

NATIONAL Assessment Centre Services. (ver 1 Jan 2003) MMA 119015126.

Date In: 11/2/19 09:07	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC19002106/b4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: YN 5931K	I-Motor Claim Form	MT/1103034002	11/2/19 13:25
D.O.A: 31/1/19 10:50	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	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: SCM 1275	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:	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

MA1900930

Claimant's Particulars:	Invoice/Repairation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Ref 1:	For claiming against INC Only (ver 10 Jan 2003)		
Ref 2/3:	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (N'n INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	01/02/2019 09:07
Date Of Accident	31/01/2019 10:50
Exact Location Of Accident	AMK AVE 5 SLIP RD INTO CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5931K
Insured/Policyholder	
Name Of Registered Owner	JAI CONSTRUCTION PTE. LTD.
Co Reg No	201209249R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98835376
Alternative Phone No	OFFICE-90687640

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5068915547-03
Cover Note Number	-

Driver

Name of Driver	HOSSAIN JUBAYER
NRIC No	G2097233K
Date Of Birth	10/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2015
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94344016
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	NO 25 KAKI BUKIT RD 4 #03-78
Postcode	417800
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : AZIBUL HUQ GENDER: : MALE
Passenger 2	NAME: : AZIM UDDIN 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

I WAS TRAVELLING ALONG AMK AVE 5 AT THE SLIP RD INTO CTE, I STOP BEHIND VEH B (BEARING NO SGM127S) AT THE SLIP RD. WHEN I NOTICED THE VEH STARTED TO MOVE, AS SUCH I FOLLOW TO MOVE, SUDDENLY VEH B STOP WITHOUT ANY REASON. I MANAGE TO STOP BUT CANNOT STOP IN TIME AND COLLIDED ONTO THE VEH B REAR PORTION.

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	SGM127S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD FADLY BIN SALLEH
NRIC/Passport Number	S8103699C
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: : ALVIN

GENDER: : MALE

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.:

CTE

A = YN S931K
B = SGM127S

AMK Ave S.

Please Refer to Statement f

DECLARATION
I/We declare the foregoing particulars are true in every respect.

are the foregoing

7th



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Hossain Jubayer

Licence Number: **G2097233K**

Name: **HOSSAIN JUBAYER**

Birth Date: **10 Feb 1989**

Issue Date: **17 Feb 2015**

Valid Till: **16 Feb 2020**

Barcode: 002397624E

SG logo

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

Employer: **JAI CONSTRUCTION PTE. LTD.**

Portrait photo of Hossain Jubayer

Name: **HOSSAIN JUBAYER**

Work Permit No.: **0 63734306**

Sector: **CONSTRUCTION**

Barcode

K0044310

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **17 Feb 2015**

Licence No: **G2097233K**

Barcode

NP 428A

VISIT PASS
Immigration Regulations

13-11-2017

Name: **HOSSAIN JUBAYER**

File: **G2097233K**

Date of Birth: **10-02-1989** 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

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5068915547-03		JAI CONSTRUCTION PTE, LTD.	201209249R	GCV	Comprehensive	YN5931K	YN5931K	28/02/2018	27/02/2019

Claim Handling

Accident MT/1030340

Policy No.	5068915547-03	Vehicle No.	YN5931K	GST Registration No.	201209249R
Certificate No.					
Policyholder Name	JAI CONSTRUCTION PTE. LTD.			Policyholder NRIC	201209249R
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	31/01/2019 15:33	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	31/01/2019	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ANG MO KIO AVE 5 SLIP ROAD TOWARDS CTE (PIE) CITY				
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	10/03/2014		
GST Registration No.	201209249R	GST Status Verified	Yes		
Modification History	01/02/2019 09:01:05 Deborah Mui changed GST Registered from No to Yes 01/02/2019 09:01:05 Deborah Mui changed GST Registration No. from null to 201209249R 01/02/2019 09:01:05 Deborah Mui changed GST Registration Date from null to 10/03/2014				
Policyholder Mailing Address					
Address 1	25 KAKI BUKIT ROAD 4	Address 2	#03-78 SYNERGY @ KB	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	417801
Unit No.		Related Policy Number	5068915547-03		
OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002

New

Claim Type *	OD-MX	Insured Name	JAI CONSTRUCTION PTE. LTD.
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	YN5931K
Claim Description	YN5931K / SGM1275 ON 31 Jan 2019		
Preferred Workshop	0	Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	01/02/2019 13:24
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1030340	Claim No.	002
Last Doc. Received	Yes No	Upload Date	01/02/2019 13:25
Path *		Category *	Confidential Urgency *
Choose File No file chosen		Clear Please Select	NO Normal

Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Message Read

Clear Please Select NO Normal
Clear Please Select NO Normal
Clear Please Select NO Normal
Clear Please Select NO Normal
Clear Please Select NO Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 13:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 13:24	SAS	Normal	SAS 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 13:24	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 13:24	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 13:24	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 13:24	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 13:24	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 13:24	Photos	Normal	Photos 2019-2-1
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 13:24	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 13:24	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 13:24	Photos	Normal	Photos 2019-2-1

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window Scan and uploading