

Shelf 22660006

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
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Category	Remarks

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Injury :

[illegible]

NA2201541

NA2201541		Invoice Preparation Checklist		Encl (s)	Amend	Revised Bill
Shamant's Particulars :-		1) AR: Accident Reporting (\$30);				
		2) DA: Damage Assessment (\$100);	INC (\$80)			
		3) TF: Towing Fee	\$40/\$45			
Driver/Owner:		4) FT: Follow-Through Survey	\$120			
Contact No:		5) FT: Follow-Through Survey (Resurvey)	\$30			
		For claiming against INC Only (wef 10 Jan 2005)				
Damaged Portion:		6) TR: Re-inspection	\$75			
		7) NI: Idao DA + SMRT Survey	\$160			
		8) NTUC Additional Services:-				
		OD*				
C Checked by (Engr-In-Charge):		*N5: Courtesy Car / Tpt Allowance	\$5			
		*N6: Repair Co-ordination	\$10			
		*N7: Post Repair Inspection	\$25			
Auditors Comments:-		*N8: DV / Collect Excess Coordination	\$5			
		TP (N11): TP (N-in INC) against INC	\$20			
1.1:		9) N12: Idao Mobile	\$0			
1.2 / 3:		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	06/06/2022 18:09 (SGT)
Date of Accident	04/06/2022 11:45 (SGT)
Exact Location of Accident	Bangkit Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ5035G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Jesswan Construction Pte. Ltd.
Company Reg No	2XXXXX617H
Email Address	MDANIS2121@GMAIL.COM
Mobile Phone No	(Phone) +65-82854474
Alternative Phone No	+65-80214715

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2977

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	20141017

DRIVER

Name of Driver	BHUIYAN ANIS
Passport No/FIN	GXXXX823U

Date Of Birth	19/01/1966
Occupation	Outdoor
Date Of Driving Pass	10/11/2020
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80214715
Alt. Phone Number	-
Email Address	MDANIS2121@GMAIL.COM
Address	380 LORONG 27 SIMS AVENUE #03-322
Address complement	-
Postcode	387531
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
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	SLT3986M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMAD FAIDZAL BIN MUSLIM
NRIC No	SXXXX456Z
Contact Number	(Phone) +65-82184973
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.
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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

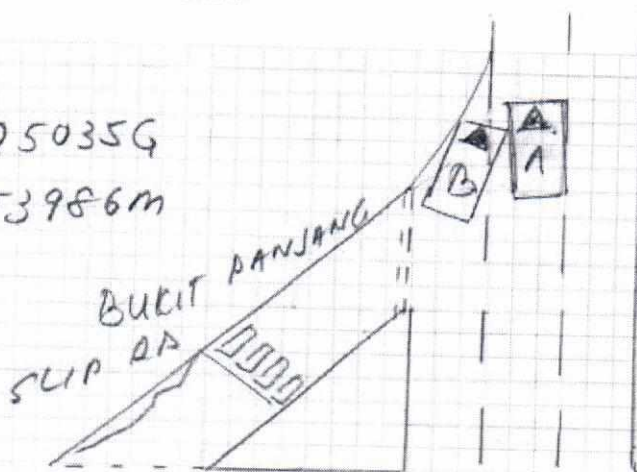
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A- YQ5035G

B- SLT3986M



BUKIT PANJANG
RING RD

Describe Circumstances of the Accident

I was travelling from Bukit Panjang turning right into Bukit Panjang Ring Road. Suddenly veh B came from the Bukit Panjang slip road and hit onto my front left side portion of my veh.

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

pi 06.06.2022

06/06/2022

UBT

ACCIDENT STATEMENT

ACCIDENT DATE: 04/06/22 (DD/MM/YYYY), TIME: 11:45 (HH:MM)

LOCATION: BANUKIT RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4Q5035G
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: 2014/017 (COVER NOTE)
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: _____ AUTO / MANUAL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) -

2. INSURED / POLICY HOLDER

- a) NAME: JESSWAN CONSTRUCTION PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 828547
c) ADDRESS: _____

8285474

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: BHUIYAN ANIS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G6966822U CONTACT: 80214715
c) ADDRESS: 380 LOR 27 SIMS AVENUE
#03-322 (387531)

- * d) DATE OF BIRTH: 19/01/19 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 10/11/2020

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLT3986M MODEL: _____
b) DRIVER'S NAME: MOHAMAD FAIDZAL BIN MUSLIM
c) NRIC/FIN/PASSPORT: S8819456Z CONTACT: 52184973

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
(4)

3 WORKER (M)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = mdanis2121@gmail.com

fax =

VIDEO = NO



Save



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
 146 Robinson Road
 #02-01 UOB Building
 Singapore 060606
 Tel: (65) 6225 7733
 Fax: (65) 6327 3670
 Email: Contact@uoil.com.sg
 uoi.com.sg
 1971001538

TEMPORARY CERTIFICATE OF INSURANCE (ORIGINAL)

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)

Date: 22/11/2021
 Cover Note No: 20141017
 Name of Insured: JESSWAN CONSTRUCTION PTE. LTD.

having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby **HELD COVERED** in terms of the Company's usual form. Policy applicable thereto for the period from 23/11/2021 to 22/11/2022 unless the cover be terminated by the company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

**IMPORTANT NOTICE - PREMIUM PAYMENT FRAMEWORK**

Please take note that with effect from 1 May 2005, all policies, renewal certificates, cover notes and endorsements for policies with inception date on or after 1 May 2005 carry the following warranty:

Applicable to all individual policyholders and for Bonds
 Payment Before Cover Warranty requiring that premium must be paid on or before inception date.
 Applicable to all corporate policyholders
 Premium Payment Warranty requiring that premium must be paid within 60 days of the inception date.

Make / Model:	MITSUBISHI CANTER FEB21ER4SDEN - CANOPY	EngineCC / Tonnage:	0 / 2.50
Engine No.:	4P10F11370	Estimated Value:	MARKET VALUE AT TIME OF LOSS
Chassis No.:	FEB21EA35532	Year of Registration:	2021
Vehicle Number:	To be advised	Year of Manufacture:	2021
Cover:	COMPREHENSIVE		
Hire Purchase:	UNITED OVERSEAS BANK LTD		
Excess:	SECTION 1 \$500.00 WINDSCREEN DAMAGE CLAIM \$100.00 APPL TO <25 YRS & OR < 3 YRS EXP \$3000.00		

**FOR REGISTRATION PURPOSES ONLY**

We hereby certify that this covering note 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).

THIS IS A COMPUTER-GENERATED DOCUMENT. NO SIGNATURE IS REQUIRED.

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