

# NATIONAL ASSOCIATION OF CERTIFIED SERVICE MANAGERS

Date: 04/11/2021 12:48  
 Ref No: XBA/1042101951/1  
 Job No: 06225194  
 Date: 22/11/2021 16:08

Job Description	Body & Frame Completed	Done by
SAS e-illing		
Crash (by accident / collision)		
Motor Claim / Repair		
Motor W/O (Vehicle on hire / TP (VRI))		
Police Reported		
Assessment / Survey Report		
Accident Report by New / Hand to Owner / Driver		

(1) ☒ Reporting Only

TP Insurer

Produced Wksp / HMO / AWP / Wksp / AWP /

TP Insurer / Policy No: **S222200M**, MO: **1** / Non-MO: **1**  
 Owner / Driver: **Tell**  
 Policy No: **1** Period: **1** Cover Type: **1**  
 Confirmed by: **1** Date: **1** Time: **1**  
 Insured / Driver Liability: **1** (%) (New / Best / Worst (WO) / NIO-20% / PI 21-79% / PI 80-100%)  
 Year of Registration: **1** / Yes: **1** / NO: **1**  
 License (\$): **1** / Loading: \$1,000 (\$1,000) / \$2,000 (\$2,000)

( ) Written Confirmation / Customer's Information clearly confidential & strictly NO for or / repetition  
 ( ) Total Loss Case / to email Insurer URGENTLY  
 Driver: **1** / Towed-in: **1** / Involves VRS: **1** / NO: **1** / Towed-out: **1**

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QO Check / Post Repair Inspection ( )
- 3) Upload Recovery Photo (Repair Cost > \$3,000) ( )

Input

Driver/Owner	1) All down insurance (MO)	MO (MO)
Contract No	2) All down insurance (MO)	MO (MO)
Contracted Period	3) All down insurance (MO)	MO (MO)
QC Checked by (Engineer - Client)	4) All down insurance (MO)	MO (MO)
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# 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	24/11/2021 12:45 (SGT)
Date of Accident	22/11/2021 16:05 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS (BEFORE CORPORATION)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2519G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	O LINER TECHNOLOGY PTE LTD
Company Reg No	1XXXXX653M
Email Address	joweloliner71@gmail.com
Mobile Phone No	(Phone) +65-97569450
Alternative Phone No	(Office) +65-67428138

## 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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

## INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070017262-01
Cover Note Number	-

## DRIVER

Name of Driver	JOWEL MOHAMMAD
Passport No/FIN	GXXXX580W

Date Of Birth	28/04/1991
Occupation	Outdoor
Date Of Driving Pass	13/04/2018
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93793685
Alt. Phone Number	-
Email Address	joweloliner71@gmail.com
Address	26 KAKI BUKIT PLACE #02-01
Address complement	EUNOS TECHPARK
Postcode	416204
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	RAMAIAK MALAR KANNAN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211123/2027

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ2220M
-----------------------------	----------

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC5748M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	PC2165P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	JOWEL MOHAMMAD
Gender	Male
Phone No	(Phone) +65-93793685
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ2519G
Were seat belts worn?	Yes





Was this injured conveyed to hospital by ambulance? .....

No

INJURED 2

Name of injured person .....

RAMAIAN MALAR KANNAN

Gender .....

Male

Phone No .....

-

Address .....

-

Address Complement .....

-

Post Code .....

-

Approximate Age Years Old .....

-

Injuries Sustained .....

SLIGHT INJURY

Injured person in which vehicle? .....

GBJ2519G

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.
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;

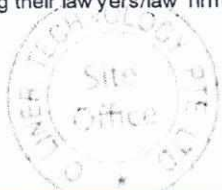
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



*John*

*24/11/2021*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

*WYE TOWARD WAS (BEFORE CORPORATION)*

Diagram (1)

△  
D  
△  
A  
△  
B  
△  
C

△  
D  
△  
A1  
△  
B  
△  
C

△  
A2

Diagram (2)

A: GBJ 2519G


B: SJZ 2720M

C: PC5748M

D: PC 2165P

Please refer to the police report (T/20211123/2027)

We declare the foregoing particulars are true in every respect.



Four

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

26/11/2027

Witnessed by Reporting Centre  
Personnel



Date of Accident : 22.11.2021 Accident Time : 16:05pm (24-HR-Format)

Accident Place : AYE towards TUAS (Before Corporation).

Vehicle No (Car Plate No) : 9BJ 2519G Make/Model: Toyota Dyna 150

Insurance Company : AIG Policy No: 2070017262-01

Fleet Policy : YES / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : O liner Technology Pte Ltd (199902653M)

Owner Contact No : 9756 9450 <sup>→ HR</sup> Owner's Hp 6742 8138 Company Tel

Driver Name / IC No : Jowel Mohammad (92209580W)

Driver's Date of Birth : 28.04.1991 Driver's License Pass Date: 13.04.2018

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: \_\_\_\_\_

Driver's Address : 26 Kaki Bukit Place #02-01 Eunos Techpark S (416204)

Driver's Contact No : 1) 9379 3685 2) \_\_\_\_\_

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : joweloliner71@gmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 2 person (1 Driver, 1 Passenger)

Was ther any video footage? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : Yes (1 Driver, 1 Passenger).

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

Vehicle B No : <u>S7Z2220M</u> <sup>→ HR</sup>	Name & Contact No: _____
Vehicle C No : <u>PC 5748M</u>	Name & Contact No: _____
Vehicle D No : <u>PC 2165P</u>	Name & Contact No: _____
Vehicle E No : _____	Name & Contact No: _____

**\*NEW - Passenger's Name & Gender:**

Male : Ramajan Malar Kannan.



*Jawl*





# SINGAPORE POLICE FORCE



T/20211123/2027

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 4

Report No. T/20211123/2027

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2021 11:49		Vide Report No.: J/20211122/0078		Station Diary No.: 36	
<b>Informant's Particulars</b>					
Name of Informant: JOWEL MOHAMMAD			Address: C/O 81 UBI AVENUE 4 #11-20 SINGAPORE 408830		
ID Type / ID No.: FIN NO / G2209580W			Contact No.: Home/Office: Mobile: 93793685		
Nationality: BANGLADESHI			Email: joweloliner71@gmail.com		
Sex: Male	Age: 30	Date of Birth: 28/04/1991	Type of Informant: Driver		
Race: Bangladeshi			Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER CUM DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/11/2021 16:05	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ2519G	Van	TOYOTA		White	Seriously Damaged	1
PC2165P	Bus/Coach/Mi nibus	MITSUBISHI		White		0
PC5748M	Bus/Coach/Mi nibus	ISUZU		Multi-Colored		0
SJZ2220M	Car	BMW		Black		0



**SINGAPORE  
POLICE FORCE**



T/20211123/2027

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Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20211123/2027

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBJ2519G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070017262-01	04/03/2021	03/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	JOWEL MOHAMMAD	ID No.	G2209580W	
Related Vehicle	GBJ2519G (Van)	Contact No.	93793685	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	22/11/2021	Date Discharge	22/11/2021	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Passenger				
Name	RAMAIAN MALAR KANNAN	ID No.	G8166602X	
Related Vehicle	GBJ2519G (Van)	Contact No.	83562303	
Hospital/Clinic	THE CHONG FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	22/11/2021	Date Discharge	22/11/2021	
No. of Days granted Medical Leave	02	Degree of Injury	NIL	

**Brief Details.**

On 22/11/2021 at about 1605hrs, I was driving in GBJ2519G along AYE towards Tuas, in the 4th lane. Before Corporation Road exit, a vehicle hit me from behind, a BMW SJZ2220M. This caused my vehicle to move forward, and hit the vehicle in front of me, PC2165P. Due to this impact, I lost control of my vehicle and I ended up on the first lane on the road.

I then realized that there was another vehicle that was behind the BMW, PC5748M.

I was attended to by Traffic Police and ambulance. I was conveyed to Ng Teng Fong Hospital. My passenger was not conveyed, but he went to seek medical attention separately. He received 2 days MC. I received 3 days MC.

The front and rear of my vehicle are badly damaged.

I was also given a case card from Traffic Police, and I was advised to lodge a traffic accident report:





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

J/20211122/0078

T/20211123/2027



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Report No. T/20211123/2027



**SINGAPORE  
POLICE FORCE**



T/20211123/2027

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

4 of 4

Report No. T/20211123/2027

**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  
G /  
SI NURUL HUDA BINTE HASHIM

Signature Of Informant:

*Faul*

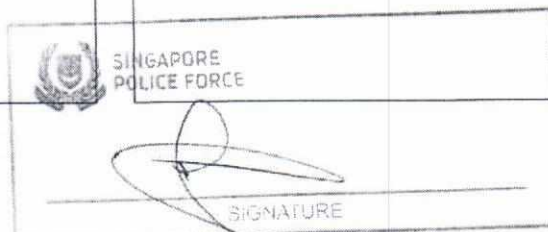
Signature Of Interpreter:  
Not applicable

Date/Time:  
23/11/2021 11:49

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Classification Of Case:

Authentication Stamp  
NP168







# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

**Name of Policyholder** : O Liner Technology Pte Ltd  
**Period of Insurance** : 04 Mar 2021 To 03 Mar 2022  
**Engine No.** : 1KD2833036  
**Chassis No.** : JTFAT35Y50K211962

**Vehicle No.** : GBJ2519G  
**Policy No.** : 2070017262-01  
**Endorsement No.** :  
**Issued Date** : 23 Feb 2021

### ABOUT THE COVER

**Make/Model** : TOYOTA DYNA 150 1.7 ton [Lorry]  
**Engine Capacity/Tonnage** : 2 Tonnage  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2019  
**Insuring with COE/PARF** : Yes

#### Person or Classes of Persons Entitled to Drive\* :

- a) Any person who is driving on the Policyholder's order or with their permission  
b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience

**Age Condition** : All Age Condition

**Limitation as to use\*** :

- 1) Use in connection with the Policyholder's business  
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business  
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle c) use for any purpose in connection with Motor Trade

**Loss Of Use (7 Days) Commercial Auto Cover**

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings

### EXCESS

**Section 1**  
**Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0**

**Section 2**  
**Property Damage - \$0**

**Windscreen : \$100**

**Named Driver and Excess (where applicable)**

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us)  
For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play

### IMPORTANT NOTES

**Hire Purchase Company/Employer's Loan: NA**

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

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ALLINK INSURANCE AGY-TOYOTA CV

BLK 153 BUKIT BATOK ST 11 #02-290

SINGAPORE 650153

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

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See Khoo Jennifer Lim