

NATIONAL Assessment Centre Services

Date In: 29/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/LTI 19011544/13	SAS e-filing		
Veh No: GBB98058	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/06/19 1550	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: (NEW HOCK TECK	Tel:	Fax:
TP Particulars:	Veh No: PC2666K	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

NA 1904906	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11): TP (N-n INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile \$0			
Cat. 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 29/06/2019 14:44
 Date Of Accident 28/06/2019 15:50
 Exact Location Of Accident PIE TWDS CHANGI
 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-97596764

Vehicle Particulars

Manufacturer NISSAN
 Model CABSTAR
 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 DMCVSN3088271801
 Cover Note Number

Driver

Name of Driver HOSSAIN MD LUKMAN
 Passport No/FIN G8196155M
 Date Of Birth 05/01/1983
 Occupation OUTDOOR
 Date Of Driving Pass 21/05/2018
 Driving Experience 1 YEAR AND 1 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 - 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?	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)	3
Passenger 1	NAME: : SUBRAMANIAN GENDER: : MALE
Passenger 2	NAME: : PETER JOSEPH GEORGE 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC2666K
Vehicle Make/Model/Colour	
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

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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.

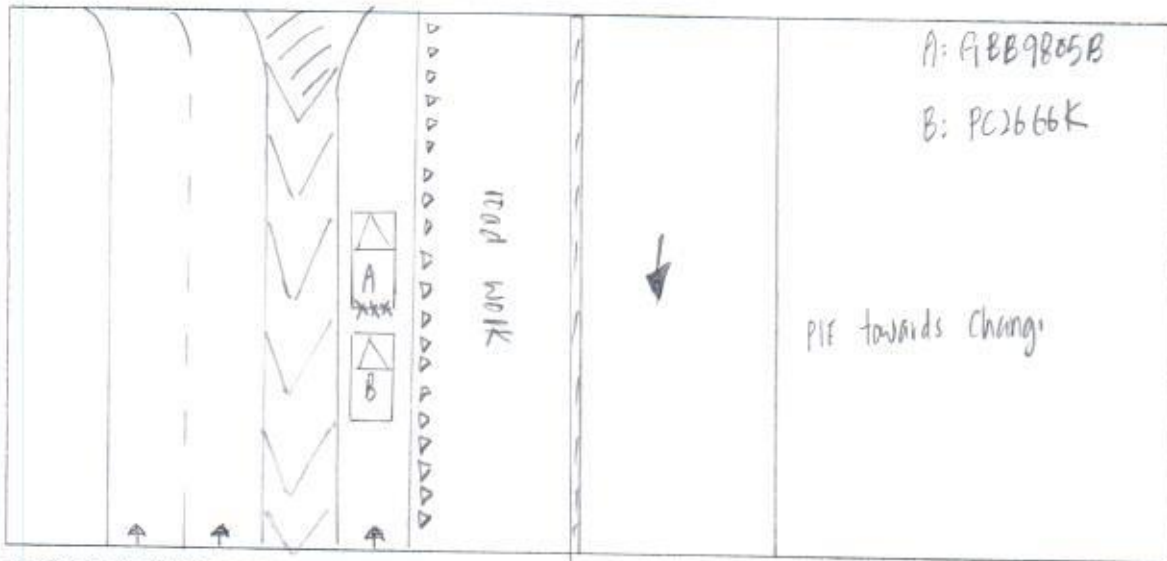


Lukman
Policyholder's Signature
Date & Time:

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

lym 29/06/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along PIE towards Changi at extreme R lane.
 Heavy traffic, all vehicles in front of me slowed down, I followed suite.
 Suddenly, I felt an impact. Veh "B" collided onto rear portion of my
 veh and caused damages.

Lukman

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:

Syfan 29/06/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

VEHICLE NO:	9BB 9805B	
MAKE & MODEL:	Nissan Cabstar	
DATE OF ACCIDENT	28 / 06 / 19	
TIME OF ACCIDENT	1551 AM/PM	
LOCATION OF ACCIDENT	Pte towards Changi	
EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	Sign mechanic Pte Ltd	
TEL NO	9759-6764	
NRIC	199706090C	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
INSURANCE CO	China Taiping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSH 3088271801	
NAME OF DRIVER	As Above / If No: <u>hossain md lukman</u>	
NRIC	981961551M	
DATE OF BIRTH	05 / 01 / 1983	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	21 / 05 / 2018	
GENDER	<u>Male</u> / Female	
CONTACT NO.	9469-7950	
ADDRESS	424 Tagore Industrial Ave Singapore 787807	
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:	
RELATIONSHIP	<u>Employee</u> / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes: Who?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes: Where?	
VEHICLE B NO.	PC 2666K	
NAME	Any Passenger: NIL	
CONTACT NO.		
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 6, 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	

Pls email to this address, thanks.

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G 8 1 9 6 1 5 5 M**

Name:

HOSSAIN MD LUKMAN

For LKK/NAC Use Only

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 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	21 May 2018
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For LKK/NAC Use Only

NP 428A





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**



For LKK/NAC Use Only



K0276532

VISIT PASS

Immigration Regulations

13-04-2018

Name
HOSSAIN MD LUKMAN

For LKK/NAC Use Only

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





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Reg. No. 102020240

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 1967
Road Transport Act 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMCVSN3088271801	Engine No : ZD30269426K Chassis No: JN1SC2F24Z0801641
1. Mark and Regulatory Number of Vehicle	GBB9805B	AUTOSAFE =====
2. Name of Policy Holder	SIGNMECHANIC PTE LTD	
3. Effective date of the Contract and of the 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 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), and 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



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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.

Authorised Signatory