

NATIONAL Assessment Centre Services.

[out 1 Jan 2003]

MA119035004.

Date In: 15/1/19 18:28.	Job description	Date & Time Completed	Done by
Ref No: MA1CT219004741/64	SAS e-filing		
Veh No: GBB9805B.	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/3/19 11:15.	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SLQ 1062H.	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 Ref: 678816616)	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

MA1901932	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (on INC) against INC \$20		
	9) N12: Idan 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	15/03/2019 18:28
Date Of Accident	14/03/2019 11:15
Exact Location Of Accident	AMK AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9805B
Insured/Policyholder	
Name Of Registered Owner	SIGNMECHANIC PTE LTD
Co Reg No	199706090C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64550881

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	DMCVSN3088271801
Cover Note Number	-

Driver

Name of Driver	HOSSAIN MD LUKMAN
NRIC No	G8196155M
Date Of Birth	05/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	21/05/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84697950
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	424 TAGORE INDUSTRIAL AVE
Postcode	787807
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 - MAJOR/MINOR RD
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: : SUBRAMANIAN MUMGAIH GENDER: : MALE
Passenger 2	NAME: : ROBINSON STEPHENSON 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

PLEASE REFER TO 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	SLQ1062H
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)

SKETCH PLAN

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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:

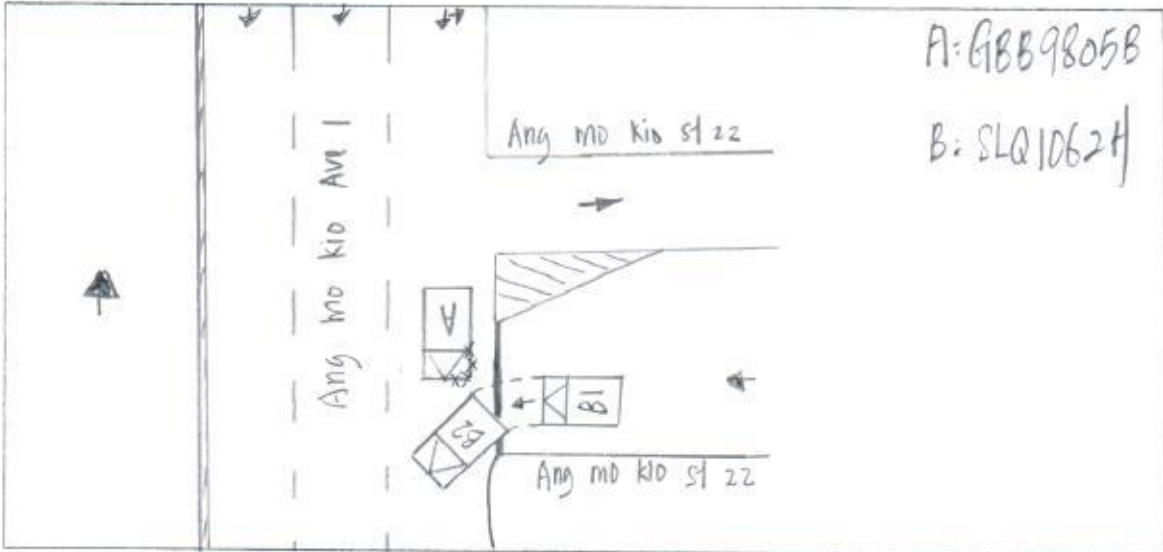

Driver's Signature

(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 driving straight along Ang mo Kio Ave 1 at extreme LH lane of 3 lanes.

Veh "B" from Ang mo Kio St 22 at my LH side failed to stopped at stop line for check main road vehicle traffic before drove out.

I tried to horn veh "B", due veh "B" drove with very fast speed from LH position therefore resulted my vehicle collided onto veh "B" rear RH position.

DECLARATION

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

Lukman
 Policyholder's Signature
 Date & Time:

Lukman
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

VEHICLE NO:	GBB9805B		MAKE & MODEL:	Nissan Cabstar	
DATE OF ACCIDENT	14 / 03 / 19		TIME OF ACCIDENT	1115 AM/PM	
LOCATION OF ACCIDENT	Ang mo kio Ave 1		EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	Sign mechanic Pte Ltd		TEL NO	6455-0881 9759-6764 (HR Min Ju, MR)	
NRIC	1997060902		CLAIM TYPE	CD / <u>THIRD PARTY</u> / REPORTING ONLY	
INSURANCE CO	China Taiping		TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSN 3088271801		NAME OF DRIVER	As Above / If No: <u>hossain md lukman</u>	
NRIC	G819615511		Any Passengers:	02	
DATE OF BIRTH	05 / 01 / 1983		1. Subramanian Munugath (M)		
OCCUPATION	Outdoor / Indoor		2. Robinson Stephenson (M)		
DATE OF DRIVING PASS	21 / 05 / 2018		GENDER	Male / Female	
CONTACT NO.	8469-7950		Office:	Home:	
ADDRESS	424 Tagore Industrial Ave Singapore 787807		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?	
POLICE REPORT	No / If yes: Where?		VEHICLE B NO.	SLR 10624	
NAME			Any Passenger:	HIN	
CONTACT NO.			Any Passenger:		
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	



WORK PERMIT

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

Employer

SIGNMECHANIC PTE LTD



Name

HOSSAIN MD LUKMAN

Work Permit No.

0 62645431

Sector:

CONSTRUCTION



K0276532

VISIT PASS

Immigration Regulations

13-04-2018

Name

HOSSAIN MD LUKMAN

FIN

G8196155M

Date of Birth

05-01-1983

Sex

M

Nationality

BANGLADESHI

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.**

Download SGWorkPass
App to check status



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G8196155M**

Name:

HOSSAIN MD LUKMAN

Birth Date: **05 Jan 1983**

Issue Date: **21 May 2018**

Valid Till **20/05/2023**



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 $\leq 2500\text{kg}$	21 May 2018

NP 428A





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208354E

MZ300/C
R SN
AN0055A
Cov.Type: C

MOTOR COMMERCIAL VEHICLE

Servicing Agent:
Cowell Insurance Agency
Pte Ltd | tel. 6339 2592
Trivex @ 8 Burn Road #09-09
contactus@cowell.com.sg

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)

ORIGINAL

CERTIFICATE No. DMCVSN3088271801 Engine No : ZD30269426K
Chano: JN1SC2F24Z0801641

1. Index Mark and Registration Number of Vehicle GBB98058 AUTOSAFE

2. Name of Policy Holder SIGNMECHANIC PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 15 December 2018 Excess Sect I S\$500.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance 14 December 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. : TAN CHONG CREDIT PTE 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 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.

Issued By: COWELL INSURANCE (AGENCY) PTE LTD
Authorised Officer

Authorised Signatory