

NATION'S Assessment Centre Services SM0922480002

Date In: 08/04/2022 12:29	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: X/BA/TII 22003255/Y	E-mail (within 3hrs. Aft. 2hrs):		
Veh No: QBK 6276A	i-Motor Claim Form		
DOA: 16/08/2022 08:35	i-Motor W/O (within 04. 2hrs. 1P 4hrs)		
OD: (1P) Reporting Only	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: SMM 9469A	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 later 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

<p>NA2200953</p> <p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Int 1:</p> <p>Int 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Ant (\$)</th> <th>Ant (\$)</th> </tr> <tr> <th></th> <th>1st Bill</th> <th>Add Bill</th> </tr> </thead> <tbody> <tr><td>1) AR : Accident Reporting (\$30)</td><td></td><td></td></tr> <tr><td>2) DA : Damage Assessment (\$100), INC (\$30)</td><td></td><td></td></tr> <tr><td>3) TF : Towing Fee \$40/\$45</td><td></td><td></td></tr> <tr><td>4) FT : Follow-Through Survey \$120</td><td></td><td></td></tr> <tr><td>5) RT : Follow-Through Survey (Resurvey) \$30</td><td></td><td></td></tr> <tr><td colspan="3">For claiming against INC Only (wef 10 Jan 2005)</td></tr> <tr><td>6) TR : Re-inspection \$75</td><td></td><td></td></tr> <tr><td>7) N1 : Idac DA + SMRT Survey \$160</td><td></td><td></td></tr> <tr><td>8) NTUC Additional Services:-</td><td></td><td></td></tr> <tr><td> Q1:</td><td></td><td></td></tr> <tr><td> * N5: Courtesy Car / Tpt Allowance \$5</td><td></td><td></td></tr> <tr><td> * N6: Repair Co-ordination \$10</td><td></td><td></td></tr> <tr><td> * N7: Post Repair Inspection \$25</td><td></td><td></td></tr> <tr><td> * N8: DV / Collect Excess Coordination \$5</td><td></td><td></td></tr> <tr><td> * TP (N11) : TP (Non INC) against INC \$20</td><td></td><td></td></tr> <tr><td>9) N12: Idac Mobile \$0</td><td></td><td></td></tr> <tr><td>Invoice dated</td><td>Fee Charged</td><td></td></tr> <tr><td>Revision dated</td><td>Fee Charged</td><td></td></tr> </tbody> </table>		Ant (\$)	Ant (\$)		1st Bill	Add Bill	1) AR : Accident Reporting (\$30)			2) DA : Damage Assessment (\$100), INC (\$30)			3) TF : Towing Fee \$40/\$45			4) FT : Follow-Through Survey \$120			5) RT : 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:-			Q1:			* N5: Courtesy Car / Tpt 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 \$0			Invoice dated	Fee Charged		Revision dated	Fee Charged	
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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	08/04/2022 12:29 (SGT)
Date of Accident	16/03/2022 08:35 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE CTE (SLE/TPE) EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK6276A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DONG JIAN CONSTRUCTION PTE. LTD.
Company Reg No	2XXXXX071C
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-84128442
Alternative Phone No	+65-84128442

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	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MCV0007406
Cover Note Number	-

DRIVER

Name of Driver	ISLAM ASADUL
Passport No/FIN	GXXXX297M

Date Of Birth	01/10/1992
Occupation	Outdoor
Date Of Driving Pass	08/01/2020
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84128442
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	TENGAH GARDEN AVENUE BLK B UNIT 1
Address complement	-
Postcode	-
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	3
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ISLAM MD SHARIFUL
Gender	Male

PASSENGER 2

Name	ISLAM SAIFUL
Gender	Male

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	SMM9469A
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 2

Vehicle Registration Number	FBN5767R
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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



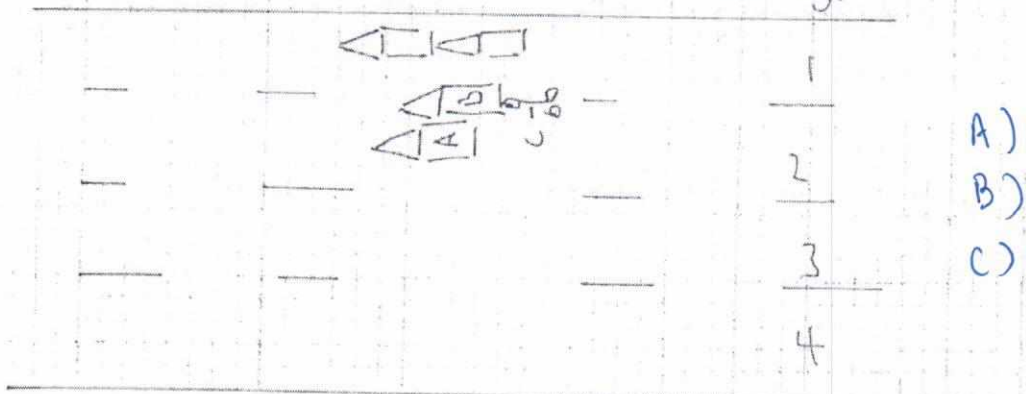
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIR Howard Langi CTE (SLE / TPE) Exit



Describe Circumstances of the Accident

I was driving along PIE toward Changi at the 4 lane traffic on the second lane suddenly vehicle B on the first lane shift out to second lane and collided onto my lorry due to the impact, my vehicle ~~may be~~ went from the second lane to the third lane.

I alighted and saw the vehicle that have collided onto my lorry and a motorcycle at the rear of his vehicle.

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

08/04/2022
Witnessed by Reporting Centre Personnel

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: 16 / 03 / 2022 (dd/mm/yy)

Time of Accident: 08 : 35 (24-HR-FORMAT)

Vehicle No.: G8K6276A Vehicle Make & Model / Engine (cc): Toyota Dyna Private Hire: (Y / N)

Exact location of Accident: PIE toward changi before LTB (SLE/TPE) Exit

Policyholder's Name / IC No.: DONG JIAN CONSTRUCTION PTE LTD ROC/UEN (Company): 201822071C

Driver's Name / IC No.: Islam Asadul G2499297M (As Above) ☐

Driver's Contact No.: 8412 8442 Company Contact No / Owner Contact No: _____

Driver's Address: Tengah Green Avenue Blk B Unit 1

Owner Email address: CS8558CS@GMAIL.COM Insurance Company: INDIA INTERNATIONAL

Driver Email address: _____ 01/10/1992 08/01/2020

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): 3

*Passenger Name: ISLAM MD SHARIFUL G2253680Q Gender: Male / Female x ()

*Passenger Name: ISLAM SAIFUL G2638686T 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: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SMH 9469A

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: FBN5767R

Driver's Contact No: _____ Insurance Company: _____


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

Preferred Workshop Name: _____ Contact No: _____

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.: D21MCV0007406		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: GBK6276A	
Chassis No	: JTFAT35Y80K215505	
2. Name of Policyholder	: DONG JIAN CONSTRUCTION PTE. LTD.	
3. Effective date of Insurance	: 30 Sep 2021	
4. Expiry date of Insurance	: 29 Sep 2022	
5. Persons or Classes of Persons entitled to drive*	<p>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.</p>	
6. Limitations as to use*	<p>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.</p> <p>The Policy does not cover</p> <p>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.</p> <p>*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.</p>	
Excess Sect I	: SGD600.00	
Windscreen Excess	: SGD100.00	
Hire Purchase Company	: SSL HOLDINGS PTE. LTD.	
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</p>		
<p>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).</p>		
Agent/Broker	: A000031/Excel Insurance Agency	For India International Insurance Pte Ltd
Date of Issue	: 29/09/2021 09:50:00	
M.Z. 300C - GOODS CARRYING(ORGANIZATION)		
		 <hr/> Authorised Signatory