

NATIONAL Assessment Centre Services

(wef 1 Jan'05) NA119114927

Date In: 23/8/19-11:03	Job description	Date & Time Completed	Done by
Ref No: NA119114927	SAS e-filing		
Veh No: YP880F	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/3/19-07:20	i-Motor Claim Form	NA119114927	23/8/19 11:03
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: YD77853	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

NA119114927	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
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:-		
	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	23/08/2019 11:03
Date Of Accident	30/03/2019 07:20
Exact Location Of Accident	99 DESKER RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP8180E
Insured/Policyholder	
Name Of Registered Owner	DENGDA CONSTRUCTION PTE LTD
Co Reg No	201112568N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-69098796
Vehicle Particulars	
Manufacturer	FOTON
Model	BJ1041V9JD6-FP
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104785038
Cover Note Number	
Driver	
Name of Driver	HOSSAIN MONIR
Passport No/FIN	G2335897U
Date Of Birth	01/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84498081
Fax Number	
Contact Number	OFFICE-84498081
EMail Address	NOEMAIL

Address	67 UBI CRESCENT #04-02 TECHNIQUES CENTRE
Postcode	408560
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?	
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)	13
Passenger 1	NAME: : MOLIK MOHAMMAD ALAUDDIN GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : MALE
Passenger 5	NAME: : - GENDER: : MALE
Passenger 6	NAME: : - GENDER: : MALE
Passenger 7	NAME: : - GENDER: : MALE
Passenger 8	NAME: : - GENDER: : MALE
Passenger 9	NAME: : - GENDER: : MALE
Passenger 10	NAME: : - GENDER: : MALE

Passenger 11

NAME: : -

GENDER: : MALE

Passenger 12

NAME: : -

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

CENTRAL POLICE DIVISIONAL HQ (A DIVISION)

Police Station Address

ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT
COMPLEX BLOCK A , **POSTCODE:** 088762 , **COUNTRY:** SINGAPORE

Police Station Contact

TEL NO: 1800-2240000 - **FAX NO:** 62200877

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - A/20190722/7020.

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

XD7785S

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

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.

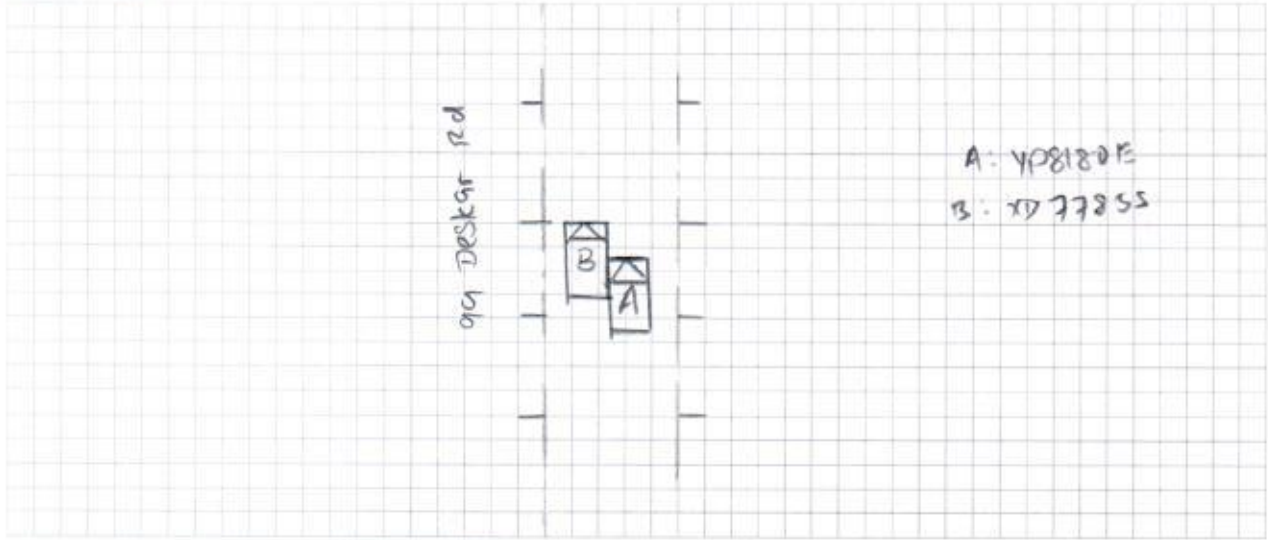


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - A/20192724/2020.

DECLARATION

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



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.:



**SINGAPORE
POLICE FORCE**



A/20190722/7020

1 of 1

POLICE REPORT (NP299)

Report No. A/20190722/7020

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 22/07/2019 14:10	Vide Report No.	Station Diary No.
Name Of Informant LIU WEI	Address APT BLK 62A STRATHMORE AVENUE #23-44 SINGAPORE 142062	
ID Type / ID No. NRIC NO / S7485884H	Contact No. Home/Office: Mobile: 81333691	
Nationality CHINESE	Email Address LW7403@GMAIL.COM	
Occupation Administration manager	Sex Female	Age 45
Institution/School Name	Date of Birth 16/03/1974	Race Chinese
Date/Time Of Incident 30/03/2019 07:20 - 30/03/2019 07:20	Location Of Incident 99 DESKER ROAD	

Brief details.

In the morning on 30 Mar 2019 about 7:20, a garbage truck was parked near to unit 99 in the middle of Desker Road picking up the garbage. When our lorry YP8180E carrying about 12 foreigner works slowly passed it, the garbage made a slightly detour on its left side. The the garbage truck and our lorry YP8180E has a minor collision. Both drivers immediately stopped to check the the damage of the vehicles and any victims sitting in the lorry. Both vehicles has slight scratch and we did not claim insurance. Only one worker complained left elbow pain and we send him to clinic to checkup.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2019 14:10
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

DD-1054

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


Employer:
DENGDA CONSTRUCTION PTE. LTD.


Holder:
HOSSAIN MONIR

Passport No:
U 64077035

For LKK/NAC Use Only

CONSTRUCTION

 **K0202315**

VISIT PASS
Immigration Regulations

Holder:
HOSSAIN MONIR

UIN:
G2335897U

Valid From:
01-03-1989

Nationality:
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man with dark hair and a beard.

Licence Number: **G2335897U**

Name: **HOSSAIN MONIR**

For LKK/NAC Use Only

Birth Date: **01 Mar 1989**

Issue Date: **30 Nov 2018**

Valid Till: **29/11/2023**

Barcode: **002876090A**

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 ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	30 Nov 2018

For LKK/NAC Use Only

NP 428A

Licence No: **G2335897U**

Barcode

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104785038		DENGDA CONSTRUCTION PTE LTD	201112568N	GCV	Comprehensive	YP8180E	YP8180E	22/10/2018	21/10/2019

LKK Paya Ubi

From: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Sent: Friday, 23 August 2019 2:27 PM
To: LKK Paya Ubi
Cc: ODsupport; Desmond Foo Guo Hui
Subject: RE: Vehicle number YP 8180E

Hi Jackson,

Please quote this clm nbr when billing invoice MT/1040869-001

With Regards

Theresa Vimala
Senior Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

in with you

From: LKK Paya Ubi [mailto:rspu@lkkauto.com]
Sent: Friday, 23 August 2019 11:29 AM
To: Desmond Foo Guo Hui <desmond.foogh@income.com.sg>
Cc: ODsupport <ODsupport@income.com.sg>; Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>; Teng Ken Leong <kenleong.teng@income.com.sg>; Daniel Koh <daniel.koh@income.com.sg>
Subject: Vehicle number YP 8180E
Importance: High

Dear Desmond,

Above mentioned vehicle, Ebao cannot created. Attachment is the photo, GIA report and driver IC & DL. Please give me the claims number to billing the invoice.

Best Regards,

Jackson Ho | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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