

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA10089047

Date In: 12/12/02 - 12:45	Job description	Date & Time Completed	Done by
Ref No: NA167220109787W	SAS e-filing		
Veh No: PC2649K	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 12/12/02 - 19:00	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: 57F58TD	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%; F: 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

NA1205488 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Ref. 1: Ref. 2 / 3:	Invoice Preparation Checklist		Amt (\$) Est Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: 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:			
ON* *N5: Courtesy Car / Tpl 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 Invoice dated		Fee Charged 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	12/10/2020 13:43
Date Of Accident	10/10/2020 19:00
Exact Location Of Accident	PIE TWDS TUAS BEFORE CTE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2649K
Insured/Policyholder	
Name Of Registered Owner	FINEBUILD SYSTEMS PTE LTD
Co Reg No	1XXXXX672Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 MICROBUS 2.5 4DR 5AT ABS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	BUS

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SNW00002912001
Cover Note Number	

Driver

Name of Driver	KANNAN ASHOKUMAR
Passport No/FIN	GXXXX613R
Date Of Birth	04/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	24/04/2014
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82254373
Fax Number	
Contact Number	OFFICE-82254373
EEmail Address	NOEMAIL

Address	74 TAGORE LANE #02-00 SINDO INDUSTRIAL ESTATE
Postcode	787498
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	3
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)	11

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 POLICE REPORT - T/20201010/2094.

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	SJF585D
Vehicle Make/Model/Colour	BMW 520I
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 2

Vehicle Registration Number SMJ6037Z
Vehicle Make/Model/Colour TOYOTA NOAH
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 ISLAM HAFIZUL
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? PC2649K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name AZIZ MD TAREQUE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? PC2649K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name BOSUNIA NURUJJAMAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? PC2649K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name RANA SOHEL
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? PC2649K

Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 5

Name	ISLAM MD RAFIQUL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC2649K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 6

Name	RONI MIRZA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC2649K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 7

Name	AKTER
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC2649K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 8

Name	HOSSAIN BIPLOB
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC2649K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 9

Name	SAYED MOHAMMAD ABU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC2649K
Were seat belts worn?	YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 10

Name

ULLA RAHMAT

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

PC2649K

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 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. 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;



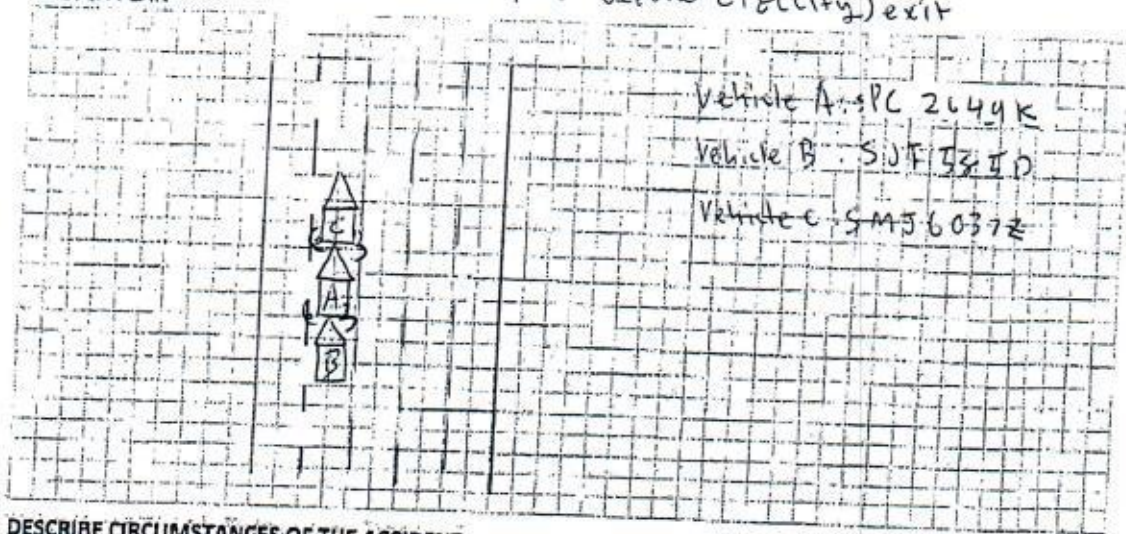
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

PIE towards turn before CTE (city) exit



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report

DECLARATION

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

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 10/10/2020 (DD/MM/YY) Time: 7 pm (HH:MM)
Exact location of accident	PIE towards turn before CTE (city) exit

Details of vehicle

Vehicle registration number	PC 2649K
Vehicle make and model	Nissan NV350 Urvan
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input checked="" type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	On the way home
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	China Taiping
Policy number	DMBISNH00002912001
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	Fine Build Systems Pte Ltd	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	1996016723	
Contact		
Address	74 Tagore lane S(787498)	

Driver

Same as insured above ☐ (skip to D.O.B)

Name	KANNAN ASHOKUMAR	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	G 2372613R	
Contact	82254373	
Address	74 Tagore lane	
Email address		
Date of birth	04 Jun 1978	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	24 Apr 2014	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>11</u> (Inclusive of driver)

Passenger 1

Name	ISLAM HAFIZU
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	AZIZ MD TAREQUE
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	BOSUNIA NURULJAMAN
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	RANA SMIEL
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	ISLAM MD RAFIUL
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	ULLAH RIHMAT
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 7: Roni MIRZA
 Passenger 8: IKTER
 Passenger 9: HISHAM IBRAHIM

Other information

Passenger 10: SAKED MUHAMMAD ABU
 Passenger 11: KANNAN ASHOK KUMAR

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Any mo Kid South N.P.C

Third party vehicle 1 (C)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SMJ 6037 Z
Vehicle make model	Toyota Noah

Third party vehicle 2 (B)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SJF 585D
Vehicle make model	BMW 520i

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
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Witness 2

Name	
------	--

Injured person 1

Name	SAYED MOHAMMAD ABU
Injuries sustained	
Which vehicle person in?	PC 2649K
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	HOSSAIN BIPLAB
Injuries sustained	
Which vehicle person in?	PC 2649K
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 3

Name	AETER
Injuries sustained	
Which vehicle person in?	PC 2649K
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 4

Name	RUNI MIRZA
Injuries sustained	
Which vehicle person in?	PC 2649K
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 5

Name: ULLAH RAHMAT
vehicle person in: PC 2649K

Injured person 6

Name: ISLAM MD RAFIQUE
vehicle person in: PC 2649K

Injured person 7

Name: RANA SOHEL
vehicle person in: PC 2649K

Injured person 8

Name: BOSONIA NURUJJAMAN
vehicle person in: PC 2649K

Injured person 9

Name: AZIZ MD TAREQUE
vehicle person in: PC 2649K

Injured person 10

Name: ISLAM HAFIZUL
vehicle person in: PC 2649K



SINGAPORE POLICE FORCE



T/20201010/2094

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 6

Report No. T/20201010/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2020 22:50	Vide Report No.:	Station Diary No.: 99
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Informant's Particulars

Name of Informant: KANNAN ASHOKUMAR			Address: 15 GUILLEMARD ROAD SINGAPORE 399691		
ID Type / ID No.: FIN NO / G2372613R			Contact No.: Home/Office: Mobile: 82254373		
Nationality: INDIAN			Email:		
Sex: Male	Age: 42	Date of Birth: 04/06/1978	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Van driver			Driving Licence Information: Class: 3	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2020 19:00	Type of Location: Along PIE towards Tuasbefore CTE(City) exit
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
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
PC2649K	Van					10
SJF585D	Car					0
SMJ6037Z	Car					0



**SINGAPORE
POLICE FORCE**



T/20201010/2094

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

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Report No. T/20201010/2094

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ISLAM HAFIZUL	ID No.	G8057839W
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Passenger			
Name	AZIZ MD TAREQUE	ID No.	G2397571N
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Passenger			
Name	BOSUNIA NURUJJAMAN	ID No.	G2591618U
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL



SINGAPORE POLICE FORCE



T/20201010/2094

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

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Report No. T/20201010/2094

CONTINUATION OF REPORT

Passenger			
Name	RANA SOHEL	ID No.	G2140345N
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Passenger			
Name	ISLAM MD RAFIQUK	ID No.	G2149224N
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Driver			
Name	KANNAN ASHOKUMAR	ID No.	G2372613R
Related Vehicle	PC2649K (Van)	Contact No.	82254373
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
Passenger			
Name	RONI MIRZA	ID No.	G8054088X
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL



SINGAPORE POLICE FORCE



T/20201010/2094

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Report No. T/20201010/2094

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

CONTINUATION OF REPORT

Passenger			
Name	AKTER	ID No.	G6932508X
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Passenger			
Name	HOSSAIN BIPLOB	ID No.	G2672889X
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Passenger			
Name	SAYED MOHAMMAD ABU	ID No.	G7790213P
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Passenger			
Name	ULLA RAHMAT	ID No.	G6922651K
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20201010/2094

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

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Report No. T/20201010/2094

CONTINUATION OF REPORT

Driver			
Name	LIM SIN TECK	ID No.	S7044774F
Related Vehicle	SJF585D (Car)	Contact No.	96587562
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am currently staying 74 Tagore Lane Singapore 787498.

On the 10/10/2020 at about 1900hrs, I was driving my company FineBuild System Pte Ltd van PC2649K at along PIE towards Tuas before CTE (City) exit. I was driving at lane 4 and the traffic was moderate. The weather was clear and dry. I had 10 passengers seated at the rear.

As I was driving straight, suddenly the car in front of me SMJ6037Z applied brake. I immediately applied my brake and managed to stop in time. However after I stop, suddenly another car SJF585D from rear collided with my van. Due to the impact, my van moved forward and collided with the front car.

I came down and realized it was a chain collision. My passengers complained of body pain due to the impact, however they informed not so serious. I exchanged particulars and I decided to bring my passengers to consult doctor at 'Intemedical 24 Hr Clinic' at 525 Ang Mo Kio Avenue 10 #01-2407. The doctor checked them and all my passengers were given 2 days of MC. Due to the accident, the front and rear portion of my van is dented and damaged. I am not injured.



**SINGAPORE
POLICE FORCE**



T/20201010/2094

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Report No. T/20201010/2094

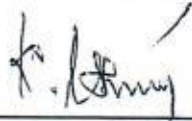

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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 / Sr Staff Sgt RAHUMATHULLA AZIMAL ALI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/10/2020 22:50
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: 
Authentication Stamp NP168	



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601

R SN

AN0435A

Cov. Type:C

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.

DMB1SNW0002912001

Engine No.: YD25341281A

Cha. No.: JN1TC2E26Z0000905

1. Index Mark and Registration
Number of Vehicle

PC2649K

AUTOSAFE

2. Name of Policy Holder

FINEBUILD SYSTEMS PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

23/04/2020

Excess Sect. I. S\$2,000.00

Excess Sect. II S\$3,000.00

4. Date of Expiry of Insurance

22/04/2021

EX ON WINDSCREEN. S\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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:

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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 (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : MAYBANK 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.

Authorised Signatory

Issued By: YETTA INSURANCE AGENCY PTE LTD
Authorised Officer