

NATIONAL Assessment Centre Services.		Date & Time Completed		Done by	
Date In: 07/05/2019 14:13	Job description: SAS e-filing				
Ref No: NPA/INC/9007955/4	E-mail (by date 2hrs, A/C 2hrs)				
Veh No: GBB 229D	I-Motor Claim Form	MT/0043333-001		07/05/2019 14:50	
D.O.A: 06/05/2019 10:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)				
OID: 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: SED 90257	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 repaior.					
( ) Total Loss Case : to e-mail Insurer URGENTLY.					
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )					
Remarks: ( )					
1) Apply for Transport Allowance ( ) / Courtesy Car ( )					
2) QC Check / Post Repair Inspection ( )					
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )					
Injury: ( )					
Date: ( )					
NAI903278					
Driver/Owner:					
Contact No:					
Damaged Portion:					
QC Checked by (Engr-In-Charge):					
Addition Comments:					
Tel: ( )					
2/3					



## 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	07/05/2019 14:13
Date Of Accident	06/05/2019 10:30
Exact Location Of Accident	JUNCTION OF BRAS BASAH ROAD/BENCOOLEN STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2829D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JAYSTONE HOLDING PTE. LTD.
Co Reg No	201627605W
Email Address	JASON@PRIMASEAL.COM
Mobile Phone No	(LOCAL) +65-87422433
Alternative Phone No	OFFICE-87422433

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5104661239
Cover Note Number	

### Driver

Name of Driver	ISLAM MOHAMMAD AMIRUL
Passport No/FIN	G2620676L
Date Of Birth	11/03/1995
Occupation	OUTDOOR
Date Of Driving Pass	21/07/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87422433
Fax Number	
Contact Number	OTHERS-87422433
EMail Address	JASON@PRIMASEAL.COM

Address	NO.22 GEYLANG LORONG 26
Postcode	339683
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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

PLEASE REFER TO SKETCH PLAN

#### 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	SKD9025T
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SANJEEV MAGOTRA
NRIC/Passport Number	
Contact Number	90886255
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

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#### 8. Consent under the Personal Data Protection Act (PDPA)

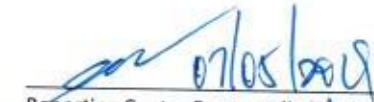
I understand, acknowledge, agree and consent that:

- (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.

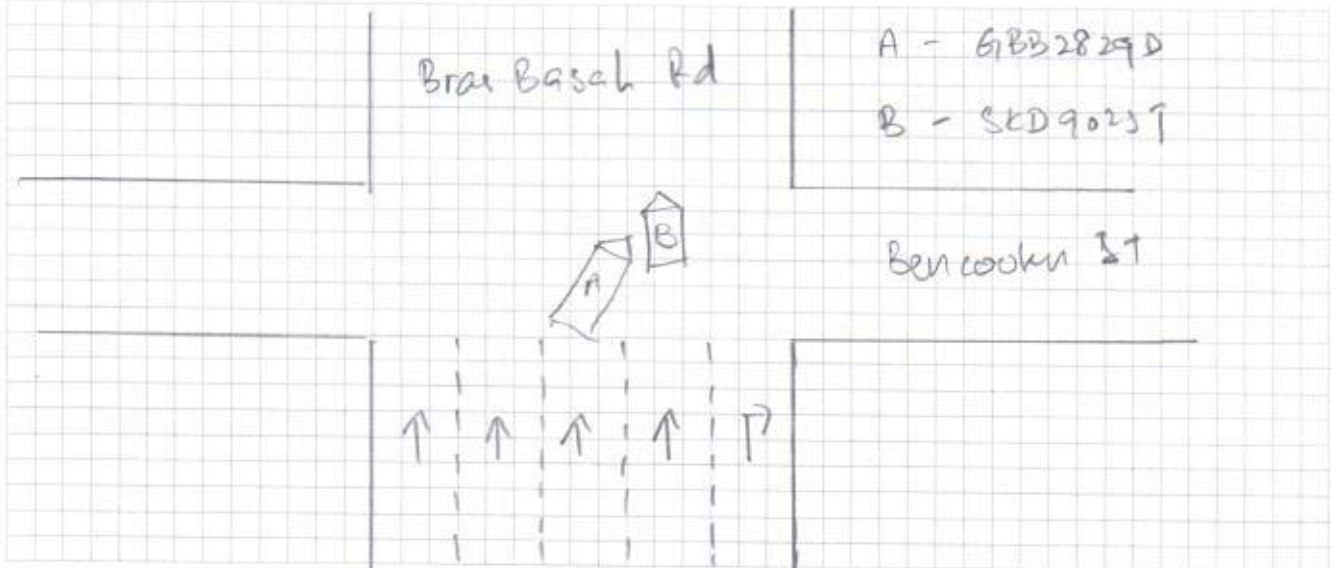


Policyholder's Signature  
Date & Time:

  
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 on Bras Basah Rd and is trying to turn into Bencoolen St. As there are many cars and heavy traffic, I was unable to filter right in time. As I turned right from lane 2, I knocked into SKD90257 on my right, as he is going straight.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 07/05/2019  
Reporting Centre Personnel's Signature  
Name: Ras L. Wanthan  
NRIC/FIN No.:



**Jaystone Holding Pte Ltd**

Reg No: 201627605W

1090 Lower Delta Road #03-07

Singapore 169201

Tel: +65 6653 6215

## Letter of Authorisation

Date: 06 May 2019

**Dear Sir/Mdm ,**

This is to certify that Name: Islam Mohammad Amirul ID: O 64529366 was  
authorised to drive the vehicle GBB 2829 D on the day of incident.



Name: Kuah Kian Boon Jason  
Position: Manager  
Company: Jaystone Holding Pte Ltd

## Claim Handling

Accident MT/1043333

Policy No.	S104661239	Vehicle No.	GBB2829D	GST Registration No.	
Certificate No.					
Policyholder Name	JAYSTONE HOLDING PTE. LTD.			Policyholder NRIC	201627605W
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	87422433	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## Accident Details

Report Date	07/05/2019 14:44	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	06/05/2019	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF BRAS BASAH ROAD/BENCOOLEN STREET				

## Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	07/05/2019 14:47:38 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	1090 LOWER DELTA ROAD	Address 2	#03-07	Address 3	SINGAPORE 169201
Address 4		Address Type	Singapore address	Post Code	169201
Unit No.	03-07	Related Policy Number	S104661239		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ISLAM MOHAMMAD AMIRUL	Driver NRIC	Q2020676L	Driver DOB	11/03/1995
Register Date of Driver License	21/07/2018	Driver Age	24	Driving Experience	0
Contact No.(Mobile)	87422433	Contact No.(Office)		Contact No.(Home)	
Address 1	26 # LORONG 22 GEYLANG	Address 2	SINGAPORE 398683	Address 3	
Address 4		Address Type	Foreign address	Post Code	398683
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GBB2829D	Driver Insurer Company	NTUC

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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## Modification History

Claim 001 New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Full at Fault	
Workshop No.	Repair Option	Preferred Workshop, Name unknown	GIA report
Finalisation	Yes		Received

Date Registered

Report Taken By

Print AK letter

OO-MX	Insured Name	JAYSTONE HOLDING PTE. LTD.	Insured NRIC	201627605W
	Contact No. (Home)		Contact No. (Office)	NEL
	Vehicle Number	GBB2829D	TP Vehicle Number	SKD9025T
GBB2829D / SKD9025T ON 6 May 2019			Name of Preferred Workshop	
Claim Close Date		07/05/2019 14:49	Date Received	07/05/2019 00:00
Report Taken By		ROSLI WAHAB		

Save Submit

## Attachment

Accident No.	MT/1043333	Claim No.	001
Last Doc. Received	Yes No	Upload Date	07/05/2019 14:50
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Message Read		Clear	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 14:50	Photos	Normal	Photos 2019-5-7	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 14:50	Photos	Normal	Photos 2019-5-7	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 14:50	Photos	Normal	Photos 2019-5-7	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 14:50	Photos	Normal	Photos 2019-5-7	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 14:50	Photos	Normal	Photos 2019-5-7	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 14:50	Photos	Normal	Photos 2019-5-7	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 14:49	Photos	Normal	Photos 2019-5-7	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 14:49	Photos	Normal	Photos 2019-5-7	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 14:49	Photos	Normal	Photos 2019-5-7	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 14:49	Photos	Normal	Photos 2019-5-7	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 14:49	SAS	Normal	SAS 2019-5-7	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 14:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-7	
Video List					
Uploaded By/Date	Folder Date	File name		Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>					



# ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 05 / 2019) (DD/MM/YYYY). TIME: (10 : 30) (HH:MM)

LOCATION: Junction of Bras Basah and Bencoolen St.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB 2829 D  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5104 6612 39  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY  
 e) MAKE & MODEL: TOYOTA DYNA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: JAYSTONE HOLDING PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 87422433  
 c) ADDRESS: 1090 LOWER DELTA ROAD #03-07 SINGAPORE

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: ISLAM MOHAMMAD AMIRUL (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 064529366 CONTACT: 3981083  
 c) ADDRESS: 22 GAILANG LAR 26

\* d) DATE OF BIRTH: (11 / 03 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) OUTDOOR

f) DATE OF DRIVING PASS: 21/07/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: AUTHORIZED DRIVER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR  
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKD 9025 T MODEL: MERCEDES  
 b) DRIVER'S NAME: SANJEEV MACHOTRA  
 c) NRIC/FIN/PASSPORT: CONTACT: 9088 6255

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (Including driver)  
 (1)

\* No of passenger  
 (Including driver)  
 (1)

\* No of passenger  
 (Including driver)  
 ( )

Email = jaron@primasat.com

VIDEO

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

Employer  
PRIMA SEAL WATERPROOFING PTE. LTD.

Name  
ISLAM MOHAMMAD AMIRUL

Work Permit No.  
0 64529366

Sector  
CONSTRUCTION

K0760490

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **G2620676L**

Name  
**ISLAM MOHAMMAD AMIRUL**

Birth Date: **11 Mar 1995**  
Issue Date: **21 Jul 2018**  
Valid Till: **20/07/2023**

002826599H

**VISIT PASS**  
Immigration Regulations

06-09-2018

Name  
ISLAM MOHAMMAD AMIRUL

FIN  
G2620676L

Date of Birth  
11-03-1995

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

**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  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  21 Jul 2018

NP 428A

Licence No: G2620676L

22 Gaylang 26 Lorong

339623



## 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 :** 5104661239

**Cover :** Third Party, Fire & Theft

- |   |                              |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : GB82829D                   |
| Chassis Number  | : JTFAT35Y40K200256          |
| 2. Name of Policyholder   | : JAYSTONE HOLDING PTE. LTD. |
| 3. Effective Date of Insurance  | : 22 Oct 2018                |
| 4. Expiry Date of Insurance   | : 20 Nov 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 business or profession.   |                              |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                              |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) 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)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ETHOZ GROUP LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : NET LINK COMMERCIAL PTE. LTD. (00000615136)

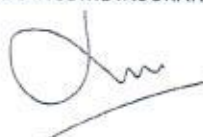
Date of Issue : 22 Oct 2018 09:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive