

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NHA 11815750**

Date In: 3/12/08-16:31	Job description	Date & Time Completed	Done by
Ref No: NHA 0721802 PNY 124	SAS e-filing		
Veh No: 68572333	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 3/12/08-09:25	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **68572333** 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% F: 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:- (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] ()		

Injury: _____

Date/Time	Actions

NHA 1807962	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: 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)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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: Idno 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	05/12/2018 16:51
Date Of Accident	03/12/2018 09:25
Exact Location Of Accident	PIONEER CICLE AFTER PIONEER RD NORTH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7733S
Insured/Policyholder	
Name Of Registered Owner	M/S YEO HENG ELECTRICAL WORKS
Co Reg No	34982200W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91190119
Alternative Phone No	OFFICE-91190119

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3011061800
Cover Note Number	

Driver

Name of Driver	ROY SAMAL CHANDRA
NRIC No	G6748244T
Date Of Birth	11/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83071018
Fax Number	
Contact Number	OFFICE-83071018
EEmail Address	NOEMAIL

Address 1 YISHUN STREET 23
#01-15 YS-ONE

Postcode 768441

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 - CHANGE/CROSS LANE

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) 4

Passenger 1
NAME: : KHALEK MD ABDUL
GENDER: : MALE

Passenger 2
NAME: : RAHMAN MD ANISUR
GENDER: : MALE

Passenger 3
NAME: : RAHAMAN MD MAHABUB
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address **ROAD:** 31 YISHUN CENTRAL , **POSTCODE:** 768827 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-8529999 - **FAX NO:** 68522299

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181205/2049.

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 GBB1151G

Vehicle Make/Model/Colour

Details Of Properties

SKETCH PLAN

IMPORTANT NOTICE

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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:

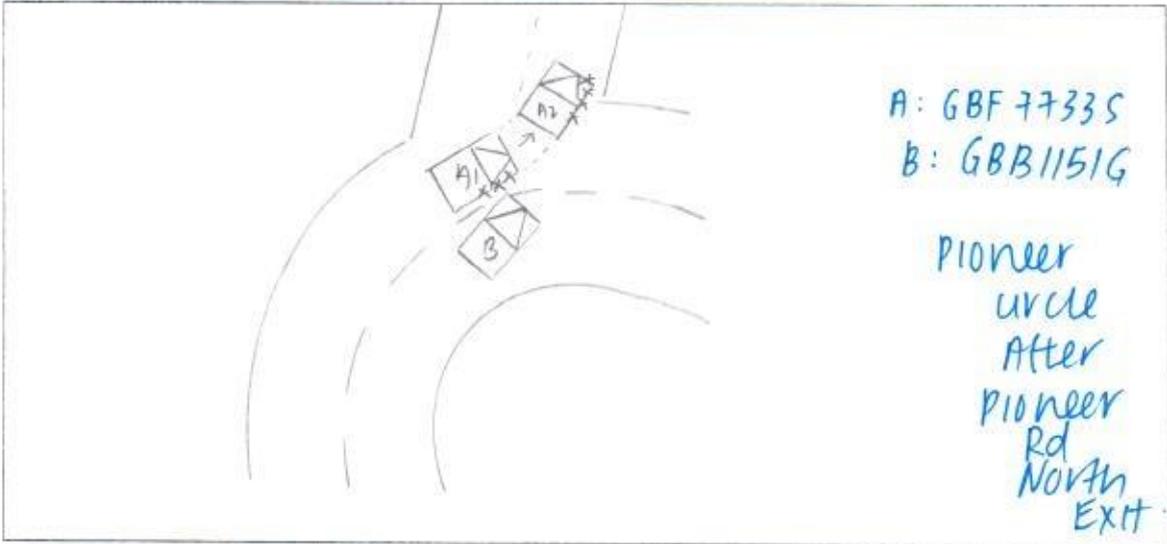
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

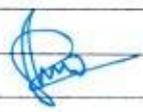
I was travelling straight along the outer lane out of two lanes.

Suddenly vehicle "B" encroached into my lane and hit onto the right portion of my vehicle. The strong impact caused my car to skid towards the left.

After the accident, me and my passengers felt pain and discomfort.

Injured

- ① Roy Samal Chandra
- ② Rahman Md Anisur.



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.:

VEHICLE NO: GBF7733S MAKE & MODEL: TOYOTA PUNYA

DATE OF ACCIDENT 03 / 12 / 2018

TIME OF ACCIDENT 09:25 AM/PM

LOCATION OF ACCIDENT Pioneer Circle After Pioneer Rd NOVAH EXH-

EXACT PURPOSE USE DURING ACCIDENT

NAME OF OWNER Yeo Heng Electrical Works

TEL NO 9190119

NRIC 34982200W

CLAIM TYPE OD / THIRD PARTY / REPORTING ONLY

INSURANCE CO CHINA TAIPING

TYPE OF COVERAGE Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO. DMCVSN3011061800

NAME OF DRIVER As Above / If No: Roy Samal Chandra

NRIC 063329959 Any Passengers: 03

DATE OF BIRTH 11 / 05 / 1989

OCCUPATION Outdoor / Indoor

DATE OF DRIVING PASS 03 / 03 / 2016

GENDER Male / Female

CONTACT NO. 83071018 Office: Home:

ADDRESS 1 Yishun St 23 #01-15 YS-one S(768441)

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 INJURIEES No / If yes: Who? ① Khatek Md Abdul ② Rahman Md Anisur ③ Rahaman Md Mahabub

CONTACT NO. ④ Roy Samal Chandra

POLICE REPORT No / If yes: Where? Yishun North N.P.C

VEHICLE B NO. GBB 1151G Any Passenger: NIL

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

PARTICULAR WORKSHOP NEW HOCK TECK MOTOR PTE. LTD.

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



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2018 12:44		Vide Report No.: J/20181203/0044		Station Diary No.: 50	
Informant's Particulars					
Name of Informant: ROY SAMAL CHANDRA			Address: 212 Tampines Street 23 SINGAPORE 520212		
ID Type / ID No.: FIN NO / G6748244T			Contact No.: Home/Office: Mobile: 83071018		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 29	Date of Birth: 11/05/1989	Type of Informant: Driver		
Race: Indian		Language:		Institution / School Name:	
Occupation: Electrician		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2018 09:25	Type of Location:
Location: Along Road 1 PIONEER ROAD NORTH Pioneer circle after Pioneer Rd North Exit				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB1151G	Van					0
GBF7733S	Lorry				Slightly Damaged	3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF7733S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	dmcvsn301106180 0	08/03/2018	07/03/2019



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	RAHMAN MD ANISUR	ID No.	G2918241N
Related Vehicle	GBF7733S (Lorry)	Contact No.	NIL
Hospital/Clinic	SHIFA CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	ROY SAMAL CHANDRA	ID No.	G6748244T
Related Vehicle	GBF7733S (Lorry)	Contact No.	83071018
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	RAHAMAN MD MAHABUB	ID No.	G8242412T
Related Vehicle	GBF7733S (Lorry)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 03/12/2018 at around 0925hrs, i was driving my company vehicle (GBF7733S) with 3 passengers along Pioneer Circle after Pioneer north exit. I was travelling on the second lane (outer lane) of a two lane road when a vehicle (GBB1151G) encroached into my lane from the first lane and collided onto the right portion of my vehicle. Due to the impact of the collision, my car skidded towards the left. Shortly after the accident, me and my passengers felt pain and discomfort. As such, we went to the hospital and received MC for our injuries.



**SINGAPORE
POLICE FORCE**



T/20181205/2049

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 4

Report No. T/20181205/2049

CONTINUATION OF REPORT



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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: L / Sgt 2 NU'MAN BIN MOHD NOOR	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN SN085 ABDULLAH	
Contact No: 65476204 Authentication Stamp NP168	

Signature Of Informant:
Date/Time: 05/12/2018 12:44
Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G6748244T**

Name: **ROY SAMAL CHANDRA**

Birth Date: **11 May 1989**

Issue Date: **03 Mar 2016**

Valid Till 02/03/2021



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 Mar 2016**



NP 428A



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

Employer
YEO HENG ELECTRICAL WORKS



Name
ROY SAMAL CHANDRA

Work Permit No. Sector:
0 63329959 CONSTRUCTION



K0809410

VISIT PASS
 Immigration Regulations

21-09-2018

Name
ROY SAMAL CHANDRA

FIN
G6748244T

Date of Birth Sex
11-05-1989 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.**



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. DMCVSN3011061800 Engine No :1KD2684609
Chassis No:JTFAT35Y80K207548

1. Index Mark and Registration Number of Vehicle GBF7733S

2. Name of Policy Holder M/S YEO HENG ELECTRICAL WORKS

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 08 MARCH 2018 EX SECT. IS\$350.00
EX ON WINDSCREENS\$100.00

4. Date of Expiry of Insurance 07 MARCH 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 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.

3. 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. : ETHOZ CAPITAL 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 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.

CSG MOTOR TRADER PTE LTD
Reg. No.: 201537487C
172 Sin Ming Drive
Singapore 575720
Tel: 6833 9400 Fax: 6456 0678

Countersigned By:

Authorised Officer

Authorised Signatory