

NATIONAL Assessment Centre Services

Date In: 16/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19001002/13	SAS e-filing		
Veh No: GBH80530	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/01/19 0750	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: (N-51	Tel:	Fax:
TP Particulars:	Veh No: 52Q7379E	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

NA1900493	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OP:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (N-n INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	16/01/2019 15:54
Date Of Accident	16/01/2019 07:50
Exact Location Of Accident	SIMS AVE B4 EUNOS RD 5
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH8053D
Insured/Policyholder	
Name Of Registered Owner	I-DEAL AUTO TRADING PRIVATE LIMITED
Co Reg No	201429874K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91868299
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5086661051-02
Cover Note Number	
Driver	
Name of Driver	JUWEL KABIR EMDAD HOSSAIN
Passport No/FIN	G6503047R
Date Of Birth	01/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84379874
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	7030 ANG MO KIO AVE 5 #05-30
Postcode	569880
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (including own vehicle) 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)	5
Passenger 1	NAME: : RAHMAN MD MUJIBAR GENDER: : MALE
Passenger 2	NAME: : HOSSEN MILLAT GENDER: : MALE
Passenger 3	NAME: : SHIL SHANJOY KUMAR GENDER: : MALE
Passenger 4	NAME: : MAHMUD WASIUDDIN GENDER: : MALE

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	SLQ7379E
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	RAHMAT BIN AHMAT
NRIC/Passport Number	
Contact Number	90463572
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	JUWEL KABIR EMDAD HOSSAIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBH8053D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	RAHMAN MD MUJIBAR (MALE) (MALE) (MALE)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBH8053D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	HOSSEN MILLAT
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBH8053D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	SHIL SHANJOY KUMAR
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBH8053D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 5

Name	MAHMUD WASIUDDIN
------	------------------

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

GBH8053D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

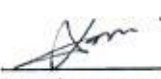
IMPORTANT NOTICE

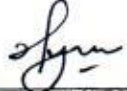
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

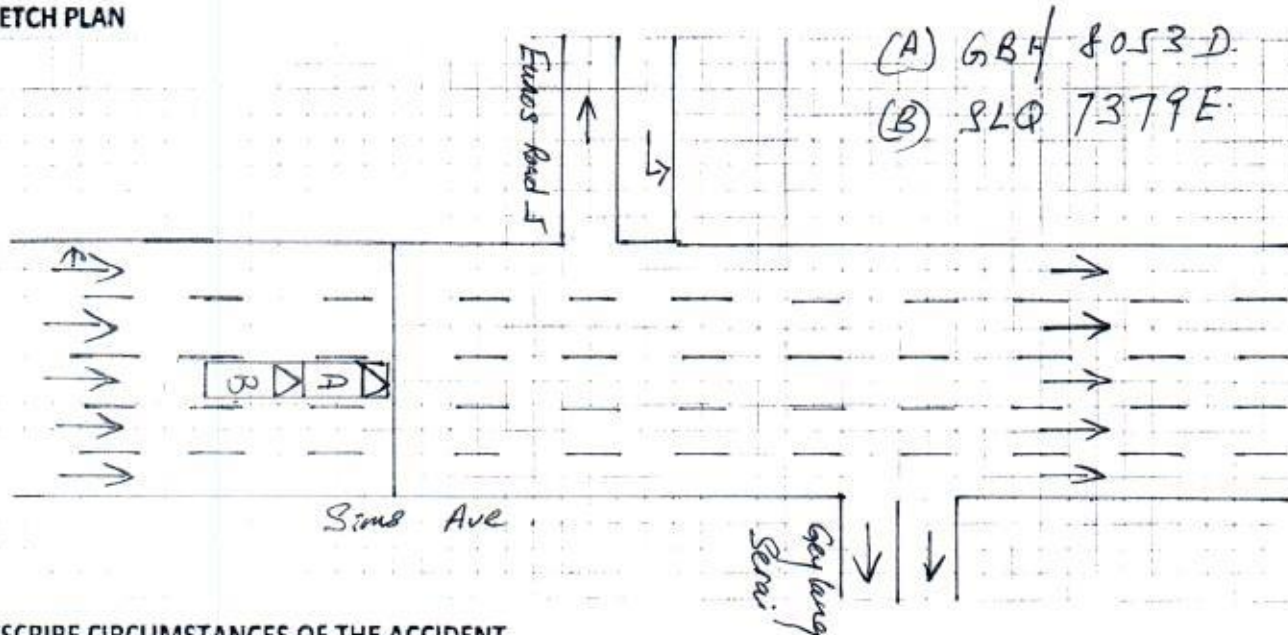
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 16/01/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/01/19 at @ 0750 hrs, I stopped my vehicle (GBH 8053D) along Sims Ave before Eunos Road 5 on the third lane from the right due to red light. About 5 seconds later, a car (SLQ 7379E) from behind collided onto the rear portion of my vehicle.

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.	GBH 8053 D	Model / Make	Toyota Dyna.
Date of Accident	16/01/19		
Time of Accident	0750 HRS		
Location of Accident	Sims Ave before Euros Road 5.		
Exact purpose use during accident	Commercial Used		
Name of Owner	I-Deal Auto Trading Private Limited.		
Telephone No.	H/P: 9186 8299. Home:	Office:	
NRIC	201429874 K.		
Address	18. Sin Meng Lane #03-06, Midview City (S) 573960		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NJUC.		
Type of Coverage	Comprehensive <u>Third Party</u> Third Party / Fire / Theft		
Policy No.	5086661051-01		
Name of Driver	As Above If No, Kabir Juwel.		
NRIC	G6503047R.	Any Passengers:	04 (M).
Date of birth	01/05/1984.		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	03/03/2015		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 8437 9874. Home:	Office:	
Address	7030, Ang Mo Kio Ave 5 #05-30 @ 569880.		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state <u>finer</u> .		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, If Yes, Who? ① Kabir Juwel (H/P: 8437 9874)		
Name And Contact No.	② Rahman MO Mujibar (H/P: 86541715) ③ Hossen Millat (H/P: 81961797)		
Name And Contact No.	④ Shil Sanjoy Kumar (H/P: 90364018) ⑤ Mahmud Wasimuddin (H/P: 90893994)		
Police Report	No, If Yes, Where?		
Vehicle B No.	SLQ 7379E.	Any Passengers:	N.A.
Name of Driver	Rahmat Bin Ahmat	Contact No.:	9046 3572.
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A	Witness Contact:	N.A
Accident Portion	Rear Portion.		
Camera Recorder	Yes / <u>No</u> .		
Email Address			
PARTICULAR WORKSHOP	Forster N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixin		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G6503047R**

Name: **JUWEL KABIR EMDAD HOSSAIN**

Birth Date: **01 May 1984**

Issue Date: **03 Mar 2015**

Valid Till: **02 Mar 2020**

002401337A

SG 50

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

Employer: **BL CONSTRUCTION PTE. LTD.**

Sector: **CONSTRUCTION**

Name: **KABIR JUWEL**

Occupation: **CONSTRUCTION WORKER-CUM-DRIVER**

Work Permit No.: **0 63081450**

Date of Application: **21-08-2015**

Date of Issue: **15-08-2017**

Date of Expiry: **30-08-2019**

L8217676

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

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

EFFECTIVE DATE

03 Mar 2015



NP 428A

VISIT PASS
Immigration Regulations

Name: **KABIR JUWEL**



Date of Birth: **01-05-1984** Sex: **M** Nationality: **BANGLADESHI**

File: **G6503047R** Date of Issue: **15-08-2017** Date of Expiry: **30-08-2019**

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.

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 Number : 5086661051-01

Cover : Third Party

- | | |
|--|---------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBH8053D |
| Chassis Number | : JTFAT35Y50K200184 |
| 2. Name of Policyholder | : I-DEAL AUTO TRADING PRIVATE LIMITED |
| 3. Effective Date of Insurance | : 16 Oct 2018 |
| 4. Expiry Date of Insurance | : 15 Oct 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her 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# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

Agency : WAH HONG INSURANCE AGENCY PTE LTD (00000614852)
 Date of Issue : 12 Dec 2017 11:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive