

NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

MAN/19129584

Date In: 30/09/2009 18:23	Job description	Date & Time Completed	Done by
Ref No: N/A/191901729/Y	SAS e-filing		
Veh No: G8H 766LE	E-mail (within 2hrs, AIC 2hrs)		
DOA: 28/09/2009 10:25	I-Motor Claim Form		
OID: 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/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: G7L 8225X	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 repair.
() 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: ()
Defect: ()

MAN/1907287

Driver/Owner:	1) ALT: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect License Coordination \$5	
	TP (N11): TP (Non INC) against DRG \$20	
	N12: Idao Mobile \$0	
	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	30/09/2019 18:23
Date Of Accident	28/09/2019 10:25
Exact Location Of Accident	BKE TOWARDS PIE/TUAS BEFORE ERP GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7661E
Insured/Policyholder	
Name Of Registered Owner	DURABLINDS TRADING
Co Reg No	201621583E
Email Address	OPS@GLASSSCAPE.COM.SG
Mobile Phone No	(LOCAL) +65-96277736
Alternative Phone No	OFFICE-87413496

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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V11746/VCV/R00
Cover Note Number	

Driver

Name of Driver	SUMIR OWHID ULLAH
NRIC No	G6747427P
Date Of Birth	11/01/1988
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96277736
Fax Number	
Contact Number	OTHERS-87413496
Email Address	OPS@GLASSSCAPE.COM.SG

Address -
 Postcode -
 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 CHAIN COLLISION
 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 5
 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name JURONG EAST NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190928/2093

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 GZ8225X
 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS1127U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKS3211H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJY5169P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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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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: *Robt Luthers*
NRIC/FIN No.:

SKETCH PLAN

- A) GBH 7661E
- B) GZ 8225X
- C) SL 11274
- D) SKS 3211H
- E) SY 5169P



ALONG BKE B/F JUNCTION
OF PIE/ROAD & PIE CHANAL

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20190928/2093

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.:



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20190928/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2019 14:28		Vide Report No.:		Station Diary No.: 51	
Informant's Particulars					
Name of Informant: SUMIR OWHID ULLAH			Address:		
ID Type / ID No.: FIN NO / G6747427P			Contact No.: Home/Office:		Mobile: 87413496
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 31	Date of Birth: 11/01/1988	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3		Date of Expiry: 20/03/2021

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2019 10:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH EXPRESSWAY ALONG BKE BEFORE JUNCTION OF PIE/TUAS AND PIE/CHANGI AIRPORT BEFORE ERP GANTRY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH7661E	Lorry A				Seriously Damaged	0
GZ8225X	Lorry B				Slightly Damaged	0
SJY5169P	Car E				Slightly Damaged	0
SKS3211H	Car D				Slightly Damaged	1
SLS1127U	Car C				Slightly Damaged	2



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUMIR OWHID ULLAH	ID No.	G6747427P
Related Vehicle	GBH7661E (Lorry)	Contact No.	87413496
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 20/03/2021
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/09/2019 at about 1020hrs, I was driving my lorry (GBH7661E) along BKE towards PIE/Tuas before the ERP gantry at the crossroad of PIE/Tuas and PIE/Changi. I was at lane 2 at that time and there was a car in front of me. The car (SKS3211H) suddenly jam brake and I also did the same. However, I did not stop in time and my front hit the rear of the said car. At the same time, there was a lorry (GZ8225X) behind me and it also hit the rear of my lorry.

I then alighted to check on the damages. I discovered that my lorry suffered some damages at the front and rear. My front was seriously damaged and the bumper came off while the rear left of my lorry also got damaged. However, I did not suffer any injuries. Subsequently, I discovered that it was a chain collision involving 6 vehicles including mine. However, the first vehicle had already moved off. I then exchanged particulars with the other drivers.

I wish to add that my vehicle was the 4th vehicle in the collision. There was an unknown car which had moved off before I could get the particulars. The car behind it was SJY5169P, followed by another car SKS3211H. My lorry was next and behind me was another lorry, GZ 8225X. The last vehicle is also another car SL51127U. There are 2 passengers in the last vehicle. I then got to know that they went to hospital for their injuries sustained at the accident.

I wish to add that there was no police or ambulance that came to the accident.

ACCIDENT STATEMENT

ACCIDENT DATE: 28/09/2019 (DD/MM/YYYY), TIME: 10:25 AM (HH:MM)

LOCATION: BKE TOWNS PIA/TAS BEFOR THE ERP

1. DETAILS OF VEHICLE LDH 7661 E
 - a) VEHICLE NUMBER: LDH 7661 E
 - b) INSURANCE COMPANY: LIBERTY
 - c) POLICY NUMBER: SD 19 V 11746 / VCV / R00
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: TOYOTA DYNA
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: WORKING TIME
 - 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: DURA BUNDS TRADING PIA LTD (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 201621583 E CONTACT: 96277736
- c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: OW HIA WONG H SUMIR (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 96747437P CONTACT: 87413496
- c) ADDRESS: 32 OLD TOW TUCK ROAD
01-15/16 / B2 CENTRE

* d) DATE OF BIRTH: 11/01/1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 21-06-2016

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: JURONG EAST N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GZ 8225X MODEL:
- b) DRIVER'S NAME:
- c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKS 1127U MODEL:
- b) DRIVER'S NAME:
- c) NRIC/FIN/PASSPORT: CONTACT:

10) SKS 3211 H (3)

11) SY 5169P

email =

VIDEO

ops@glassscape.com.sg

No of passenger
(including driver)
(1)


Raymond Eu

No of passenger
(including driver)
(3)

No of passenger
(including driver)
()

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD19V11746 /VCV /R00										
Form	MZ300A										
Date Of Issue	20-SEP-2019										
1.Index Mark and Registration No. of Vehicle:	GBH7661E										
2.Chassis number of Vehicle:	JTFAT35Y10K211554										
3.Name of Policyholder:	DURABLINDS TRADING PTE. LTD.										
4.Effective date of Commencement of Insurance for the purposes of the Act:	27-SEP-2019 00:00 AM										
5.Date of Expiry of Insurance:	26-SEP-2020 23:59 PM										
6.Persons or Classes of Persons entitled to drive*: <p>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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>											
7.Limitations as to use*: <p>A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.</p>											
8.The Policy does not cover: <p>A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>*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.</p> <p>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).</p> <div style="text-align: right; margin-top: 20px;"> For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature </div>											
For Information only: <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE :</td> <td>Comprehensive, Unlimited Windscreen, Hood</td> </tr> <tr> <td>SUM INSURED:</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS:</td> <td>Windscreen Excess: S\$100, Section I: S\$500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: S\$1000</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td></td> </tr> <tr> <td>PRODUCER NAME:</td> <td>INSURED UNITED AGENCY PTE LTD</td> </tr> </table>		COVERAGE :	Comprehensive, Unlimited Windscreen, Hood	SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS	EXCESS:	Windscreen Excess: S\$100, Section I: S\$500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: S\$1000	FINANCE COMPANY:		PRODUCER NAME:	INSURED UNITED AGENCY PTE LTD
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PLSU/PLSL/20-SEP-19

S3_CL_T1_T3_TEMPLATE2-VER1-20-SEP-19