

Date In: 6/8/20 14:16	Job description	Date & Time Completed	Done by
Ref No: MA/2P2000 8144164	SAS e-filing		
Veh No: GBA 479Z	E-mail (within 2hrs, A/C 2hrs)		
ICCA: 518120 13:55	I-Motor Claim Form		
(1) <input checked="" type="radio"/> 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/Whsp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SPZ 2401E	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 replier.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Particulars	INC () / Non-INC ()	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	Assessment	Signature

MA2004075		Invoice Preparation Checklist	Amount (\$)	PAID (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30)		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)		
Contact No:	3) TP: Towing Fee	\$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey	\$120		
QC Checked by (Bug-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30		
Assessor's Comments:	For claiming against INC Only (wef 10 Jan 2009)			
Tel. 1:	6) TR: Re-inspection	\$75		
Tel. 2:	7) NI: Idao DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
	ON:			
	*N5: Courtesy Car / Tpl Allowance	\$3		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$15		
	*N8: DV / Collect Excess Coordination	\$3		
	TP (N11): TP (N11 INC) against INC	\$20		
	9) 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 willful 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	06/08/2020 14:16
Date Of Accident	05/08/2020 13:55
Exact Location Of Accident	JUNC OF NEW UPP CHANGI RD & BEDOK NORTH AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA479Z
Insured/Policyholder	
Name Of Registered Owner	HOBSON LANDSCAPE SERVICES PTE LTD
Co Reg No	2XXXXX660M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90612068

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI20V09389/VCV/R03
Cover Note Number	

Driver

Name of Driver	SAHEB M G KAUSER
NRIC No	GXXXX986W
Date Of Birth	01/01/1996
Occupation	OUTDOOR
Date Of Driving Pass	25/01/2018
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86295449
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	37 ONAN RD
Postcode	424487
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	COLLISION - CROSS JUNCTION
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)	2
Passenger 1	NAME: : SHOUROV GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT & POLICE REPORT T/20200806/2038.

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	SFZ2401E
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 INJURED PERSON 1

Name	SAHEB M G KAUSER
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBA479Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SHOUROV
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBA479Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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. 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.

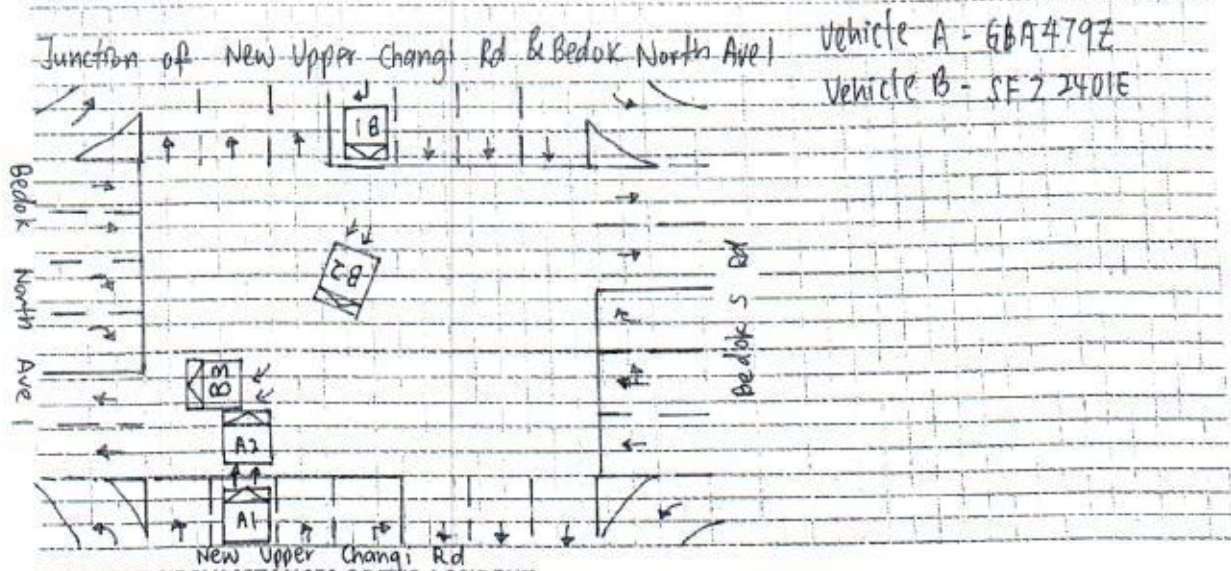


Policyholder's Signature
Date & Time:

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

On the stated date and time, I, vehicle A (GBA 479Z) was travelling straight along at the stated location on the third lane while traffic light was green. Suddenly, vehicle B (SFZ 2401E) made a right turn from the opposite position and collided onto the front left portion of my vehicle causing damages.

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.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MMA 1200 66427 Vehicle Registration No: GBA 479 Z
Name (as shown in NRIC) : Saheb M G Kausar NRIC/FIN/Passport No : G XXXX 986 W
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 86295449
Email Address : _____
Date of Accident : 5/8/20 Time of Accident : 13:55
Place of Accident : Junc of New Upp Chang Rd & Bedok North Ave 1
Insurance Company: Liberty

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Add In Police Report 7/20200806/2038

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 6/8/20



**SINGAPORE
POLICE FORCE**



T/20200806/2038

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 4

Report No. T/20200806/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2020 12:38	Vide Report No.:	Station Diary No.: 58
--	------------------	--------------------------

Informant's Particulars

Name of Informant: SAHEB M G KAUSER	Address: APT BLK 37 ONAN ROAD SINGAPORE 424487		
ID Type / ID No.: FIN NO / G2585986W	Contact No.: Home/Office: Mobile: 86295449		
Nationality: BANGLADESHI	Email:		
Sex: Male	Age: 24	Date of Birth: 01/01/1996	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/08/2020 13:55	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 NEW UPPER CHANGI ROAD BEDOK NORTH AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA479Z	Lorry	TOYOTA	DYNA	White	Slightly Damaged	1
SFZ2401E	Car	TOYOTA	COROLLA ALTIS	Silver	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/20200806/2038

2 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20200806/2038

CONTINUATION OF REPORT

Passenger			
Name	SHOUROV MOHAMMAD		ID No. G2203948U
Related Vehicle	GBA479Z (Lorry)		Contact No. 84339729
Hospital/Clinic	INTEMEDICAL 24HR CLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	06/08/2020	Date Discharge	06/08/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	SAHEB M G KAUSER		ID No. G2585986W
Related Vehicle	GBA479Z (Lorry)		Contact No. 86295449
Hospital/Clinic	INTEMEDICAL 24HR CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	06/08/2020	Date Discharge	06/08/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	RAJANTRAN S/O RAJAGOPALAN		ID No. S1843721Z
Related Vehicle	SFZ2401E (Car)		Contact No. 81431707
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was driving my company's lorry along lane 3 on New Upper Changi Road toward Tampines together with my colleague Shourov Mohammad. When reaching the Junction of Bedok North Avenue 1, I saw the traffic light still green. As such I proceed straight. Suddenly, a car from the on-coming traffic turned right into Bedok North Avenue 1. I could not stop in time and hit onto his left rear side of his car. I alighted and we exchanged particulars. No Police or ambulance attended. I wish to state that I do have an in-car camera.

The next day, both of us felt pain on our neck and the area where we put on our seatbelts. We went to the clinic and was issued with 4 days MC from 06/08/200 to 09/08/2020.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20200806/2038

3 of 4

Report No. T/20200806/2038

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200806/2038

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

4 of 4

Report No. T/20200806/2038

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:
F /
Sgt 3 MOHAMMAD AZUAN BIN MOHD KAMAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
06/08/2020 12:38

Classification Of Case:

Singapore Police Force

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	SI20V09389 /VCV /R03
Form	MZ300A
Date of Issue:	21-Jul-2020
1. Index Mark and Registration No. of Vehicle:	GBA479Z
2. Chassis number of Vehicle:	JTFAT35Y203000339
3. Name of Policyholder:	HOBSON LANDSCAPE SERVICES PTE. LTD.
4. Effective date of Commencement of Insurance for the purposes of the Act:	02-AUG-2020 00:00
5. Date of Expiry of Insurance:	01-AUG-2021 23:59
6. 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. 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.
7. Limitations as to use*:	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.
8. The Policy does not cover:	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 or any one disabled mechanically propelled vehicle.
*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 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.	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  <p>Authorised Signature</p>	
For Information only:	
COVERAGE:	Third Party Fire & Theft, Additional Accessories (Hood, Sum Insured \$2,000)
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00
FINANCE COMPANY:	LAKE VIEW CREDIT PTE LTD
PRODUCER NAME:	NET LINK COMMERCIAL PTE LTD

Date of Accident: 05/08/2020 Accident Time: 1355hrs (24-HR-FORMAT)
 Accident Place: Junction of New Upper Changi Rd & Bedok North Ave 1
 Vehicle Reg. No (Car plate No.): G8A479Z Vehicle Make/Model: Toyota Dyna 15U
 Insurance Company: Liberty Policy No: S120V09389/VCR/203
 Name of Registered Owner: Company/Individual Hobson Landscape Services PTE.LTD.
 ID of Registered Owner: Co Reg No: 201408660M Owner's NRIC No: -
Co Contact No: 9061 2068 Owner's Contact No: -
 DRIVER'S Name: Sahab M G Kausar DRIVER'S NRIC No: 92585986W
 DRIVER'S Date of Birth: 01 Jan 1996 DRIVER'S License Pass Date: 25 Jan 2018
 Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -
 DRIVER'S Address: 37 Onan Rd Singapore 434487
 DRIVER'S Contact No. / Alt No.: 1) 8629 5449 2) -
 DRIVER'S Occupation: INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address: Sabebhabu1996@gmail.com
 Weather & Road Surface: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 02 Passenger Name: Shourav Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: Sahab M G Kausar
 Injured Name: Shourav
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work Purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SFZ 2401E</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____