

NATIONAL Assessment Centre Services

Date In: 24/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/A1919013074/13	SAS e-filing		
Veh No: GBE9168R	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 23/07/19 1805	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SK479476	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

NA1905477	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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	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:-			
	OD:			
	*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 (N-n INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated			

Cat 1:

Cat 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	24/07/2019 16:43
Date Of Accident	23/07/2019 18:05
Exact Location Of Accident	UBI AVE 2 TURNING RIGHT INTO UBI RD 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9168R
Insured/Policyholder	
Name Of Registered Owner	UNIVERSAL DISPLAYS PTE LTD
Co Reg No	2100463885-03
Email Address	THOMAS@UNIVERSALDISPLAYS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91596060

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100463885-03
Cover Note Number	

Driver

Name of Driver	MAMUN SIKDAR NANNU SIKDAR
Passport No/FIN	G6506648W
Date Of Birth	12/01/1989
Occupation	OUTDOOR
Date Of Driving Pass	13/01/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85517944
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 3024 UBI RD 3 #04-81
Postcode	408652
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	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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN 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:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU7947G
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHIN LEONG
NRIC/Passport Number	S7477900Z
Contact Number	93620528
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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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 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.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

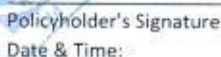
Date & Time: 24 Jul 16:40

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



Pls refer to the attached statement

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



Date & Time: 24 Jul 16:40

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

I WAS TRAVELLING FROM UBI AVE 2 TWDS UBI RD 1 ON THE 2ND LANE OF A3-LANES RD.WHEN I'M MAKING A RIGHT TURN INTO UBI RD 1,SUDDENLY VEH(B)BEARING REG NO SKU7947G FROM MY RIGHT TURNING LANE ONLY GOING STRAIGHT AND HIT ONTO MY REAR RIGHT SIDE PORTION OF MY VEH.

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 07 / 2019) (DD/MM/YYYY), TIME: (18 : 05) (HH:MM)

LOCATION: Ubi Ave 2 turning in Ubi RD Ave 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 9168R
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: 2100463885-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN NV350
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Universal Displays Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 199407101w CONTACT: 91596060
c) ADDRESS: Blk 3024 Ubi Rd 3

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Sikdar Mamun (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 85517944
c) ADDRESS: Blk 3024 Ubi Rd 3

*d) DATE OF BIRTH: (12 / 01 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10

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

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS _____

b) ROAD SURFACE: (DRY) / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKL 7947G MODEL: _____

b) DRIVER'S NAME: Tan chin Leong

c) NRIC/FIN/PASSPORT: S7477900Z CONTACT: 93620528

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

VIDEO = Yes, haven't retrieved

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9430510A



Name
SEAN HISATO TOH JIN HUI

杜 锦 辉
Race
CHINESE

Date of birth
19-08-1994

Sex
M

Country of birth
SINGAPORE



For LKK/NAC Use Only

S9430510A

REPORT ON BEHALF

4911885



NRIC No. S9430510A



For LKK/NAC Use Only

Date of issue
07-12-2012

Address
120 TANAH MERAH BESAR LANE
SINGAPORE 498907

Motor Accident Private Settlement Agreement

Accident Date: 23 Jul 2019

Accident Time: 18:05

Accident Location: Ubi Ave 2 turn in to Ubi Ave 1

Accident Description: 9168 is on mid lane turning right.

7947 on right lane change his mind to go straight.

7947 Left front hit 9168 Right Side.

This serves to confirm that the undersigned parties involved in the captioned accident have privately and amicably settled and resolved any and all property damage and / or injury claims arising from the road traffic accident.

We agree not to file any and further property damage and /or injury claims against each other and the Motor insurance companies now or in the future either personally, via the vehicle owner or repairer, or through lawyers.

We further agree to indemnify and hold harmless each other against any and further claims that may arise from other interested or involved parties.

Signature and Details of Drivers

Vehicle A

Sikdar Mamun 06309658

Driver Name & IC Number

 23.07.19

Driver Signature & Date

G6506648W

Vehicle Licence Number

Vehicle B

Tan Chin Leong 57477900 Z

Driver Name & IC Number

 23.7.19

Driver Signature & Date

57477900 Z

Vehicle Licence Number

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES


EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 13 Jan 2015

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NP 428A

License No: G6506648W



13/01/2015

VISIT PASS
Immigration Regulations 12-01-2015

Name
SIKDAR MAMUN

For LKK/NAC Use Only

FIN
G6506648W

Date of Birth 12-01-1989 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 **WORKING LICENCE**



License Number: **G 6506649 W**

Name: **MAMUN BIKDAR NANNU
SIKDAR**

Birth Date: **12 Jan 1969**

Issue Date: **13 Jan 2015**

Valid Till: **12 Jan 2020**


For LKK/NAC Use Only

Barcode: **0023851820**

SG 50

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

Employer:
UNIVERSAL DISPLAYS PTE LTD.



Name:
SIKDAR MAMUN

Work Permit No.:
0 6309658-

Sector:
CONSTRUCTION

For LKK/NAC Use Only

Barcode: **K1442954**



CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Universal Displays Pte Ltd
 Period of Insurance : 29 Apr 2019 To 28 Apr 2020
 Engine No. : YD25390111A
 Chassis No. : JN1MC2E26Z0006098

Vehicle No. : GBE9168R
 Policy No. : 2100463885-03
 Endorsement No. :
 Issued Date : 05 Apr 2019

ABOUT THE COVER

Make/Model : NISSAN NV350 PANEL VAN
 Engine Capacity/Tonnage : 1.5 Tonnage
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2016
 Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

- a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

- 1) Use in connection with the Policyholder's business.
 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle; c) use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Tan Chong Motor Sales Add: 913 Bl Timah Road Singapore 589623 64694091 64694092 64694093
 2. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 62622212
 3. Tan Chong Motor Sales Add: 17 Lor 8 Toa Payoh Singapore 318254 63570753 63570754
 4. Autolubon Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
 5. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610317

TAN CHONG CREDIT PTE LTD-CSK
 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 589622 ANSP-MOTOR
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Cathy-VV Tsai