

NATIONAL Assessment Centre Services: [wef 1 Jan'05] MNA 2010347

Date In: 21/1/2010	Job description	Date & Time Completed	Done by
Ref No: NA 12102010823/24	SAS e-filing		
Veh No: YP54672	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 20/1/2010-16:30	i-Motor Claim Form	M7/1110939-021	21/1/2010 14:46
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: X0 Y105A	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

492006318	Invoice Preparation Checklist:		Amt (\$)	Amt (\$)
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			
	5) FT: 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:-			
	QD*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Pat 1:

Pat 2 / 3:

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	21/11/2020 13:59
Date Of Accident	20/11/2020 16:30
Exact Location Of Accident	PIONEER RD TWDS TUAS WEST DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5467Z
Insured/Policyholder	
Name Of Registered Owner	UNI MARINE SERVICES PTE LTD
Co Reg No	2XXXXX869W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	ISUZU
Model	NNR85UH4A
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	5106097906-01
Cover Note Number	

Driver

Name of Driver	BARAI SETU
Passport No/FIN	GXXXX209R
Date Of Birth	03/04/1983
Occupation	OUTDOOR
Date Of Driving Pass	09/10/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90483414
Fax Number	
Contact Number	OFFICE-90483414
Email Address	NOEMAIL

Address	BLK 847 JURONG WEST STREET 81 #14-245
Postcode	640847
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	WET

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?	YES
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)	9
Passenger 1	NAME: : UDDIN SALEH GENDER: : MALE
Passenger 2	NAME: : ISLAM MOHAMMED NAZRUL GENDER: : MALE
Passenger 3	NAME: : JONY MD REZAUL KARIM GENDER: : MALE
Passenger 4	NAME: : KEERTHI SAI RAVI TEJA GENDER: : MALE
Passenger 5	NAME: : HASSAN MD RABIUL GENDER: : MALE
Passenger 6	NAME: : ISMAIL GENDER: : MALE
Passenger 7	NAME: : CHAWDHURY MD RASHEDUR RAHMAN GENDER: : MALE
Passenger 8	NAME: : HUSSAIN MOHAMMAD MOKARRAM GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)

Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - J/20201120/7055.

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	XD4105A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHANG FULIANG
NRIC/Passport Number	GXXXXX721M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE1503Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHOU BINGNAN
NRIC/Passport Number	GXXXXX738T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	BARAI SETU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP5467Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UDDIN SALEH
Approximate Age	

Injuries Sustain	BODY
Injured person in which vehicle?	YP5467Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	ISLAM MOHAMMED NAZRUL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP5467Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	JONY MD REZAUL KARIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP5467Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 5

Name	KEERTHI SAI RAVI TEJA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP5467Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 6

Name	HASSAN MD RABIUL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP5467Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 7

Name	ISMAIL
Approximate Age	
Injuries Sustain	BODY

Injured person in which vehicle?	YP5467Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 8

Name	CHAWDHURY MD RASHEDUR RAHMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP5467Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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 **completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.

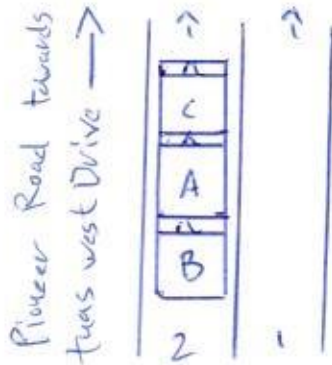
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



Veh A: YP5467Z

Veh B: XD4105A

Veh C: XE1503Z

Refer to police report

DECLARATION

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

Policyholder's Signature
Date & Time:



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

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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20 / 11 / 2020 (dd/mm/yy) Time of Accident: 16 : 30 (24-HR-FORMAT)

Vehicle No.: YP5467Z Vehicle Make & Model: _____

Exact location of Accident: Pioneer Road towards Tuas West Drive

Policyholder's Name/ IC No.: Ba UNI MARINE SERVICES PTE LTD

Driver's Name/ IC No.: Barai Setu 67952209R (As Above) ☐

Driver's Contact No.: 9483414 Company Contact No.: _____

Driver's Address: BLK 847 JURONG WEST ST 81 14-245

Insurance Company: NTUC Email address (if any): sales@garage15.com.sg

Relationship between Owner & Driver:

Owner / Spouse / Children / Friend / Parent / or Others specify: worker

What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use/ ☒ Work purpose

Occupation (nature of job): ☐ Indoor/ ☒ Outdoor

No. of Passengers (Including Driver): 9

Passenger Name: _____ Gender: _____

Passenger Name: _____ Gender: _____

Weather Condition & Road Conditions? (On the day of accident)

☐ Clear & Dry/ ☐ Raining & Wet/ ☒ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: _____

Was there any video captured by your Car Camera? ☐ Yes/ ☒ No

Any Injuries: ☒ Yes/ ☐ No (If YES) Injured Person's Name: refer to attachment

Injuries Sustain: _____ Injured Person's in which vehicle: _____

Police Report filed: ☒ Yes/ ☐ No (If YES) Which Police Station: Jorong east N.P.C

The Other Party(s) Details:

1. Driver's Name/ IC No.: ZHANG FULIANG (G8328721M) Vehicle No. X04105A

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name/ IC No.: ZHOU BINGNAN (G2473738T) Vehicle No. XE1503Z

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



SINGAPORE POLICE FORCE



J/20201120/7055

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Report No. J/20201120/7055

Date/Time Report Made 20/11/2020 22:09	Vide Report No.	Station Diary No.
Name Of Informant BARAI SETU	Address	
ID Type / ID No. FIN NO / G7952209R	Contact No. Home/Office: Mobile: 90483414	
Nationality BANGLADESHI	Email Address setumetubarai@gmail.com	
Occupation Driver	Sex Male	Age 37
Institution/School Name	Date of Birth 03/04/1983	Race Bengali
Date/Time Of Incident 20/11/2020 16:30	Location Of Incident PIONEER ROAD	

Brief details.

On the above mentioned date and time, I was driving my company lorry YP 5467Z carrying 8 colleagues on the way back to office.

I had gradually come to a stop due to traffic conditions when a massive impact propelled me forwards, causing me to collide into the vehicle in front.

My vehicle's windscreen was shattered as a result.

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: 20/11/2020 22:09
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20201120/7055

I alighted to realise that XD4105A had collided into my vehicle's rear causing me to hit onto XE1503Z.

My passenger's particulars are as follows:

- 1) Uddin Saleh G8886846W
- 2) Islam Mohammed Nazrul G8338519M
- 3) Jony Md Rezaul Karim G6621257U
- 4) Keerthi Sai Ravi Teja G3910537W
- 5) Hasan Md Rabiul G8934658X
- 6) Ismail G8370105L
- 7) Chawdhury Md Rashedur Rahman G6932094K
- 8) Hussain Mohammad Mokarram G7153782Q

Hussain Mohammad Mokarram was my front passenger. He was the only one not injured immediately after the accident.

Ismail and Chawdhury Md Rashedur Rahman was conveyed by ambulance to Ng Teng Fong General Hospital.

The rest of us went to our company doctor at Unihealth 24-Hr Clinic (Jurong East) for treatment and was given 2 days MC each.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

20/11/2020 22:09

Classification Of Case: