ASS REC. BY: CSICAR ASSIGNMENT From: Date: Estimated Cost: OD APPINS / IP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: YQ 1839E at Workshop mu's at Workshop mu's of Insured: SG 1103T Policy No. Claims No. BUS/05/21/1022 Sum Insured: Excess: (Cient's Record) Make: Min Summed / Leaked / Burnt or Make: Min Summed / Leaked / Burnt or Make: Min Summed / Leaked / Burnt or Modi: Min Modi:
Estimated Cost: OD TP WS TIP RES / OD RES / EVA / INV / MV To laspect Vehicle No: YQ 1839E at Workshop m/s of SG 1103T Policy No. Claims No. BUS/05/21/1022 Sum Insured: (Client's Record) Make of Vehicle Make: Mit Cant Canter Color Make: Mit Canter Color Mak
Type: M.Car / M.Cycle / Bus / Van / JerryN Tax / Prime Mover / Truck / Trailler or at Workshop m/s at Work
To Inspect Vehicle No: YQ 1839E at Workshop m/s at Workshop m/s Insured: SG 1103T Policy No. Claims No. BUS/05/21/1022 Sum Insured: Excess: (Client's Record) Make of Veh: Make of Veh: Sp.Reading 9409 TrRadio: Insured / Std / Ni / Na Eng/No: EB C/No: / 2/EA 30324 Gen. Cond: Good / Fair / Poor / Burnt Steering: Inogen / Jammed / Leaked / Burnt or Brake: Inogen / Jammed / Leaked / Burnt or Mod : Mi / Srikm / STD Arkim or Tyre Stae: F: / P5/85 / S / S / S / S / S / S / S / S / S /
at Workshop m/s at AC: Insured / Std / NI / NI at AC: Insured / Std / NI / NI at AC: Insured / Std / NI / NI at AC: Insured / Std / NI / NI at AC: Insured / Std / NI / NI at AC: Insured / Std / NI / NI at AC: Insured / Std / NI / NI at AC: Insured / Std / NI / NI at AC: Insured / Std / NI / NI at AC: Insured / Std / NI / NI at AC: Insured / Std / NI / NI at AC: Insured / Std / NI / NI at AC: Insured / Std / NI / NI at AC: Insured / Std / NI / NI at AC: Insured / Std / NI / NI at AC: Insured / Std / NI / NI at AC: Insured / Std / NI at AC: Insure
at Workshop m/s of Insured: SG 1103T Policy No. Claims No. BUS/05/21/1022 Sum Insured: Sum Ins
Insured: Sp.Reading Sp.Readi
Insured: SG 1103T Policy No. Claims No. BUS/05/21/1022 Sum Insured: Excess: (Client's Record) Make of Veh: Make of Veh: Seering: Inoxider Jammed / Leaked / Burnt or Modi: All / STRIm / STD A/Rim or Tyre Stze: F: /95/95R/5 R:
Claims No. BUS/05/21/1022 'Gen. Cond: Good/Fair / Poor / Burnt Sum insured: Excess: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: BF6/C IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: OF days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CNo: 2/2A . 30324 Sleening: Inoquer? Jammed / Leaked / Burnt or Modi: All / SIRIm / STD A/Rim or Tyre Size: F: / 95 / 95 / 15 R: (D) Rear R/Bal. 9 mm R/Bal. 9 mm L/Bal. 9 mm D.O.A. 21/5/2) Lum Sum: 20 % 3 Val.: Yes or No Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Sum Insured: Excess: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of Inspection. Bal. or Market Value: DAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: DE days Res.: Yes or No Lum Sum: Lum Sum: CA / REV / REP. / 24 HRS CA / REV / REP. / 24 HRS Canded Sees: Sieering: Inocder / Jammed / Leaked / Burnt or Sieering: Inocder / Jammed / Leaked / Burnt or NS OS Siering: Inocder / Jammed / Leaked / Burnt or NS OS Siering: Inocder / Jammed / Leaked / Burnt or NS OS Silver F: PS / PS
Steering: Inoder / Jammed / Leaked / Burnt or Make of Veh: Policy Condition
Brake: Incoder / Jammed / Leaked / Burnt or Modi : All / SIR /
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: 676/C IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No Vehicle: IN LOUT Modi: Rill / S/Rim / STD A/Rim or Tyre Size: F: /95/95R/5 R:
R: R: Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: Ff 6/C IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS R: Remark: The veh had commenced its N/S O/S R: SJDUN / EXNOVA / GY / FS / LIZA / MIC / OHT SU / PIR / SUMI / TOYO / YOKO or Fron! Rear R: R: CO BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHT SU / PIR / SUMI / TOYO / YOKO or Fron! Rear R: CO BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHT SU / PIR / SUMI / TOYO / YOKO or Fron! Rear R: CO BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHT SU / PIR / SUMI / TOYO / YOKO or Fron! Rear R: CO BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHT SU / PIR / SUMI / TOYO / YOKO or Fron! Rear Fron! Rear DO A
R:
repair at the time of Inspection. Bai. or Market Value: B 7 6/C IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: O 4 days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS SUDUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! / TOYO / YOKO or Fron! Rear R/Bai. 9 mm R/Bai. 9 mm L/Bai. 9 mm D.O.A. 21/5/21 DO.A. 21/5/21 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Bal. or Market Value: \$\frac{1}{2}\left(C)\$ IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: OF days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS TOYO/YOKO or Fron! Rear R/Bal. 9 mm L/Bal. 9 mm D.O.A. 21/5/2) DO.I. 15/6/2021 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: O # days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Vehicle: IN / OUT Rear R/Bal. 9 mm R/Bal. 9 mm L/Bal. 9 mm L/Bal. 9 mm D.O.A. 21/5/21 DO.D.I. 15/6/2021 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
GIA / PR Seen: Consistent?: Yes or No Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Consistent?: Yes or No U/Bal.
Est. Repairs:
Lum Sum: 26 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Vehicle: IN / OUT Vehicle: IN / OUT
CA / REV / REP. / 24 HRS Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT / 1/5
Person Contacted: The U/C / Chassis frame / Body Structure offered due to the in-
7.00017 #138 000011
/ Est not ready
Date/Time, File Pass to? : Prell. Report Days Of Repair:
1) : Final Report Resurvey No. of Trip: Survey Fee:
Oute/Fine, File Return to?
Add Fee: : Site insp (\$) s-Rs_si
: Interview (\$); Fare:s
Report Format:
Lump Sum / I.B.I: (S) Weekend (S)
TOTAL



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 witholding of material facts may allow insurance companies to repudiate 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 aforesald.

ACCIDENT STATEMENT

Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

24/05/2021 15:20 (SGT) 21/05/2021 14:25 (SGT) 355 Sembawang Way, #02-02, Singapore 750355 ALONG SEMBAWANG WAY Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YQ1839E

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address Mobile Phone No

Alternative Phone No

Yes

JAK ENGINEERING & CONSTRUCTION PTE LTD

2XXXXX478R

VIJIEMPLOY@GMAIL.COM (Phone) +65-93385063

+65-93385063

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Mitsubishi

Canter

Employment

No - Claiming third party Commercial vehicle

Manual

2500

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd

Comprehensive

Yes

5119556245

DRIVER

Name of Driver

Passport No/FIN

RASHID MOHAMMED ABDUR GXXXX002P

Accident report SM0P215O0001

Page 1 of 11

SKETCH PLAN	
DESCRIBE CIRCURGS YANGU CIRCURGS AND	A.+70/839E B-ISG/11037
A STATE OF THE SOUTH OF THE SOU	
Attach Singapore Police report	
Attack Scene photo-	stands dumentaring the times yes procumptioning some
The state of the s	and a supplemental and an analysis of the supplemental and the supplemen
the second secon	والمرافع المستخدمة الأمورة المستخدمة المستخدم المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة المستخدم المستخدم المستخدم المستخدمة المستخدم الم
the state of the s	and allowed the despitement of the delice. We have been already again, and a sum of
1	2) to a contract of the contra
	The same of the sa
	and the same of th
The state of the s	
the state of the s	(No. 10 to 1
and the contract of the contra	and the state of t
DECLARATION	
We declare the foregoing particulars are true in every respect.	
Suite # 1 the 1 (for any 2) and at a householder) Kaude	King Contro Persagno 'z Signatura

Scanned with CamScanner



T/2021062142002

T/20210521/2032

1 of 3 Report No T/20210521/2032

Police Station Of Origin Geylang N P C 1 Cassia Link SINGAPORE 397618 Tel No. 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 21/05/20	ne Report M 21 14 25	lade.	Vide Report No	Station Diary No		
Informa	nt's Partici	ulars		29		
RASHID	Informant MOHAMM	ED ABDUR	Address			
ID Type / ID No. FIN NO / G7238002P		p	Contact No.: Home/Office:	Mobile 02295062		
Nationality. BANGLADESHI			Email: Mobile 93385063			
Sex. Male	Age: 46	Date of Birth 03/01/1975	Type of Informant			
Race. Bangladeshi Occupation LIFT TECHNICIAN			Language English	Institution / School Name		
		W 17.75	Driving Licence Information. Class: 3	Date of Expiry:		

General Infor	mation of the Accide	ent a de la company	KEEPEN STORES SHEEPEN ST	
Type of Accident	Non-Injury	Drink Drive: No	Date/Time of Accident: 20/05/2021 22:30	Type of Location: Straight Road
Location				
SEMBAWAN	G WAY			
Weather. Clear		Road Surface: Dry	Ro	oad Speed Limit:
Traffic Flow		Traffic Control:		raffic Volume: ght
Type of Collisi Between Movi	ion [.] ing Vehicles - Head T	Γο Side		nyone conveyed by mbulance: o

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SG1103T	BUS					0
YQ1839E	Lorry				Slightly	1

Details of Person Involved	
Any Pedestrian Involved No	
No of Pedestrians Injured. NIL	Use of Pedestrian Crossing: NA



Police Station Of Ongin Geylang N P C 1 Cassia Link SINGAPORE 397618 Tel No 1800-8486999



2 of 3 Report No. T/20210521/2032

CONTINUATION OF REPORT

Name	N. M. M. L.						
· · · · · · · · · · · · · · · · · · ·	RASHID MOHAMMED ABDUR			ID No		G7238002P	
Related Vehicle	NIL			Conta	ct No	93385063	
Hospital/Clinic NIL		The second of the second of the second	Class of Driving Licence & Expiry Date		Class 3 Date of Expiry, NIL		
Date Treatment	NIL		Date Disc	-	NIL	a hay a manusa hay a firm a firm and a guidence of the firm of the	
No of Do		NIL	Degree of		NIL		

Brief Details.

On 20 05 2021 at about 2230hrs, I was driving my company lorry along Sembawang Way on the 1st lane. There is SBS Bus which came out from the left filter lane and had collided onto my said lorry. I then came out from the vehicle to make a check and notice that my left headlights cover came off. At that point of time no one is injured. I have reported this matter to my company and they advise me to lodge a police report. I wish to state that I did not take turn the particulars of the said bus driver.

ded