

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MAN/1910688**

Date In: 14/8/19-11:57	Job description	Date & Time Completed	Done by
Ref No: NA/EC219014082/24	SAS e-filing		
Veh No: 656 6815R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/8/19-17:20	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: Lump sum	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 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

NA1955987	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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		
Auditors' Comments:-	*N7: Post Repair Inspection \$25		
at 1:	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
at 2 / 3:	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	14/08/2019 11:37
Date Of Accident	10/08/2019 17:20
Exact Location Of Accident	7 HARIYN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6815R
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Insured/Policyholder

Name Of Registered Owner	ROBINSON CAR RENTAL PTE LTD
Co Reg No	200414041W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-19093213MFCV/34
Cover Note Number	

Driver

Name of Driver	RUHUL AMIN AZIZUL HAQUE KHAN
Passport No/FIN	G8021246T
Date Of Birth	12/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86520598
Fax Number	
Contact Number	OFFICE-86520598
Email Address	NOEMAIL

Address	9E YUAN CHING ROAD
	#02-60
Postcode	618647
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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	1
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190813/2039.

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	LAMPPOST
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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

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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. 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:

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

A - GBL6815R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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

holder's Signature

Rachel Ann

Personnel's Signature

infra LSA sheet 'day 12'

DATE & TIME:- 10/8/2019 Around 17:20 hrs

LOCATION:- 7 Harlyn Road - Lamp post no 5.

SUMMARY:-

Date:- 10/8/2019. Around 17:20 I park my vehicle at the end of 7 Harlyn Road (Nippon site) & go down to check the pump for while, I come back around 5-7 minutes then the lorry is not there where I park. I saw lorry Automatic go down to lift lamp post no 5. I thought Hand break was false.

Reel Amn

RUHUL AMIN

GT8021246T.

86520598.

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 8 / 19) (DD/MM/YYYY), TIME: (17 : 20) (HH:MM)

LOCATION: 7 Airway rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: UBL6815R
b) INSURANCE COMPANY: Fcy
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
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: Robinson Car Rental Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Rubna Amin Azizul Huzma Khan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 620212467 CONTACT: 86520598
c) ADDRESS:

* d) DATE OF BIRTH: (20/3/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3 1/2 years

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

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: Lump post MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

No of passengers
(Including driver)
(0)

No of passengers
(Including driver)
()

No of passengers
(Including driver)
()

Email =

fax =

video =



SINGAPORE POLICE FORCE



T/20190813/2039

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

1 of 3

Report No. T/20190813/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2019 11:44		Vide Report No.:		Station Diary No.: 54	
Informant's Particulars					
Name of Informant: AMIN RUHUL			Address: C/O 9E YUAN CHING ROAD #02-60 SINGAPORE		
ID Type / ID No.: FIN NO / G8021246T			Contact No.: Home/Office: Mobile: 86520598		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 37	Date of Birth: 12/03/1982	Type of Informant: DRIVER OF COMPANY VEHICLE		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION SUPERVISOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 10/08/2019 17:20	Type of Location: Straight Road
Location: Along Road 1 HARLYN ROAD 7 HARLYN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Lamp Post				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG6815R	Lorry	TOYOTA		Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190813/2039

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

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Report No. T/20190813/2039

CONTINUATION OF REPORT

DRIVER OF THE PARKED VEHICLE			
Name	AMIN RUHUL	ID No.	G8021246T
Related Vehicle	GBG6815R (Lorry)	Contact No.	86520598
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/08/2019 at 1720hrs, I parked my lorry along 7 Harlyn Road. I remember that I had pulled the handbrake so as to prevent the lorry from rolling forward as the road was downhill. About 7 minutes later, I exited the said location but did not see my lorry at the location in which I had parked it. I then walked down the road and spotted my lorry in a stationary position. I then discovered that it had rolled down and subsequently hit onto lamp post number 5, causing it to be uprooted and fall. I then informed the matter to LTA and provided my particulars to them. I am lodging this report as per instruction from the lorry rental company. That is all.



**SINGAPORE
POLICE FORCE**



T/20190813/2039

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20190813/2039

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Signature Of Informant:

Rashid Aini

Date/Time:

13/08/2019 11:44

Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G8021246T**

Name: **RUHUL AMIN AZIZUL HAQUE KHAN**

Birth Date: **12 Mar 1982**

Issue Date: **01 Dec 2014**

Valid Till: **29 Dec 2019**

1002371205B

For LKK/NAC Use Only

WORK PERMIT

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

Employer: **CHINA WEALTH EQUIPMENT PTE. LTD.**

Name: **AMIN RUHUL**

Work Permit No: **0 62414111**

Sector: **CONSTRUCTION**

1612296

For LKK/NAC Use Only

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

Class 3 Motor Cars <= 5000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

EFFECTIVE DATE: **30 Dec 2009**

Licence No: **G8021246T**

NP 429A

For LKK/NAC Use Only

VISIT PASS

Immigration Regulations

Name: **AMIN RUHUL**

FIN: **G8021246T**

Date of Birth: **12-03-1982**

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

19-07-2019

For LKK/NAC Use Only

CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy : COMMERCIAL VEHICLE - FLEET
 Type of Cover : Comprehensive
 Certificate No. : D-19093213MFCV/34
 Vehicle No / Chassis No : GBG6815R / KDY2318028366
 Name of Insured : ROBINSON CAR RENTAL PTE LTD
 Period Of Insurance : 01.04.2019 To 31.03.2020
 Insured Estimated Value : Market Value At Time Of Loss
 Financial Institution : THINK ONE CREDIT PTE LTD

EXCESS : AS INDICATED BELOW

Authorised Driver*
 ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

- (1) Whilst the vehicle is being used in connection with the Insured's business:-
 - (a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.
- (2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-
 - (a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess : S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)
 S\$2,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)
 S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess : S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)
 S\$4,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)
 S\$2,000.00 on Section I & II separately (for Staff)

* 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.

Limitations as to use*

Use in connection with the Insured's business.
 Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
 Use for social, domestic and pleasure purposes.

The Policy does not cover:-

- (1) Use 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.
- (3) Use for the carriage of passengers for hire or reward.

* 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)

MS First Capital Insurance Limited
 (Approved Insurers)

SUSAN/A0151/MZ301A9

Issued at Singapore on 01.04.2019

Authorised Signature