

NATIONAL Assessment Centre Services

Date In: 18/03/2022 17:17	Job description	Date & Time Completed	Done by
Ref No. NA / LIP 22002546/M4	SAS e-filing		
Veh No: GY 6828A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/03/2022 12:30	i-Motor Claim Form		
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLM 516T	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

NA 2200723	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TF: 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			
	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:-			
	ON*			
	*N5: Courtesy Car / Tpl 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: Idac Mobile 30			
Auditors' Comments:-	Invoice dated	Fee Charged		
Cat. 1:	Invoice dated	Fee Charged		
Cat. 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 Submission	18/03/2022 17:17 (SGT)
Date of Accident	17/03/2022 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG 103 CHANGI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY6828A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	INTERIOR FILE PTE LTD
Company Reg No	2XXXXX558E
Email Address	angeline@interior-file.com
Mobile Phone No	(Phone) +65-67493389
Alternative Phone No	(Office) +65-67493389

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
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	SI21V03113/VCV/R05
Cover Note Number	-

DRIVER

Name of Driver	NAZRUL GAZI MOHAMMAD
Passport No/FIN	GXXXX926X



Date Of Birth	12/05/1991
Occupation	Outdoor
Date Of Driving Pass	07/08/2019
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82855568
Alt. Phone Number	-
Email Address	interiorfile@gmail.com
Address	3023 UBI ROAD 3
Address complement	#01-16 UBIPLEX 1
Postcode	408663
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	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 vehicle 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

PLS REFER TO THE ATTACHED 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	SLM516T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-



SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any willful 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.

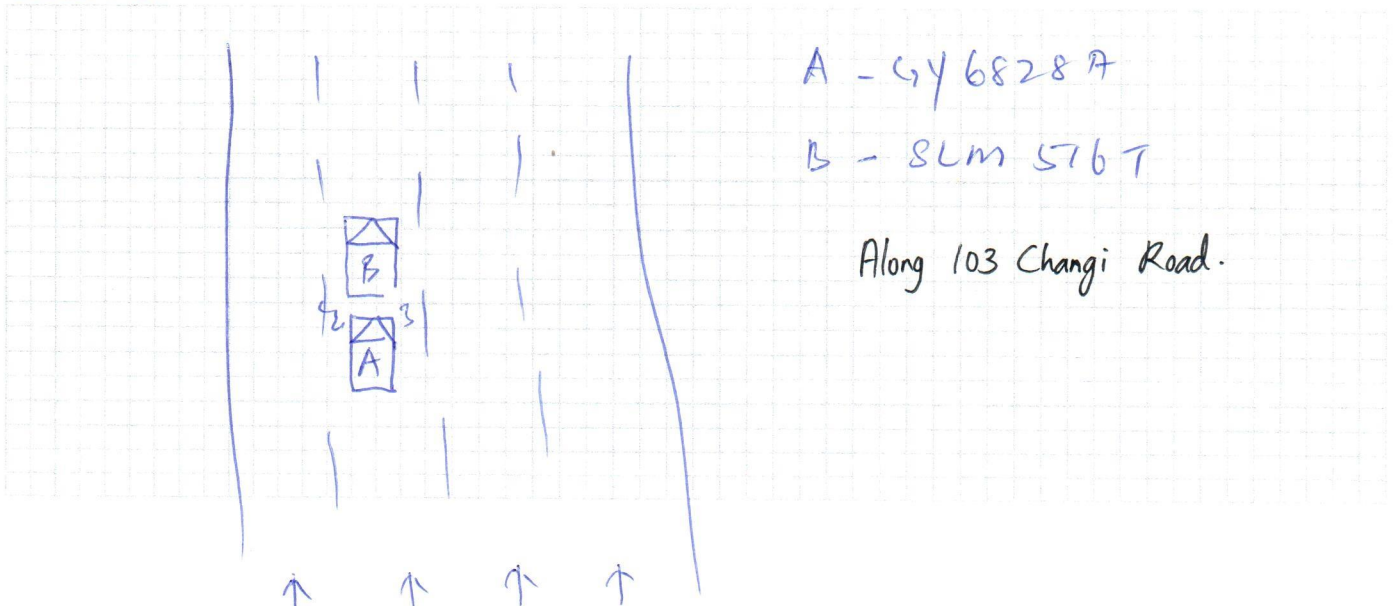


Policyholder's Signature / Date & Time 1700

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the above date and time, I driving my company lorry.

During the time heavy raining, when the front car suddenly brake, and I couldn't stop intime, so my lorry touch and back of the car.

Declaration

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



18/02/22

Policyholder's Signature / Date & Time 1700

[Signature]

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

[Signature] 18/3/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



G/20220313/2022

1 of 2

POLICE REPORT (NP322)

Report No. G/20220313/2022

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

Date/Time Report Made 13/03/2022 10:05	Vide Report No.	Station Diary No. 17
Name Of Informant NAZRUL GAZI MOHAMMAD	Address 3023 UBI ROAD 3 #01-16 UBIPLEX 1 SINGAPORE 408663	
ID Type / ID No. FIN NO / G2183926X	Contact No. Home/Office Mobile 82832568 82855568	
Nationality BANGLADESHI	Email Address	
Occupation Driver	Sex Male	Age 30
Institution/School Name	Date of Birth 12/05/1991	Race Indian
Date/Time Of Incident 13/03/2022 08:00	Location Of Incident 3023 UBI ROAD 3 UBIPLEX 1 SINGAPORE 408663	

Brief details.

On the above-mentioned date and time, I realised that my driving licence was no longer in my possession. I have made a search for it, however to no avail. I am lodging this report for replacement purposes..

Property Information

Signature Of Officer Recording The Report:
G / SGT 2 MARYAM NORAZMI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Geylang N.P.C /
SGT 3 WOON WEE CHEEN
Contact No.: 18006848699

Signature Of Informant:

Date/Time:
13/03/2022 10:05

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220313/2022

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POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20220313/2022

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence	One driving licence belonging to G218392 6X		1		One driving licence belonging to G2183926X

Signature Of Officer Recording The Report:
G / SGT 2 MARYAM NORAZMI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Geylang N.P.C /
SGT 3 WOON WEE CHEEN
Contact No.: 18006848699

Signature Of Informant:

Date/Time:
13/03/2022 10:05

Classification Of Case:

MINISTRY OF
MANPOWER

INTERIOR FILE PTE. LTD.
3023 UBI ROAD 3
#01-16 UBIPLEX 1
SINGAPORE 408663

05 Jan 2022

Your application is approved

Dear Sir / Madam

We are pleased to inform you that NAZRUL GAZI MOHAMMAD's Work Permit application has been approved in-principle. Please bring your new worker to Singapore before this approval expires on 05 Apr 2022.

You must complete the steps on the next page within 14 days from your worker's arrival or 7 days after his/her Stay-Home Notice (SHN). He/She can start work while you complete the steps.

If you no longer wish to hire the worker, cancel the in-principle approval to stop the levy charges and send the worker home. If you do not take any action, we will eventually withdraw the approval, and levy will be charged till then.

Yours sincerely

Penny Han (Mrs)
Controller of Work Passes

NAME OF FOREIGN WORKER
NAZRUL GAZI MOHAMMAD
WORK PERMIT NO.
0 63886181
PASSPORT NO.
EG0280948
DATE OF APPLICATION
30 DEC 2021
CPF SUBMISSION NO
200504558E - PTE - 01
MONTHLY LEVY RATE
S\$950
SB TRANSMISSION REF NO
3328457

▲ IMPORTANT

- You must comply with the conditions stated on this letter and the Employment of Foreign Manpower Act, including the conditions and regulatory conditions in the Employment of Foreign Manpower (Work Passes) Regulations 2012. MOM will take action on non-compliance. You can read the rules at www.mom.gov.sg
- This letter does not grant the pass holder's stay in Singapore.
- You must ensure your worker receives the complete copy of his/her in-principle approval letter at least 3 days before he/she leaves for Singapore.

Web <http://www.mom.gov.sg>Contact Us <http://www.mom.gov.sg/contact>

Page 1 of 2

5:09



Mr Hoi

6 Photos


Select



VEHICLE NO: <u>G46828A</u>	MAKE & MODEL: <u>10y Dyna</u>	AUTO (MANUAL)
DATE OF ACCIDENT: <u>17/03/2022</u>	CC: <u>2.5</u> (2982cc)	
TIME OF ACCIDENT: <u>1230</u> HRS		
LOCATION OF ACCIDENT: <u>Along 103 Changi Rd.</u>		
EXACT PURPOSE USE DURING ACCIDENT: <u>()</u>	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER:	<u>Interior File Pte Ltd</u>	
TEL NO:	H/P: <u>67493389</u>	OFFICE: HOME:
NRIC: <u>ROC</u>	<u>200504558E - PTE - 01</u>	
ADDRESS:	<u>3023 Ubi Rd 3 #01-16 UbiPlex 1 S'x08663</u>	
EMAIL:	<u>angelina@interior-file.com</u>	
CLAIM TYPE:	OD / THIRD PARTY (REPORTING ONLY)	
FLEET POLICY:	YES (NO?)	
INSURANCE COMPANY:	<u>Liberty Insurance Pte Ltd.</u>	
TYPE OF COVERAGE:	<u>() Comprehensive / Third Party / (Third Party Fire & Theft)</u>	
POLICY NO:	<u>SI22V02523/VCV/R06 SI21V03113/VCV/R05</u>	
NAME OF DRIVER:	AS ABOVE / IF NO: <u>NAZRUL GAZI MOHAMMAD</u>	
NRIC: <u>FIN</u>	<u>G2183926X</u>	ANY PASSENGER: <u>0</u>
DATE OF BIRTH: <u>12/05/1991</u>	LICENCE PASSED DATE: <u>07/AUG/2019</u>	
OCCUPATION:	<u>() OUTDOOR / INDOOR</u>	
GENDER:	<u>() MALE / FEMALE</u>	
CONTACT NO:	H/P: <u>82855568</u>	OFFICE: HOME:
ADDRESS:	<u>3023, Ubi Rd 3 #01-16, UbiPlex 1 S'x08663</u>	
EMAIL:	<u>interiorfile@gmail.com</u>	
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO: <u>NIL</u>	INSURER: <u>NIL</u>
RELATIONSHIP:	<u>Employee</u>	
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:	
ROAD SURFACE:	DRY (WET) / OTHER:	
ANY INJURIES:	<u>() NO / IF YES, WHO?</u>	
NAME & CONTACT:	<u>NIL</u>	
NAME & CONTACT:	<u>NIL</u>	
POLICE REPORT:	<u>() NO / IF YES, WHERE?</u>	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>() NO / IF YES, WHO?</u>	
VEHICLE B REG NO:	<u>SLM516T</u>	ANY PASSENGERS: <u>0</u>
NAME OF DRIVER:	CONTACT NO:	
VEHICLE C REG NO:	ANY PASSENGERS:	
VEHICLE D REG NO:	ANY PASSENGERS:	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE?	YES (NO)	
WAS THERE ANY AUDIO RECORDED?	YES (NO)	
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO	
ACCIDENT PORTION:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO		
WORKSHOP PARTICULAR:	<u>Reporting Only.</u>	
CONTACT NO:	<u>68420051 / 67440510</u>	
CONTACT PERSON:		
FAX NO:	<u>67410510</u>	
WORKSHOP EMAIL:	<u>sales@n51.com.sg</u>	

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)

Certificate No	SI21V03113 /VCV/R05
Form	MZ300A
Date of Issue:	08-Mar-2021
1.Index Mark and Registration No. of Vehicle:	GY6828A
2.Chassis number of Vehicle:	JTFAT35Y80K200423
3.Name of Policyholder:	INTERIOR FILE PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	27-MAR-2021 00:00
5.Date of Expiry of Insurance:	26-MAR-2022 23:59
6.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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.
7.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.
8.The Policy does not cover:	A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing or 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 are not to be included under these headings.	
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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  Authorised Signature	
For Information only:	
COVERAGE:	Third Party Fire & Theft
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00
FINANCE COMPANY:	
PRODUCER NAME:	TAN SIAM HUAY