

# NATIONAL Assessment Centre Services

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 18/06/19         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/CTE19010809/13 | SAS e-filing                             |                       |         |
| Veh No: GBH6968C          | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 17/06/19 1830      | 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: ( VISION AUTOWORK Tel: Fax: )                     |
| TP Particulars: Veh No: X26969K 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|  |   |                      |                      |
|--|---|----------------------|----------------------|
| NA1904548                              | <b>Invoice Preparation Checklist</b>            | Amt (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
| <b>Claimant's Particulars:-</b>        | 1) AR: Accident Reporting (\$30);               |                      |                      |
| <b>Driver/Owner:</b>                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                      |
| <b>Contact No:</b>                     | 3) TF: Towing Fee \$40/\$45                     |                      |                      |
| <b>Damaged Portion:</b>                | 4) FT: Follow-Through Survey \$120              |                      |                      |
| <b>QC Checked by (Engr-In-Charge):</b> | 5) RT: Follow-Through Survey (Resurvey) \$30    |                      |                      |
| <b>Auditors' Comments:-</b>            | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| <b>Cat 1:</b>                          | 6) TR: Re-inspection \$75                       |                      |                      |
| <b>Cat 2 / 3:</b>                      | 7) NI: Idac 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 (Non INC) against INC \$20         |                      |                      |
|  | 9) N12: Idac 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             | 18/06/2019 16:26                        |
| Date Of Accident           | 17/06/2019 18:30                        |
| Exact Location Of Accident | T-JUNC OF INTERNATIONAL RD & TRACTOR RD |
| Country/State of Loss      | SINGAPORE                               |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | GBH6968C               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | M/S ROBIN WOOD PTE LTD |
| Co Reg No                   | 201321009E             |
| Email Address               | NOEMAIL                |
| Mobile Phone No             |                        |
| Alternative Phone No        | OFFICE-99999999        |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | DYNA               |
| 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 | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                                 |
| Fleet Policy              | NO  |
| Policy Number             | DMCVSN1827641800                              |
| Cover Note Number         |   |

### Driver

|                      |                          |
|----------------------|--------------------------|
| Name of Driver       | MIAH RASEL               |
| Passport No/FIN      | G2222579R                |
| Date Of Birth        | 30/12/1993               |
| Occupation           | OUTDOOR                  |
| Date Of Driving Pass | 17/07/2018               |
| Driving Experience   | 0 YEAR AND 11 MONTH      |
| Gender               | MALE                     |
| Mobile Number        | (LOCAL) +65-91361430     |
| Fax Number           |                          |
| Contact Number       |                          |
| Email Address        | SAYEDRASEL1993@GMAIL.COM |

|   |                                      |
|---|--------------------------------------|
| Address   | 12K ENTERPRISE ROAD<br>ENTERPRISE 10 |
| Postcode  | 627690                               |
| 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 - CHANGE/CROSS LANE |
| 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)   | 5   |
| Passenger 1   | NAME: : DAS RAMA CHANDRA<br>GENDER: : MALE    |
| Passenger 2   | NAME: : KHAN MOHAMMAD SALEM<br>GENDER: : MALE |
| Passenger 3   | NAME: : BALA<br>GENDER: : MALE                |
| Passenger 4   | NAME: : ZHU JINJUN<br>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

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 | XD6969K    |
| Vehicle Make/Model/Colour   | (TRD5330E) |

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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** the details of the accident to speed up the claims process.
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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.



Rasel

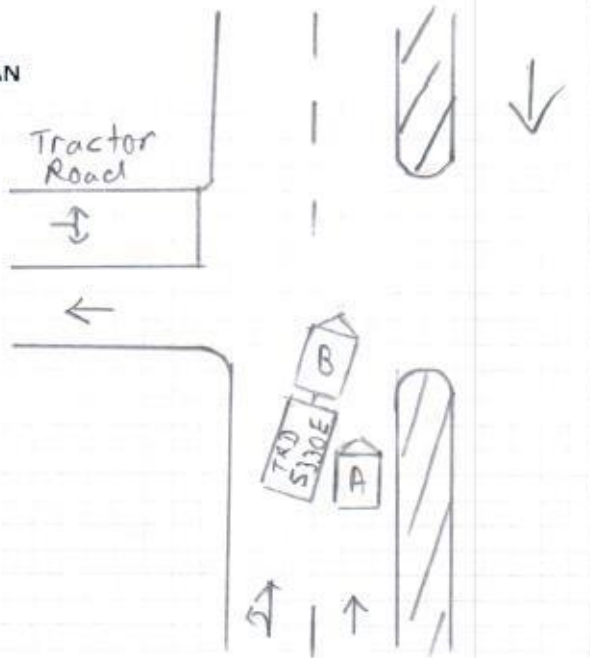
sfyur 18/06/19

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



A = GBH 6968C

B = XD6969K (TRD) 5330E

T-Junction of  
International Road  
and Tractor Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

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

Policyholder's Signature  
Date & Time:



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

pasel

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

sfy 18/06/19

On 17.06.19 at about 18:30 hours at T-Junction of International Road and Tractor Road. I was travelling straight on the lane 1 (along International Road towards Joo Koon Circle), suddenly vehicle (B) which travelling behind of me tried to overtake and the next moment he collided onto front left hand side portion of my vehicle (A). I wish to state that I have 4 passengers inside my vehicle (A).

Vehicle (A): GBH 6968C

Vehicle (B): XD 6969K (TRD 5330E)



*Rasel*



# SINGAPORE ACCIDENT STATEMENT

|   |  |                     |            |                      |
|---|--|---------------------|------------|----------------------|
| Accident Date:  | 17/06/19   | Time:               | 18:30      | (hh:mm) 24 hr format |
| Location  | T-Junction of International Road and Tractor Road.       |                     |            |                      |
| Vehicle Number  | GBH 6968C  |                     |            |                      |
| Insured Name  | Robin Wood Pte. Ltd.                                     |                     |            |                      |
| NRIC / FIN  | 201321009E   | Contact Number      | -          |                      |
| Make  | Toyota   | Model               | Dyna.      |                      |
| Are you claiming under your own insurance policy for repair to your vehicle?  |  |                     |            |                      |
| ( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting                            |  |                     |            |                      |
| Insurance Company   | China Taiping  |                     |            |                      |
| Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only           |  |                     |            |                      |
| Policy Number   | DM(VSN) 1827641800                                       |                     |            |                      |
| Name of Driver  | Miah Raseel  | ( ) Same as Insured |            |                      |
| NRIC / FIN  | G 222 2579R.   | Contact Number      | 9136 1430. |                      |
| Date of Birth   | 30/12/1993   |                     |            |                      |
| Driving Pass Date   | 17/07/2018   |                     |            |                      |
| Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor   |  |                     |            |                      |
| Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female  |  |                     |            |                      |
| Email Address   | <del>SAFED</del> Sayed Raseel1993@gmail.com ( ) NO EMAIL |                     |            |                      |
| Address of Driver   | 12K Enterprise Road, Enterprise 10<br>Singapore 627690   |                     |            |                      |
| Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) Yes ( ) No                     |  |                     |            |                      |
| If No, Relationship of the Driver with the Insured  |  |                     |            |                      |
| ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling   |  |                     |            |                      |
| Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No   |  |                     |            |                      |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle   |  |                     |            |                      |
| Insurance Company of Driver's Own Vehicle   |  |                     |            |                      |
| Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others                                 |  |                     |            |                      |
| Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others   |  |                     |            |                      |
| Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No                   |  |                     |            |                      |
| Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No                                 |  |                     |            |                      |
| If yes, injured detail  |  |                     |            |                      |
| Was there any video captured by Car Camera? ( <input checked="" type="checkbox"/> ) Yes ( ) No                          |  |                     |            |                      |
| Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report |  |                     |            |                      |
| DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact  |  |                     |            |                      |
| Veh B   | XD 6969K (TRD 5330E)                                     |                     |            |                      |
| Veh C   |  |                     |            |                      |
| Veh D   |  |                     |            |                      |
| Veh E   |  |                     |            |                      |
| Veh F   |  |                     |            |                      |

Passenger 1 = Das Rama Chandra (M)

2 = Khan Mohammad Saleem (M)

3 = Bala (M)

4 = Zhu Jinjun (M).

Driver + 4 passengers.



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G2222579R  
Name: MIAH RASEL

**For LKK/NAC Use Only**

Birth Date: 30 Dec 1993  
Issue Date: 17 Jul 2018  
Valid Till: 16/07/2023

002824863K

GBH6968C

Driver

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

|  | EFFECTIVE DATE |
|--|----------------|
| Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\geq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg | 17 Jul 2018    |

**For LKK/NAC Use Only**

NP 428A





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

Employer  
ROSIN WOOD PTE. LTD.



Name  
MIAH RASEL

Work Permit No.  
0 63941581

Sector  
CONSTRUCTION



**For LKK/NAC Use Only**



K1389124

GBH696BC.

Driver

**VISIT PASS**  
Immigration Regulations

92-95-2019

Name  
MIAH RASEL



FIN  
Q2222579R

Date of Birth  
30-12-1993

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.





## 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.  | DMCVSN1827641800  | Engine No :1KD2811459<br>Chassis No:JTFAT35Y80K210997           |
| 1. Index Mark and Registration Number of Vehicle   | GBH6968C  |   |
| 2. Name of Policy Holder   | M/S ROBIN WOOD PTE LTD  |   |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment   | 30 AUGUST 2018 (09:59 HOURS)  | EXCESS SECT I .....S\$350.00<br>EX ON WINDSCREEN .....S\$100.00 |
| 4. Date of Expiry of Insurance   | 29 AUGUST 2019  |   |
| 5. Persons or Classes of Persons entitled to drive *   | ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.<br><br>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.<br>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.<br>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.<br>THE POLICY DOES NOT COVER.<br>(1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.<br>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE. |   |
| HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER<br>* 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



Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory