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|--|--|-----------------------|---------|
| NATIONAL Assessment Centre Services (wef 1 Jan 2005) | | SA092110004 | |
| Date by: 02/01/2006 12:02 | Job description | Date & Time Completed | Done by |
| Ref No: NA 210000004/4 | SAS e-filing | | |
| Veh No: GBA 823KH | E-mail (within 2hrs, AIC 2hrs) | | |
| D.O.A: 02/01/2006 08:30 | i-Motor Claim Form | | |
| 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: GBA 2727m | 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 |
|-----------|---------|
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| | | | | | |
|---------------------------------|--|---|-------------|-----------|-----------|
| XIA2100524 | | Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
| Claimant's Particulars: | | 1) AR: Accident Reporting (\$30); | | In Bill | Add Bill |
| Driver/Owner: | | 2) DA: Damage Assessment (\$100); INC (\$30) | | | |
| Contact No: | | 3) TP: Towing Fee \$40/\$45 | | | |
| Damaged Portion: | | 4) FT: Follow-Through Survey \$120 | | | |
| QC Checked by (Engr-In-Charge): | | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| Auditors' Comments: | | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Cat 1: | | 6) TR: Re-inspection \$75 | | | |
| Cat 2/3: | | 7) NI: Idao DA + SMRT Survey \$160 | | | |
| | | 8) NTUC Additional Services:- | | | |
| | | ON: | | | |
| | | *N5: Courtesy Car / Tp 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: Idao Mobile 30 | | | |
| | | 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 Submission | 02/01/2021 12:02 (SGT) |
| Date of Accident | 02/01/2021 08:30 (SGT) |
| Exact Location of Accident | Lor 8 Geylang, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBA8235H |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | JX CONSTRUCTION |
| Company Reg No | 5XXXX136M |
| Email Address | jxconstructionwoo@gmail.com |
| Mobile Phone No | (Phone) +65-91053853 |
| Alternative Phone No | +65-84144337 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Toyota |
| Model | Dyna |
| 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 - Reporting only |
| Vehicle Category | Commercial vehicle |

INSURANCE COMPANY

| | |
|---------------------------|---------------------|
| Name of Insurance Company | India International |
| Type of Coverage | ThirdParty |
| Fleet Policy | No |
| Policy Number | D18MCV0001290_02 |
| Cover Note Number | - |

DRIVER

| | |
|-----------------|-------------------------|
| Name of Driver | BHUIYAN MOHAMMOD SHAMIM |
| Passport No/FIN | GXXXX977L |
| Date Of Birth | 01/02/1979 |
| Occupation | Outdoor |



| | |
|--|-----------------------------|
| Date Of Driving Pass | 13/06/2017 |
| Driving experience | 3 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-84144337 |
| Alt. Phone Number | - |
| Email Address | jxconstructionwoo@gmail.com |
| Address | NO, 17 LORONG 8 GEYLANG |
| Address complement | - |
| Postcode | 399086 |
| 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 | Side Swipe |
| Weather Conditions | Raining |
| Road Surface | Wet |

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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

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

PLEASE REFER TO SKETCH PLAN

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 | GBG2727M |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | PATHAM MOHAMMAD KAMRUL HAQUE |
| Passport No/FIN | GXXXX991N |
| Contact Number | (Phone) +65-92710005 |
| Address | - |
| Address complement | - |
| 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 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.
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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sherrin 02/01/21 10:05AM
WR 8 GRAYSON PARKING LOT

Describe Circumstances of the Accident

On 02/01/2020 AT ABOUT 08:30HRS I WAS AT THE PARKING
LOT AT COR 8 GRAYSONG I WANTED TO GO OUT FROM THE PARKING
LOT SIGNAL RIGHT & LOOK FOR NO INCOMING VEHICLES ON
MY RIGHT I START TO MOVE OFF, SUDDENLY A VAN
CROSSING SO FAST BRUSH AGAINST THE FRONT RIGHT OF
MY LORRY WHICH I DID NOT KNOW WHEN HE WAS THERE,

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Slamin 02/01/21 10:05Am

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

Witnessed by Reporting Centre
Personnel *[Signature]* 02/01/2021

ACCIDENT STATEMENT

ACCIDENT DATE: 02/01/2021 (DD/MM/YYYY), TIME: 08:30 AM (HH:MM)

LOCATION: Lonong & Gaylang

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA8235 H
 b) INSURANCE COMPANY: J&K
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: on the way to work
 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: Jx Construction (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: 58280136M CONTACT: 91053853
 C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: BHUIYAN MOHAMMAD SHAMIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 678777L CONTACT: 84144337
 c) ADDRESS: NO 17 Lor & Gaylang (394086)

* d) DATE OF BIRTH: _____ (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12/06/2017

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBG 2727M MODEL: Toyota
 b) DRIVER'S NAME: MOHAMMAD KAMRUL HAQUE
 c) NRIC/FIN/PASSPORT: 42180991M CONTACT: 92710005

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = Jxconstructionwco@gmail.com

fax =

VIDEO =

41097
130
01227

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.: D18MCV0001290_02

COVER: Third Party Only

1. Index Mark and Registration Number of Vehicle : GBA8235H
Chassis No : JTFAT35Y103001580
2. Name of Policyholder : JX CONSTRUCTION
3. Effective date of Insurance : 22 Aug 2020
4. Expiry date of Insurance : 21 Aug 2021

5. 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.

6. 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.

The Policy does not cover

- 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.

*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.

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON SECTION II 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 : A000050/Sunmex Enterprise
Date of Issue : 05/08/2020 16:16:22
M.Z. 300C - GOODS CARRYING (ORGANIZATION)

For India International Insurance Pte Ltd



Authorized Signatory

SUNMEX ENTERPRISE
8 ENGGOR STREET
#24-02
SINGAPORE 079718
TEL: 6220 5977 FAX: 6220 1698