

# NATIONAL Assessment Centre Services. (Part 1 Jan 2003) : SM 09 20 CM 000 F

Date Inc: 23/12/20 16:17	Job description	Date & Time Completed	Done by
Ref No: MA 111 200 14377/44	SAS e-filing		
Veh No: G2 6023A	E-mail (within 2hrs, AIC 2hrs)		
ICIA: 22/12/20 18:00	I-Motor Claim Form		
(11) (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/Wksn		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SJ2 7378J	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 ( )	

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: ( )

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

Injury: \_\_\_\_\_

Damage	Actions

NA2100751	Invoice / Insurance Claim / Checklist	Amount
Driver/Owner:	1) AIR: Accident Reporting (\$30);	20
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 (wa 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	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 Submission	23/12/2020 16:17 (SGT)
Date of Accident	22/12/2020 18:00 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ6023A
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FTZ ELECTRICAL & SECURITY SYSTEMS (S) PTE LTD
Company Reg No	2XXXXX555G
Email Address	DMBKRIC060@GMAIL.COM
Mobile Phone No	(Phone) +65-62875758
Alternative Phone No	(Office) +65-62875758

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D18MCV0000575_02
Cover Note Number	-

#### DRIVER

Name of Driver	ISLAM KHAIRUL
Work Permit No	GXXXX291R
Date Of Birth	25/12/1988
Occupation	Outdoor

Date Of Driving Pass .....	19/03/2020
Driving experience .....	9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90834273
Alt. Phone Number .....	-
Email Address .....	DMBKRIC060@GMAIL.COM
Address .....	1 GEYLANG LOR 16
Address complement .....	-
Postcode .....	398849
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MAHMUD SUJAN
Gender .....	Male

#### PASSENGER 2

Name .....	SHAHIDUR MOHAMMAD
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT.

#### 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 .....	SJZ7378J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MAHMUD SUJAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GZ6023A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	SHAHIDUR MOHAMMAD
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GZ6023A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 3

Name of injured person .....	ISLAM KHAIRUL
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GZ6023A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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**.
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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.



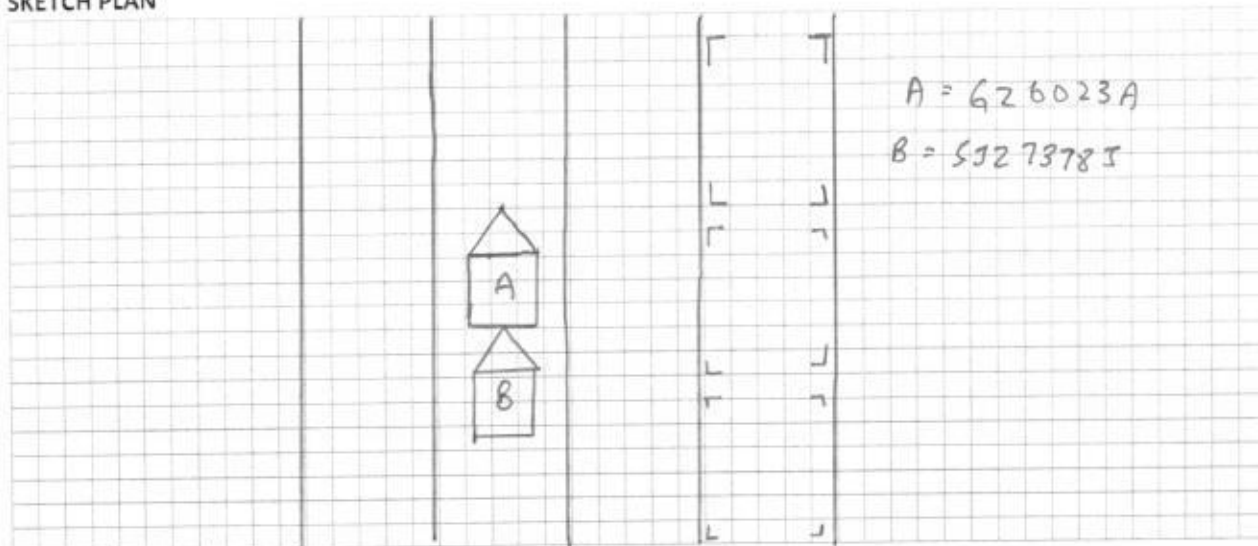
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, VEHICLE A, WAS TRAVELLING STRAIGHT IN MY LANE ON

LANE 2. THE VEHICLE IN FRONT BRAKE, SO I BRAKE. SUDDENLY

VEHICLE B, BANG ONTO THE REAR PORTION OF MY VEHICLE

## 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.:



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

Employer  
FTZ ELECTRICAL & SECURITY SYSTEMS (S) PTE. LTD.



Name  
ISLAM KHAIRUL

Work Permit No.  
0 63915378

Sector  
CONSTRUCTION



K2326430

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **G2211291R**

Name:

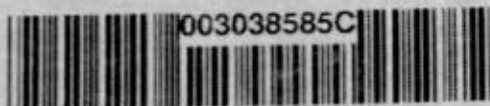
**ISLAM KHAIRUL**



Birth Date: **25 Dec 1988**

Issue Date: **19 Mar 2020**

Valid Till **18/03/2025**



003038585C

**VISIT PASS**  
Immigration Regulations

13-10-2020

Name  
ISLAM KHAIRUL

FIN  
G2211291R

Date of Birth  
25-12-1988

Sex  
M

Nationality  
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass  
App to check status

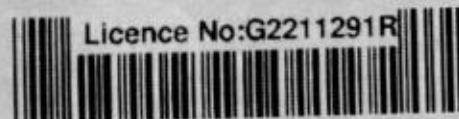


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

Class 3    Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$     19 Mar 2020

NP 428A





Licence No:G2211291R



## 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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MCV000575_02		COVER: Third Party Fire & Theft
1. Index Mark and Registration Number of Vehicle	: GZ6023A	
Chassis No	: JN1SF4F23Z0861273	
2. Name of Policyholder	: FTZ ELECTRICAL & SECURITY SYSTEMS (S) PTE LTD	
3. Effective date of Insurance	: 06 Jul 2020	
4. Expiry date of Insurance	: 05 Jul 2021	
5. 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.</p>	
6. 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> <p><b>The Policy does not cover</b></p> <p>a) Use for hire or reward. b) Use for racing, pace-making, reliability trial or speed-testing. c) 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>	
Hire Purchase Company	: Abwin Pte Ltd	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE & OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON ALL CLAIMS WILL BE APPLICABLE.		
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).		
Agent/Broker	: A000047/SINCL PTE LTD	
Date of Issue	: 01/07/2020 11:38:29	
M.Z. 300C - GOODS CARRYING (ORGANIZATION)		
		<p>For India International Insurance Pte Ltd</p>  <p>Authorised Signatory</p>

Date of Accident : 22/12/2020 Accident Time: 1800HRS (24-HR-Format)  
 Accident Place : SIMS AVE AFT GEYLANG EAST AVE 1  
 Vehicle No. (Car Plate No.) : GZ6023A Make/Model: NISSAN CABSTAR  
 Insurance Company : INDIA INTERNATIONAL Policy No: DIRMCV0000575\_02  
 (2010175556)  
 Owner or Company Name /IC No. : FTZ ELECTRICAL & SECURITY SYSTEMS (S) PTE LTD  
 Owner or Company Contact No. : - Owner's Hp 62875758 Company Tel  
 DRIVER'S Name / IC No. : ISCAM KHAIRUL / G2211291R  
 DRIVER'S Date Of Birth : 25/12/1988 DRIVER'S License Pass Date 19/MAR/2020  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
 DRIVER'S Address : 1 GEYLANG LORONG 16 S(378849)  
 DRIVER'S Contact No / Alt No. : 1) 90834273 2) -  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : DIMBKRI060@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): 3 - M  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): DRIVER, PASSENGER

**Other Party Driver's Particular (if any)**

Vehicle No: STZ 73783  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: \_\_\_\_\_

Vehicle No: \_\_\_\_\_  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: \_\_\_\_\_

**\* NEW - Passenger's name & gender:**

- Mahmud Sujan
- Shahidur Mohammad