

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA119036547**

| | | | |
|-----------------------------------|--|-----------------------|---------|
| Date In: 10/1/05 - 15:46 | Job description | Date & Time Completed | Done by |
| Ref No: 46/AWB/19004998/24 | SAS e-filing | | |
| Veh No: 6B F35450 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 8/3/05 - 15:20 | 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: **FB44998D** 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA1902064

Invoice Preparation Checklist

Amt (\$) Amt (\$) In Bill Add Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

Driver/Owner:

3) TP: Towing Fee \$40/\$45

Contact No:

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

Damaged Portion:

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QC Checked by (Engr-In-Charge):

9) N12: Idac Mobile 30

Auditors' Comments:-

Pat. 1:

Pat. 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 | 19/03/2019 15:46 |
| Date Of Accident | 18/03/2019 10:20 |
| Exact Location Of Accident | PIE (TUAS) BEFORE KPE/ECP EXIT |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | GBF3545U |
| Insured/Policyholder | |
| Name Of Registered Owner | ROWS & COLUMNS SUMMER PTE LTD |
| Co Reg No | 201534294H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-82557242 |
| Alternative Phone No | OFFICE-82557242 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | DYNA 3.0 MANUAL |
| 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 | ALLIED WORLD ASSURANCE COMPANY, LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | AVCPSB0089461801 |
| Cover Note Number | |
| Driver | |
| Name of Driver | ISLAM ATIQUUL |
| Passport No/FIN | G6518612N |
| Date Of Birth | 01/01/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/01/2012 |
| Driving Experience | 7 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91887505 |
| Fax Number | |
| Contact Number | OFFICE-91887505 |
| Email Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | 60 JALAN MATA AYER #02-12 |
| Postcode | 759158 |
| 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: : - GENDER: : MALE |
| Passenger 2 | NAME: : - 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

REFER TO 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 | FBH4998D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE


- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:

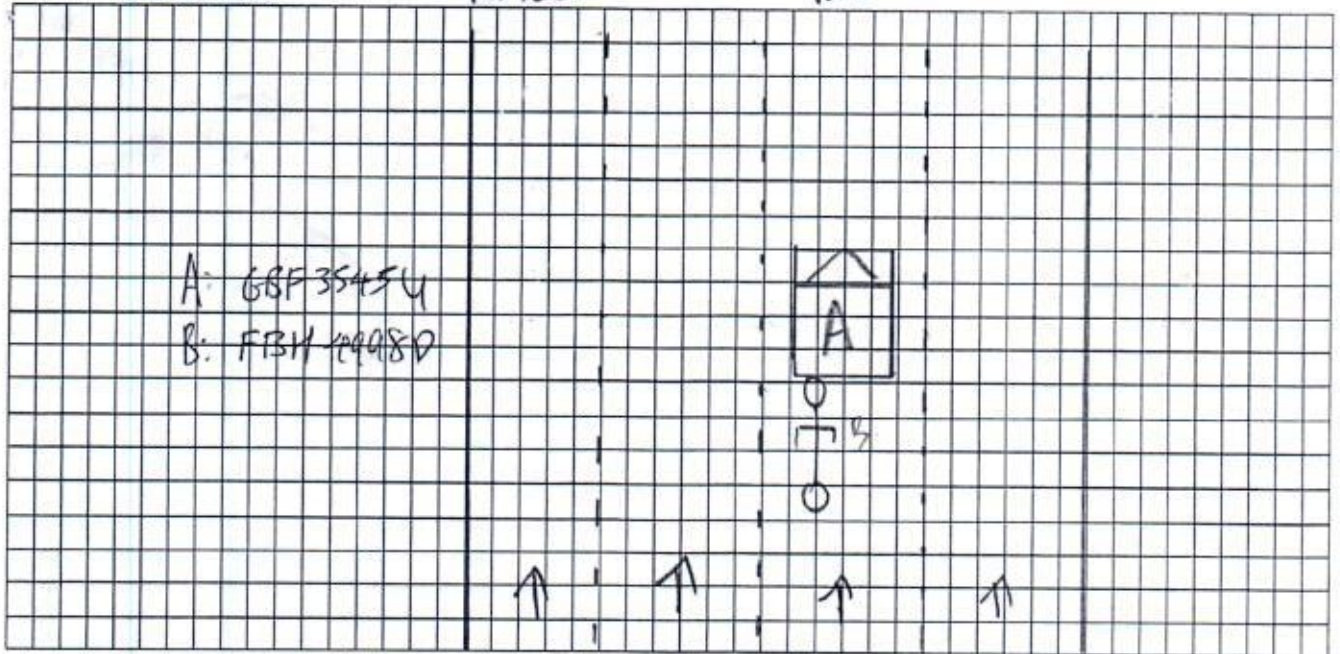

Driver's signature
(if driver is not policy holder)
Date / time:


reporting centre personnel's Signature
Date / time:

SKETCH PLAN

RPE/ECF

PZE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PZE towards Tuas before exiting RPE/ECF on the 2nd lane. As the traffic was heavy the vehicle in front of me slow down so I follow to slow down as well. All of a sudden, I felt an impact from my vehicle rear portion. Vehicle B collided onto me.

DECLARATION

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

Policy holder's signature
Date & time: *

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

| ACCIDENT DETAILS | |
|----------------------------|------------------------------------|
| Date of accident | 18/03/19 (DD/MM/YY) |
| Time of accident | 1020 (HH:MM) |
| Exact location of accident | Along PIE Before Exiting (JPE/ECP) |

| DETAILS OF VEHICLE | |
|--|--|
| Vehicle registration number | GBF3545U |
| Vehicle make and model | Toyota Aygo |
| Type of vehicle | Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input checked="" type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category | Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

| INSURANCE INFORMATION | |
|-----------------------|--|
| Insurance company | Allied World |
| Policy number | |
| Type of policy | Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

| INSURED / POLICY HOLDER | |
|------------------------------|---|
| Name | Ross & Columns Sumner P/L Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | |
| Contact | 8255 7242 |
| Address | 71 Woodlands Ave 10 #05-14 Woodlands Industrial xchange S(737743) |

| DRIVER | |
|--|---|
| SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B) | |
| Name | Islam Atiqul Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | G6518612N |
| Contact | 9188 7505 |
| Address | 60 Jalan Mawar Ayer #02-12 S(759158) |
| Email address | |
| Date of birth | 01/01/1977 |
| Occupation | Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> |
| Driving date pass | 26/01/2012 |

| GENERAL INFORMATION OF THE ACCIDENT | |
|--|---|
| Was driver an employee of the insured's company? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: _____ |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> |
| No of passenger | 3 (Inclusive of driver) |

| PASSENGER 1 | |
|-------------|--|
| Name | _____ |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 2 | |
|-------------|--|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

| PASSENGER 3 | |
|-------------|---|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 4 | |
|-------------|---|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 5 | |
|-------------|---|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 6 | |
|-------------|---|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| OTHER INFORMATION | |
|----------------------------|---|
| Was anybody injured? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| DETAILS OF POLICE STATION ACTION | |
|----------------------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name | _____ |

| WITNESS 1 | |
|-----------|-------|
| Name | _____ |

| WITNESS 2 | |
|-----------|-------|
| Name | _____ |

| THIRD PARTY VEHICLE 1 | |
|------------------------------|------------|
| Vehicle registration number | FBH 4998 D |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 2 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 3 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 4 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 5 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 6 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 7 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| INJURED PERSON 1 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 2 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 3 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 4 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 5 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 6 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |


REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G6518612N**

Name: **ISLAM ATIQUUL**

Birth Date: **01 Jan 1977**
Issue Date: **14 Dec 2016**
Valid Till: **27/01/2022**

002638787E



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

Employer: **ROWS & COLUMNS SUMMER PTE. LTD.**

Name: **ISLAM ATIQUUL**
Work Permit No.: **0 63168122**
Sector: **CONSTRUCTION**

K0869432



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

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 $\leq 2500\text{kg}$ **28 Jan 2012**

NP 426A

Licence No: **G6518612N**

VISIT PASS
Immigration Regulations

Name: **ISLAM ATIQUUL**

FIN: **G6518612N**
Date of Birth: **01-01-1977**
Nationality: **BANGLADESHI**
Sex: **M**

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



COMMERCIAL VEHICLE (SCH 1) R

M2300/C

R SB

A615SD3

Cov. Type: C

YSKTSSB

CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE
THE ROAD TRANSPORT ACT (NO 6) OF MALAYSIA
THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS BUREAU OF SINGAPORE DATED 22 FEBRUARY 1987
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS BUREAU OF WEST MALAYSIA DATED 10 JANUARY 1988
AND SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE No.

AVCP5B0089461801

ChaNo: KDY2318024903

1. Index Mark and Registration Number of Vehicle **GBF 3545 U**
2. Name of Policyholder **ROWS & COLUMNS SUMMER PTE LTD**
3. Effective Date of Commencement of Insurance for the purposes of the Ordinance **21 September 2019**
20 September 2019
4. Date of Expiry of Insurance
5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)
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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use* (For certificate reference MX1, see overleaf)

- A. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - B. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - C. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.
- THE POLICY DOES NOT COVER :
1. USE FOR HIRE OR REWARD OR FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
 2. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Estimated Value : MARKET VALUE WITH COE/PARP
Hire Purchase Owner : UNITED OVERSEAS BANK LIMITED
Type of Cover : Comprehensive

* Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

I/WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore).



Approved Insurers