

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MA/1906/1396

Date In: 28/08/05 10.11	Job description	Date & Time Completed	Done by
Ref No: MA/1906/1396/4	SAS e-filing		
Veh No: GRB 713K	E-mail (4 jobs 2 hrs, AIC 2 hrs)		
D.O.A: 28/08/05 0730	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: GRB 9854D	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 ()	

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date:	

MA/1906/581	
Driver/Owner:	1) All: Accident Reporting (330)
Contact No:	2) DA: Damage Assessment (5100) INC (510)
Damaged Portion:	3) TP: Towing Fee 340/145
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey 510
	5) PT: Follow-Through Survey (Resurvey) 330
	6) TR: Re-inspection 375
	7) NI: Ideal DA + SMRT Survey 510
	8) NTUC Additional Service:
	9) NI: Ideal Mobile 30
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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	29/08/2019 10:11
Date Of Accident	28/08/2019 07:50
Exact Location Of Accident	PASIR PANJANG ROAD TOWARDS ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG713R
Insured/Policyholder	
Name Of Registered Owner	ALBATROSS CONSORTIUM PTE. LTD.
Co Reg No	200614093K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90513550
Alternative Phone No	OFFICE-90513550
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCVSN3027801900
Cover Note Number	
Driver	
Name of Driver	AHMED TOFAYEL
Passport No/FIN	G8437023T
Date Of Birth	02/01/1979
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2018
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90513550
Fax Number	
Contact Number	OTHERS-90513550
Email Address	NOEMAIL

Address 10 ANSON ROAD
#10-11 INTERNATIONAL PLAZA
Postcode 079903
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 -
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? YES
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) 8
Passenger 1 NAME: : RAHMAN LOTFAR
GENDER: : MALE
Passenger 2 NAME: : UDDIN MOHAMMAD RAHIZ
GENDER: : MALE
Passenger 3 NAME: : SHEKH MAMUN
GENDER: : MALE
Passenger 4 NAME: : ISLAM MD MINARUM
GENDER: : MALE
Passenger 5 NAME: : BAKUL
GENDER: : MALE
Passenger 6 NAME: : BHUAN SHAKIR AHAMED
GENDER: : MALE
Passenger 7 NAME: : RAHMAN MUHAMMAD HAFIZUR
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

PLEASE REFER TO SKETCH PLAN

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 GBB9854J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name AXA INSURANCE PTE LTD
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name AHMED TOFAYEL
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBG713R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name AHMED TOFAYEL
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBG713R
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name UDDIN MOHAMMAD RAHIZ
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBG713R
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name SHEKH MAMUN
Approximate Age
Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBG713R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 5

Name ISLAM MD MINARUM

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBG713R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 6

Name BAKUL

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBG713R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 7

Name BHUAN SHAKIR AHAMED

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBG713R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 8

Name RAHMAN MUHAMMAD HAFIZUR

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBG713R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN



IMPORTANT NOTICE


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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.
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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.

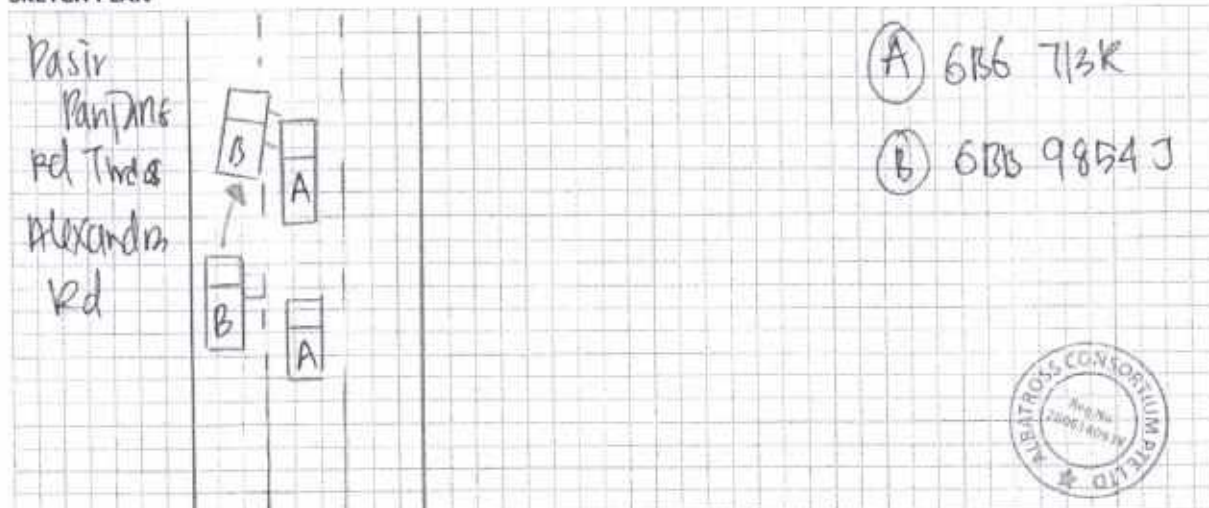


Policyholder's Signature
Date & Time:


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

On 28-06-2019 at about 01:50hrs, I was travelling along Pasir Panjang Rd towards Alexandra Rd. I was on Lane 2. As I was heading straight, I saw a van 6BB9854J open his door at the side road. I moved as normal and slow. While heading straight, the said vehicle with his door open make a sudden moved and swung into my lane and collided onto my front Lft side position.

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 ACCIDENT STATEMENT

ACCIDENT DATE: 29.09.19	TIME: 07:50hrs	(hh:mm) 24 hrs Format	
LOCATION: Pass Panjani Rd Trbo Alexandra Rd			
VEHICLE NUMBER: 6RG 713R			
INSURED NAME: Albatross Consortium Pte Ltd			
NRIC / FIN: 200614093K	CONTACT:		
MAKE: Toyota	MODEL: Dyna 150 5MT		
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 Only			
INSURANCE COMPANY: Chong Chong Tai Hui			
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: 5091368718			
NAME DRIVER: Ahmed Toafael () SAME AS INSURED			
NRIC / FIN: 68437023T	CONTACT: 9051 3550		
DATE OF BIRTH: 02.01.1979			
DRIVING PASS DATE: 17.04.2018			
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR			
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS:	() NO EMAIL		
ADDRESS OF DRIVER: 10 Anson Rd #10-11 International Plaza (019903)			
Number Of Passenger Include Driver: 8 pax include driver			
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 (<input checked="" type="checkbox"/>) Others			
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) 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 () Drizzling () Others			
Road Surface : () Dry (<input checked="" type="checkbox"/>) Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO			
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO			
If YES, Injured details : all injured (RAHMAN LOTFAR m) (SUDINI MOHAMMAD m) (3) SHAKIL MAMUN m (4) ISLAM MOHAMMAD m (5) BAKUL m (6) BILKIS SHAKIL m (7) RAHMAN MOHAMMAD HAFIZUL m			
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO			
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO			
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party			
Veh B	6BB 9854J	(N/A)	No. of Paxs (incl' driver)
Veh C			() / Not Sure ()
Veh D			() / Not Sure ()
Veh E			() / Not Sure ()
Veh F			() / Not Sure ()
Veh G			() / Not Sure ()

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


Employer:
ALBATROSS CONSORTIUM PTE. LTD.


For LKK/NAC Use Only

 Name:
AHMED TOFAYEL

Work Permit No:
0 63077089

Sector:
CONSTRUCTION



 **K0328846**

VISIT PASS
Immigration Regulations

30-04-2019

Name:
AHMED TOFAYEL

For LKK/NAC Use Only

FIN
G8437023T

Date of Birth: **02-01-1979** Sex: **M**

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



Licence Number: G8437023T

Name:

AHMED TOFAYEL

For LKK/NAC Use Only

Birth Date: 02 Jan 1979

Issue Date: 17 Apr 2018

Valid Till 16/04/2023



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 $\leq 2500\text{kg}$ 17 Apr 2018

For LKK/NAC Use Only

NP 428A



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.	DMCVEN3027801900	Engine No : 1KD2694212 Chassis No: JTFAT15Y90K207842
1. Index Mark and Registration Number of Vehicle	GRG713R	
2. Name of Policy Holder	M/S ALBATROSS CONSORTIUM PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	31 MAY 2019	EX SECT. IS\$350.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	30 MAY 2020	
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 WHILEST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

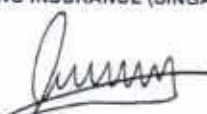
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Jaime Toh

Countersigned By:

Authorised Officer


Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	093K

Vehicle Details

Vehicle No.:	GBG713R
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Aug 2019
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 SMT
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	1KD2694212
Chassis No.:	JTFAT35Y80K207842
Maximum Power Output:	-
Open Market Value:	\$26,436.00
Original Registration Date:	31 May 2017
First Registration Date:	31 May 2017
Transfer Count:	0
Actual ARF Paid:	\$1,322.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	30 May 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$30,600.00
COE Rebate Amount:	\$23,706.00
Total Rebate Amount:	\$23,706.00

SL7 4613B

The information contained herein is correct as at 28 Aug 2019

OK