oct 2016    |

NP 428A



VISIT PASS

Immigration Regulations

17-04-2016

Name  
MAMUN MD MUZTABAN HOSEN

FIN  
G2420365X

Date of Birth Sex  
04-01-1991 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





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200208384E

MZ300/C  
N SN  
AN0646A  
Cov.Type: C

MOTOR COMMERCIAL VEHICLE

**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)

ORIGINAL

CERTIFICATE No.

DMCVSN1827651800

Engine No :1KD2820677  
Chano: JTFAT35Y60K211419

1. Index Mark and Registration  
Number of Vehicle

GBH7120A

2. Name of Policy Holder

M/S CYC BUILDERS PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

03 September 2018 Excess Sect I ..... S\$600.00  
EX ON WINDSCREEN ..... S\$100.00

4. Date of Expiry of Insurance

02 September 2019

5. 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 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.

6. 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 hire 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.

HIRE PURCHASE CO. : HITACHI CAPITAL ASIA PACIFIC PTE LTD AS HP OWNER

\* 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.

Issued By:

CHUA SUAT LAY SALLY

Authorised Officer

Authorised Signatory