

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 27/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/CT219003672/13	SAS e-filing		
Veh No: GBJ1519M	E-mail (within 8hrs, AIC 2hrs)		
DOA: 26/02/19 1245	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: (**TWINCAR**) Tel: () Fax: ()

TP Particulars: Veh No: **SLT3640K** 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
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1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury : _____

Date/Time Actions

Date/Time	Actions

Invoice Preparation Checklist

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac 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 (Non INC) against INC \$20		
	9) N12: Idac 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	27/02/2019 12:46
Date Of Accident	26/02/2019 12:45
Exact Location Of Accident	KALLANG RD INFRT ICA BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1519M
Insured/Policyholder	
Name Of Registered Owner	M/S YOU SERVICES PTE.LTD.
Co Reg No	201409083Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96672243

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	DMCVSN1903931900
Cover Note Number	

Driver

Name of Driver	HASSAN TAWFIQUE
Passport No/FIN	G8215790K
Date Of Birth	17/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	22/07/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90176607
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	6001 BEACH ROAD #02-62 GOLDEN MILE TOWER
Postcode	199589
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	DRIZZLING
Road Surface	WET

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)	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	SLT3640K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

HASSAN TAWFIQUE

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

GBJ1519M

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.:

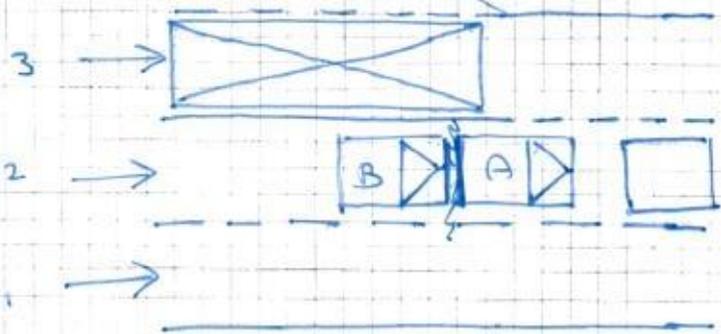
SKETCH PLAN KALLANG ROAD
TOWARD VICTORIA ST

BUS STOP ID 01319
BUS BAY

ICA BUILDING

VEHICLE A
- GBJ 1519 M

VEHICLE B
- SLT 3640 K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG KALLANG ROAD, TOWARD VICTORIA ST DIRECTION. I WAS ON THE SECOND LANE, MIDDLE LANE.

WHILE TRAVELLING STRAIGHT, DUE TO THE VEHICLE IN FRONT BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ORIENTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE (SLT 3640 K) THAT COLLIDED TO THE REAR OF MY VEHICLE.

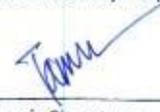
THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN CAR CAMERA.

VEHICLE A - GBJ 1519 M
VEHICLE B - SLT 3640 K

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:

 27/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	G83 1519 M	Model / Make	TOYOTA HACE
Date of Accident	26/02/2019		
Time of Accident	1245	HRS	
Location of Accident	KALLANG RD, IN FRONT ICA BUILDING NEAR, STOP ID 01319		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	SON SERVICES PTE LTD		
Telephone No.	H/P: 96672243	Home:	Office:
NRIC	2014 940832		
Address	6001 BEACH ROAD #02-62 GOLDEN MILE TOWER S(199589)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	CHINA TAIPING		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMCUSN 1903931900		
Name of Driver	As Above If No, HASSAN TAWFIQUE		
NRIC	G8215790K	Any Passengers: NIL	
Date of birth	17 AUG 1986		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	22 JUL 2013		
Gender	Male / Female		
Contact No.	H/P: 90176607	Home:	Office:
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other DRIZZLING
Road Surface	Dry	Wet	Other SLIGHTLY WET
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	HASSAN TAWFIQUE, 90176607		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SLT 3640 K	Any Passengers:	
Name of Driver		Contact No.:	
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		Witness Contact:	
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		


S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore
YOO SERVICES PTE. LTD.



Name: HASSAN TAWFIQUE
FIN: 0 6267389A
CONSTRUCTION:



K1065173

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G8215790K**
Name: **HASSAN TAWFIQUE**

Birth Date: 17 Aug 1986
Issue Date: 11 Jul 2018
Valid Till: 21/07/2023



 002822389B

VISIT PASS
Immigration Regulations

DP-01 (2016)

Name:
HASSAN TAWFIQUE



FIN:
G8215790K
Date of Birth: 17-08-1986
Sex: M
Nationality:
BANGLADESHI

Download SGWorkPass App to check status



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.



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 22 Jul 2013

NP 428A



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.	DMCVSN1903931900	Engine No :1KD2834368 Chassis No:JTFHT02P500246876
1. Index Mark and Registration Number of Vehicle	GBJ1519M	
2. Name of Policy Holder	M/S YOU SERVICES PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	25 JANUARY 2019	EXCESS SECT IS\$350.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	24 JANUARY 2020	
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. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC * 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

SG MOTOR TRADER PTE LTD
Reg. No.: 201537467C
172 Sin Ming Drive
Singapore 575720
Tel: 69339400 Fax: 6456 0678

Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

Taw/11
hsdo1**Register New Vehicle (Acknowledgement)****Vehicle Particulars**

Vehicle No.:	GBJ1519M	Vehicle Scheme:	Normal
Vehicle Type:	ASD - Goods (Closed) Van/Van Panel (Delivery)	Vehicle Attachment 3:	-
Vehicle Attachment 1:	No Attachment	Vehicle Model:	HIACE VAN TURBO SDR MT
Vehicle Attachment 2:	-	Engine No.:	1KD2834368
Vehicle Make:	TOYOTA	Trailer Chassis No.:	-
Chassis No.:	JTFHT02P500246876	Passenger Capacity:	2
Motor No.:	-	Power Rating:	-
Propellant:	Diesel	Maximum Laden Weight:	2800 kg
Engine Capacity:	2982 cc	Secondary Colour:	-
Maximum Power Output:	-	Original Registration Date:	25 Jan 2019
Unladen Weight:	1700 kg	Open Market Value:	\$28,136.00
Primary Colour:	Sliver	Minimum PARF Benefit:	\$0.00
First Registration Date:	25 Jan 2019	Additional Registration Fee Rate:	5.00%
Manufacturing Year:	2018		
PARF Eligibility:	No		
No. of Transfers:	0		
Actual ARF Paid:	\$1,407.00		

Owner Particulars

Owner Name: YOU SERVICES PTE LTD
 Owner ID Type: Company
 Owner ID: 201409083Z
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
 Registered Block/House No.: 6001
 Registered Street Name: BEACH ROAD
 Registered Unit No.: # 02 - 62
 Registered Building Name: GOLDEN MILE TOWER
 Registered Postal Code: 199589
 COE No. / Expiry Date: 2019012505001071G / 24 Jan 2029
 COE Bid Category: C - Goods Vehicle & Bus
 PQP Paid: \$15,413.00

Transaction Details

Business Transaction Ref. No.: 20190125131920638322
 Business Transaction Date: 25 Jan 2019
 Business Transaction Time: 13:19:20

Message

The above vehicle has been successfully registered.
 Please note that \$4,499.00 will be deducted from your GIRO account.

OK

Save as PDF