

NTUC Assessment Centre Services **SNOF22360004**

Date In: 21/03/2022 12:47	Job description	Date & Time Completed	Done by
Ref No: X/BA/01220025614	SAS e-filing		
Veh No: SLE 291H	E-mail (within state: AL, 2hrs)		
DDA: 18/03/2022 16:15	i-Motor Claim Form		
QD: TP Reporting Only	i-Motor W/O (within 01, 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: **FBE 3889H** 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

Claimant's Particulars :-	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$10)			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2/3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	*N3: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Coordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non-INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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	21/03/2022 12:47 (SGT)
Date of Accident	18/03/2022 16:15 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE291H
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMED IQBAL HOSSAIN
NRIC No	SXXXX244F
Email Address	mihossain77@gmail.com
Mobile Phone No	(Phone) +65-91015439
Alternative Phone No	+65-91015439

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00044962200
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMED IQBAL HOSSAIN
NRIC No	SXXXX244F

Date Of Birth	01/01/1977
Occupation	Outdoor
Date Of Driving Pass	27/12/2010
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91015439
Alt. Phone Number	+65-91015439
Email Address	mihossain77@gmail.com
Address	BLK 679A JURONG WEST CENTRAL #03-34
Address complement	-
Postcode	641679
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220319/7004

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	FBE3889H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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 MOHAMMED IQBAL HOSSAIN
 Gender Male
 Phone No (Phone) +65-91015439
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? SLE291H
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

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

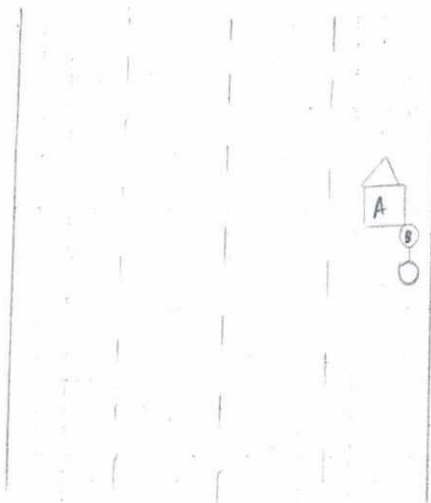
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
21/03/2022

Sketch Plan



A = SLE291H
B = FBE3889H

Describe Circumstances of the Accident

REFER TO POLICE REPORT

T/20220319/7004

A large rectangular area with horizontal lines, intended for describing the accident circumstances. A large blue scribble is present in the upper right portion of this area.

Declaration

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



Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20220319/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220319/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2022 11:13		Vide Report No.: E/20220318/0087		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMED IQBAL HOSSAIN			Address: 679A JURONG WEST CENTRAL 1 #03-34 SINGAPORE 641679		
ID Type / ID No.: NRIC NO / S7784244F			Contact No.: Home/Office: Mobile: 91015439		
Nationality: SINGAPORE CITIZEN			Email: mihossain77@gmail.com		
Sex: Male	Age: 45	Date of Birth: 01/01/1977	Type of Informant: Driver		
Race: Bangladeshi			Language: English		Institution / School Name:
Occupation: Marine Engineer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident					
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/03/2022 16:15	Type of Location: Straight Road	
Location: AYER RAJAH EXPRESSWAY					
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h	
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	Conditio	No of
FBE3889H	Motorcycle				Seriously Damaged	0
SLE291H	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220319/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220319/7004

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE291H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000449 62200	15/02/2022	14/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHAMMED IQBAL HOSSAIN	ID No.	S7784244F	
Related Vehicle	SLE291H (Car)	Contact No.	91015439	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	18/03/2022	Date	18/03/2022	
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

I was traveling along AYE towards City, before Jurong Town Hall Exit, I'm in lane 1 without changing my lane, suddenly I felt a big impact on my car, I then stop and came down. I found a motorcycle (FBE3889H) collided onto my Vehicle.

Traffic Police and Ambulance were on the accident scene.

I feel uncomfortable at my neck and lower back area after the accident and visited Raffles Medical Clinic, I was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20220319/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220319/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ABDUL RAHIM BIN SALIM
Contact No.: 65476251

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
19/03/2022 11:13

Classification Of Case:



Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 18 / 03 / 2022 (dd/mm/yy) Time of Accident: 16 : 15 (24-HR-FORMAT)

Vehicle No.: SLE291H Vehicle Make & Model / Engine (cc): HYUNDAI ELANTRA Private Hire: (Y / N)

Exact location of Accident: AYE TOWARDS CITY

Policyholder's Name / IC No.: MOHAMMED IQBAL HOSSAIN S7784244F ROC/UEN (Company)

Driver's Name / IC No.: _____ (As Above)

Driver's Contact No.: 91015439 Company Contact No / Owner Contact No: _____

Driver's Address: BLK 679A JURONG WEST CENTRAL #03-34 SINGAPORE 641679

Owner Email address: MIHOSSAIN77@GMAIL.COM Insurance Company: CHINA TAIPING

Driver Email address: _____

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle Was being used at time of accident?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

*No. of Passengers (Including Driver): 1

*Passenger Name: _____ Gender: Male / Female x()

*Passenger Name: _____ Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No Remarks: _____

Any Injuries: Yes / No (IF YES) Injured Person's Name: DRIVER

Injuries Sustain: _____ Injured Person in Which Vehicle: SLE291H

Police Report filed: Yes / No (IF YES) Which Police Station: ONLINE

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: FBE3889H

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



Motor Private Car

MX1F

N SN

AN0544A

Cov. Type:C

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.	DMPCSNW0044962200	Engine No.: G4FGJU184739	
		Cha. No.: KMHD841CMJU685053	
1 Index Mark and Registration Number of Vehicle	SLE291H	AUTOSAFE *****	
2 Name of Policy Holder	MOHAMMED IQBAL HOSSAIN		
3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15/02/2022 (00:00:00)	Named Drivers Ex Sect. I	\$S500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
		Ex Sect. I - Age >= 26	\$S500.00
4 Date of Expiry of Insurance	14/02/2023	* Age as at date of accident	
		EX ON WINDSCREEN	\$S100.00
5 Persons or Classes of Persons entitled to drive*	(a) The Policyholder. (b) Any other person who is driving on the Policyholder's order or with his 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*	Use for social, domestic and pleasure purposes and for the Policyholder's business The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first \$S500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.		
	HIRE PURCHASE CO.: HL BANK * 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		

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: CAR HOUSE ENTERPRISE (S) PTE LTD
Authorised Officer

Authorised Signatory