

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **NA11816297**

Date In: 12/12/18-15:12	Job description	Date & Time Completed	Done by
Ref No: NA11816297	SAS e-filing		
Veh No: 6D6693J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/12/18-15:42	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:	Veh No 5JN77667	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:- (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

NA1808265	Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	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:-			
QC Checked by (Engr-In-Charge):	Q1*			
	* 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 30			
Auditors' Comments :-	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	17/12/2018 15:12
Date Of Accident	15/12/2018 13:40
Exact Location Of Accident	AYE (MCE) AFTER JLN BOON LAY EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6993J
Insured/Policyholder	
Name Of Registered Owner	M/S E'CAPS RENOVATION & CONSTRUCTION PTE LTD
Co Reg No	201603902G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93368148
Alternative Phone No	OFFICE-93368148

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	DMCVSN3064151800
Cover Note Number	

Driver

Name of Driver	SHAK MD HELAL
Passport No/FIN	G6569780M
Date Of Birth	15/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98644532
Fax Number	
Contact Number	OFFICE-98644532
Email Address	NOEMAIL

Address 2 YISHUN INDUSTRIAL STREET 1
#03-10 NORTH POINT BIZHUB

Postcode 768159

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) 3

Passenger 1
NAME: : ALI AZGAR
GENDER: : MALE

Passenger 2
NAME: : RANA MD MASUD
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name EUNOS NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181217/2086.

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 SJN2766T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver GLORIA ONG

NRIC/Passport Number	S9230312H
Contact Number	82827239
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	ALI AZGAR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG6993J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	RANA MD MASUD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG6993J
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**.
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.

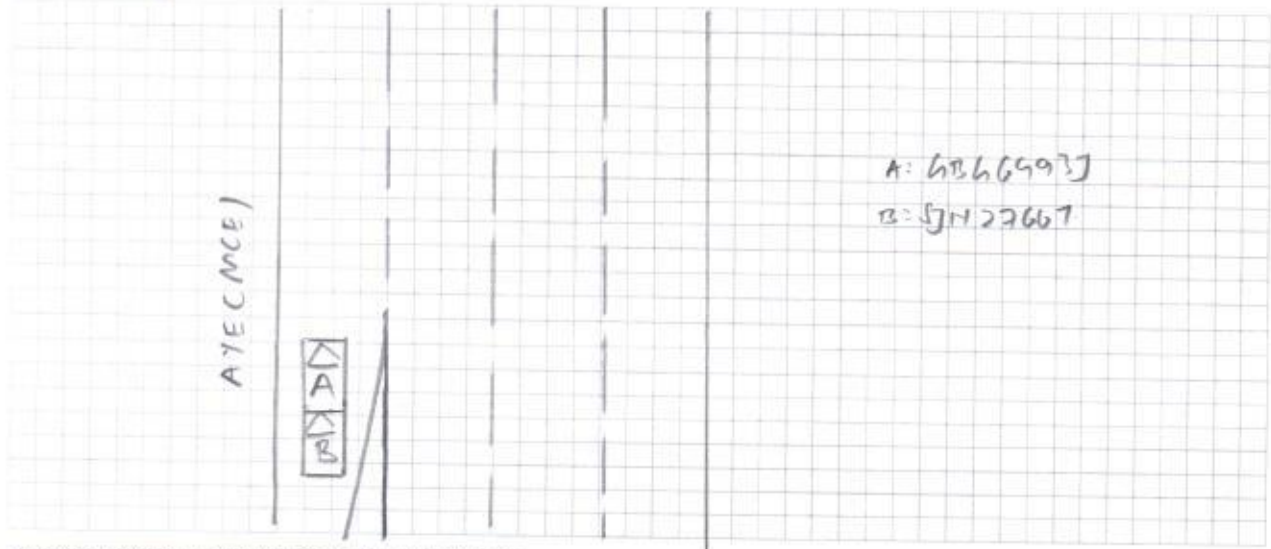


Policyholder's Signature
Date & Time:

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

Refer to police report - 7/2018/17/2086.

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/20181217/2086

1 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20181217/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2018 13:46	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars			
Name of Informant: SHAK MD HELAL		Address: C/O 2 Yishun Industrial Street 1 #03-10 North Point Bizhub SINGAPORE 768159	
ID Type / ID No.: FIN NO / G6569780M		Contact No.: Home/Office: 97472529 Mobile: 98644532	
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 31	Date of Birth: 15/11/1987	Type of Informant: Driver
Race: Others		Language: English	Institution / School Name:
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/12/2018 13:40	Type of Location: Straight Road
Location: Along Road 1 JALAN JENTERA				
Heading towards the AYE expressway Lamp Post Number: 172				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GBG6993J	Lorry	NISSAN		Silver	Slightly Damaged	2
SJN2766T	Car	MITSUBISHI		Grey		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181217/2086

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20181217/2086

CONTINUATION OF REPORT

Passenger			
Name	ALI AZGAR	ID No.	G6658019P
Related Vehicle	GBG6993J (Lorry)	Contact No.	83606468
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/12/2018	Date Discharge	15/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SHAK MD HELAL	ID No.	G6569780M
Related Vehicle	GBG6993J (Lorry)	Contact No.	97472529
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
Passenger			
Name	RANA MD MASUD	ID No.	G2054928P
Related Vehicle	GBG6993J (Lorry)	Contact No.	90839381
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/12/2018	Date Discharge	15/12/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	GLORIA ONG	ID No.	S9230312H
Related Vehicle	SJN2766T (Car)	Contact No.	82827239
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



**SINGAPORE
POLICE FORCE**



T/20181217/2086

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

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Report No. T/20181217/2086

CONTINUATION OF REPORT

Brief Details.

On 15 Dec 2018 at about 1.40pm, I was travelling in my company lorry (License Plate: GBG6993J) along Jalan Jentera heading towards the AYE expressway. I was with 3 of my colleagues, 2 of them were seating behind. It was a 4-lane road and I was travelling on the 4th lane. I came to a stop as the vehicle in front of me stopped. Suddenly I felt an impact from behind my lorry. I alighted and realized that a grey Mitsubishi (License Plate: SJN2766T) had collided into the rear of my lorry.

I exchanged details with the Mitsubishi driver (Gloria Ong, NRIC: S9230312H, Hp:82827239). There were no Traffic Police or ambulance at scene. There is an in-car camera in my lorry.

The collision took place near lamppost No. 172 somewhere before Tukang Innovation Drive. After the accident, 2 of my colleagues who were seating behind the lorry sought treatment at Khoo Teck Puat Hospital. I am not injured.



**SINGAPORE
POLICE FORCE**



T/20181217/2086

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629 Bedok Reservoir Road #01-1620
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Tel No: 1800-4439999

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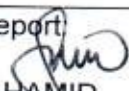
Report No. T/20181217/2086

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:
G / 
Sr Staff Sgt MUHAMED SHAMIR S/O HAMID
GHOUSE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:



Date/Time:
17/12/2018 13:46

Classification Of Case:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee's Photo: 

License Number: **G6569780M**

Name: **SHAK MD HELAL**

Birth Date: **15 Nov 1987**

Issue Date: **25 Mar 2017**

Valid Till: **24/03/2022**

Barcode: 

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

Employer: **E'CAPS RENOVATION & CONSTRUCTION PTE. LTD.**

Name: **SHAK MD HELAL**

Work Permit No.: **D 63187402**

Sector: **CONSTRUCTION**

Photo: 

Barcode: 


K0924849

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

Class	Description	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 $\leq 2500\text{kg}$	25 Mar 2017

NP 428A

Licence No: G6569780M

Barcode: 

VISIT PASS
Immigration Regulations

Name: **SHAK MD HELAL**

FIN: **G6569780M**

Date of Birth: **15-11-1987**

Sex: **M**

Nationality: **BANGLADESHI**

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

QR Code: 

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Barcode: 

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. DMCVSN3064151800 Engine No : ZD30025634N
Chassis No: JN1SC2F24Z0860126

1. Index Mark and Registration
Number of Vehicle GBG6993J

2. Name of Policy Holder M/S E'CAPS RENOVATION & CONSTRUCTION PTE. LTD.

3. Effective date of the Commencement of Insurance for
the purposes of the Regulations, Ordinance or Enactment 30 SEPTEMBER 2018 EX SECT. IS\$350.00
EX ON WINDSCREENS\$100.00

4. Date of Expiry of Insurance 29 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. : UNITED OVERSEAS BANK LIMITED 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.



Countersigned By:

Authorised Officer

Authorised Signatory