

NATIONAL Assessment Centre Services: (wef 1 Jan'08) INVOICE NO. 0007

Date In: 20/08/2022 17:14	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/UP 2200479/4	E-mail (within 8hrs, AIC 2hrs)		
Veh No: GBT 2236H	i-Motor Claim Form		
D.O.A: 19/05/2022 18:28	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> TP 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: YP 248K	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	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>Claimant's Particulars:</p> <p>Driver/Owner: _____</p> <p>Contact No: _____</p> <p>Damaged Portion: _____</p> <p>Checked by (Engr-In-Charge): _____</p> <p>Auditors' Comments:</p> <p>L 1: _____</p> <p>L 2 / 3: _____</p>	<p>Invoice Preparation Checklist:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th>Inc Bill</th> <th>Acc 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 (\$80)</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) FT: Follow-Through Survey (Resurvey) \$30</td><td></td><td></td></tr> <tr><td colspan="3">For claiming against INC Only (wef 10 Jan 2003)</td></tr> <tr><td>6) TR: Re-inspection \$75</td><td></td><td></td></tr> <tr><td>7) NI: Idao DA + SMRT Survey \$160</td><td></td><td></td></tr> <tr><td>8) NTUC Additional Services:</td><td></td><td></td></tr> <tr><td>OD*</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 (NI1): TP (Non INC) against INC \$20</td><td></td><td></td></tr> <tr><td>9) NI2: Idao Mobile \$0</td><td></td><td></td></tr> <tr><td>Invoice dated</td><td>Fee Charged</td><td></td></tr> <tr><td>Invoice dated</td><td>Fee Charged</td><td></td></tr> </tbody> </table>		Am't (\$)	Am't (\$)		Inc Bill	Acc Bill	1) AR: Accident Reporting (\$30);			2) DA: Damage Assessment (\$100); INC (\$80)			3) TF: Towing Fee \$40/\$45			4) FT: Follow-Through Survey \$120			5) FT: Follow-Through Survey (Resurvey) \$30			For claiming against INC Only (wef 10 Jan 2003)			6) TR: Re-inspection \$75			7) NI: Idao DA + SMRT Survey \$160			8) NTUC Additional Services:			OD*			*N5: Courtesy Car / Tpt Allowance \$5			*N6: Repair Co-ordination \$10			*N7: Post Repair Inspection \$25			*N8: DV / Collect Excess Coordination \$5			TP (NI1): TP (Non INC) against INC \$20			9) NI2: Idao Mobile \$0			Invoice dated	Fee Charged		Invoice 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	20/05/2022 17:11 (SGT)
Date of Accident	19/05/2022 18:28 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS MCE (BEFORE BUONA VISTA EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2236H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RAFFLES CONSTRUCTION PTE LTD
Company Reg No	1XXXXX663E
Email Address	mzmedia123@gmail.com
Mobile Phone No	(Phone) +65-96381100
Alternative Phone No	+65-90838015

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	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI22V02309/VCV/R01
Cover Note Number	-

DRIVER

Name of Driver	ALAM ZAHANGIR
Passport No/FIN	GXXXX068R

Date Of Birth	11/10/1989
Occupation	Outdoor
Date Of Driving Pass	17/12/2019
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90838015
Alt. Phone Number	-
Email Address	mzmedia123@gmail.com
Address	243 CANTONMENT ROAD
Address complement	-
Postcode	089770
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	AFTER RAIN
Road Surface	Wet

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?	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	RASEL MAHBUBUR RAHMAN
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	YP2418K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	India International 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	SMK2952C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ALAM ZAHANGIR
Gender	Male
Phone No	(Phone) +65-90838015
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH2236H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	RASEL MAHBUBUR RAHMAN
Gender	Male
Phone No	(Phone) +65-93438124
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH2236H
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.



Agm Zahangir

20/05/2022
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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

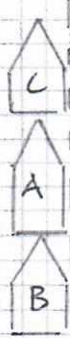
Sketch Plan

AYE TOWARDS MCE (BEFORE BUENA VISTA EXIT)

A: GBH 2236H

B: YP 2418K

C: SMK 2952C



Describe Circumstances of the Accident

On 19.05.2022 at about 18:28PM. I was travelling along AYE towards MCE (Before Buona Vista Exit). The front vehicle slowed down and stopped, I followed. Suddenly, I felt an impact from my rear and my vehicle moved forward to hit the front vehicle. I was involved in a 3 vehicles chain collision.

Declaration

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



Policyholder's Signature / Date & Time

ACM Zahangir

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

20/05/2022
Witnessed by Reporting Centre Personnel

Date of Accident : 19/05/2022 Accident Time : 18:28PM (24-HR-Format)

Accident Place : AYE towards MCE (Before Buona Vista Exit)

Vehicle No (Car Plate No) : GBH2236H Make/Model: Toyota Dyna 3.0

Insurance Company : Liberty Policy No: SI22V02309 /VCV/ROI

Fleet Policy : YES ~~(NO)~~

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

Name of Owner / IC No : Raffles Construction Pte Ltd (198502663E)

Owner Contact No : 9638 1100 ^{Director.} Owner's Hp _____ Company Tel _____

Driver Name / IC No : Alam Zahangir (G8435068R)

Driver's Date of Birth : 11.10.1989 Driver's License Pass Date: 17.12.2019

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: _____

Driver's Address : 243 Cantonment Road Singapore 089770

Driver's Contact No : 1) 9083 8015 2) _____

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

Email Address : mzmedia123@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>YP2418K (III)</u>	Name & Contact No: _____
Vehicle C No : <u>SMK2952C (NTUC)</u>	Name & Contact No: _____
Vehicle D No : _____	Name & Contact No: _____
Vehicle E No : _____	Name & Contact No: _____

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

Male : Rasel Mahbubur Rahman (9343 8124).

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
ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SI22V02309 /VCV /R01
Form	MZ300A
Date of Issue:	16-Feb-2022
1.Index Mark and Registration No. of Vehicle:	GBH2236H
2.Chassis number of Vehicle:	KDY2318032162
3.Name of Policyholder:	RAFFLES CONSTRUCTION PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	13-MAR-2022 00:00
5.Date of Expiry of Insurance:	12-MAR-2023 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:	Comprehensive, Unlimited Windscreen, Additional Accessories (Hood Sum Insured:\$5,000.00)
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section I \$600.00, Additional Excess - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD
PRODUCER NAME:	CIA AGENCY