

NATIONAL Assessment Centre Services

Date In: 22/07/22	Job description	Date & Time Completed	Done by
Ref No: NA/A1422006995/13	SAS e-filing		
Veh No: 9430942	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/07/22 1850	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: X09488L 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

NA2201943

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

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 2005) 6) TR: Re-inspection \$75 7) N1: Idac DA + SMRT Survey \$160 8) NTUC Additional Services:- ON* *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 30

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	22/07/2022 15:24 (SGT)
Reported by	Driver
Date of Accident	21/07/2022 18:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS TUAS AFT ENG NEO EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ3094Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VISIONICS ENGINEERING PTE LTD
Company Reg No	2XXXXX160E
Email Address	admin@visionics.com.sg
Mobile Phone No	(Phone) +65-92288052
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R
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	4009

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210151309

DRIVER

Name of Driver	ROY ASIM
Passport No/FIN	GXXXXX777T
Date Of Birth	05/04/1972
Occupation	Outdoor

Date Of Driving Pass	19/12/2014
Driving experience	7 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92288052
Alt. Phone Number	-
Email Address	admin@visionics.com.sg
Address	9 WOODLANDS INDUSTRIAL PARK E2 NORDIC
Address complement	-
Postcode	757451
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	4
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)	9
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PODDE RAJIB
Gender	Male

PASSENGER 2

Name	CHIDAMBARAM SATHIYAMOORTHY
Gender	Male

PASSENGER 3

Name	MURUGAN BALASUBRAMANIYAN
Gender	Male

PASSENGER 4

Name	SOBUJ HASANUR RASHID
Gender	Male

PASSENGER 5

Name	SILAM MD JAKIRUL
Gender	Male

PASSENGER 6

Name	SAKH GAUJ
Gender	Male

PASSENGER 7

Name	RAYHAN ASHIKUR RAHMAN
Gender	Male

PASSENGER 8

Name PANDIYAN PAULRAJ
Gender Male

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

PLS REFER TO THE POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD9488L
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
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 SCM200H
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 3

Vehicle Registration Number	SMU3467C
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ROY ASIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	YQ3094Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PODDER RAJIB
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	YQ3094Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	CHIDAMBARAM SATHIYAMOORTHY
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	YQ3094Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	MURUGAN BALASUBRAMANIYAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

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.



Policyholder's Signature / Date & Time

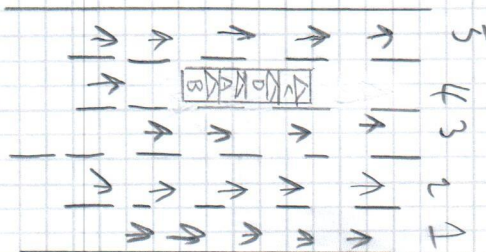


Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
22/07/22

Sketch Plan

DIE TUDS TUAS API ENG NIOG EXIT



A: YQ 30942

B: XD 9488L

C: SCM 200H

D: SMU 3467C

Describe Circumstances of the Accident

At the stated time and date, I was travelling on lane 4 along PIE (towards town) after Eng neo exit.

As the vehicle in front of me stop, I followed to stop as well. Then suddenly I felt an huge impact from the rear portion of my vehicle causing me to thrust forward and hit the vehicle in front.

I get down my vehicle and realised, vehicle (XD 9438L) has collided onto me and cause me to hit vehicle SMU3467C and thrust forward to hit vehicle SCM200H.

This is a 4 car chain collision,

traffic police came for assistance and I proceed to left the scene after.

Declaration

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



[Signature]

Policyholder's Signature / Date & Time



[Signature]

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

[Signature] 22/07/22

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220722/7000

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

1 of 5
Report No. T/20220722/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2022 00:10	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ROY ASIM			Address:		
ID Type / ID No.: FIN NO / G7230777T			Contact No.: Home/Office:		Mobile: 81223395
Nationality: BANGLADESHI			Email: ashimroy037@gmail.com		
Sex: Male	Age: 50	Date of Birth: 05/04/1972	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Construction			Driving Licence Information: Class:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/07/2022 18:50	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCM2000H	Car				Slightly Damaged	0
SMU3467C	Car				Slightly Damaged	0
XD9488L	Lorry				Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20220722/7000

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

Report No. T/20220722/7000

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
YQ3094Z	Lorry					0

Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		
Driver						
Name	ROY ASIM			ID No.	G7230777T	
Related Vehicle	YQ3094Z (Lorry)			Contact No.	81223395	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL			Date	NIL	
No. of Days granted Medical Leave	02			Degree of	Slight	
Passenger						
Name	PODDER RAJIB			ID No.	063913871	
Related Vehicle	YQ3094Z (Lorry)			Contact No.	80193919	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL			Date	NIL	
No. of Days granted Medical Leave	02			Degree of	Slight	
Passenger						
Name	CHIDAMBARAM SATHIYAMOORTHY			ID No.	034237859	
Related Vehicle	YQ3094Z (Lorry)			Contact No.	83568285	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL			Date	NIL	
No. of Days granted Medical Leave	02			Degree of	Slight	



**SINGAPORE
POLICE FORCE**



T/20220722/7000

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

Report No. T/20220722/7000

CONTINUATION OF REPORT

Passenger			
Name	MURUGAN BALASUBRAMANIYAN	ID No.	036506164
Related Vehicle	YQ3094Z (Lorry)	Contact No.	90843457
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight
Passenger			
Name	SOBUJ HASANUR RASHID	ID No.	064546813
Related Vehicle	YQ3094Z (Lorry)	Contact No.	81726037
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight
Passenger			
Name	SILAM MD JAKIRUL	ID No.	063189855
Related Vehicle	YQ3094Z (Lorry)	Contact No.	80210305
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight
Passenger			
Name	SAKH GAUJ	ID No.	062660961
Related Vehicle	YQ3094Z (Lorry)	Contact No.	90867921
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20220722/7000

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

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Report No. T/20220722/7000

CONTINUATION OF REPORT

Passenger				
Name	RAYHAN ASHIKUR RAHMAN		ID No.	065214849
Related Vehicle	YQ3094Z (Lorry)		Contact No.	80358915
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight	
Passenger				
Name	PANDIYAN PAULRAJ		ID No.	036635002
Related Vehicle	YQ3094Z (Lorry)		Contact No.	93606983
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight	

Brief Details.

At the stated time and date.

I was travelling along lane 4 from pie (towards tuas) after Eng Neo exit.

As the vehicle in front of me stop, I stop as well.

Out of sudden I felt an huge impact from the rear portion of my vehicle causing my vehicle to thrust forward and collide to the car in front.

When I got down my vehicle, I then realised vehicle(XD9488L) collided onto my rear portion of the vehicle causing me to hit in front vehicle(SMU3467C) and the vehicle in front(SCM2000H)

This is a 4 car chain collision.

Me and my colleagues all attended medical care and was given 2 days mc.



**SINGAPORE
POLICE FORCE**



T/20220722/7000

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Report No. T/20220722/7000

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

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 /
MOHAMMED FERROZ BIN HUSSEIN
Contact No.: 65476206

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

Date/Time:
22/07/2022 00:10

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	21-07-2022	(DD/MM/YY)
Time of accident	1850	(HH:MM)
Exact location of accident	Accident on PIE Toward tuas after Eng Neo exit	

DETAILS OF VEHICLE

Vehicle registration number	YQ 3094Z		
Vehicle make and model	HIND		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input checked="" type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Work		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	AIG		
Policy number	7210151309		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	VISIONICS ENGINEERING PTE LTD	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	200203160E		
Contact			
Address			

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	ROY ASIM	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	G7230777T		
Contact	9228 8052		
Address	9 woodland industrial Park E2, Nordix, S757451		
Email address	ADMIN@VISIONICS.COM.SG		
Date of birth	05-04-1972		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	19-12-2014		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	9 (Inclusive of driver)

PASSENGER 1	
Name	ROY ASIM
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

NAME: SAKH GAUT Gender: M

PASSENGER 2	
Name	POODER RAJIB
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

NAME: RAYHAN ASHIKUR RAHMAN Gender: M

PASSENGER 3	
Name	CHIDAMBARAM SATHIAM OORTHY
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

NAME: DANDIYAN PAUL RAJ GENDER: M

PASSENGER 4	
Name	MURUGAN BALASUBRAMANIAN
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	SUBUJ HASANUR RASHID
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	SILAM MIDJAKI RUL
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Traffic police

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	XD 9488L
Vehicle make model	
Name	(B)
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	SCM 200H
Vehicle make model	
Name	(C)
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	SMV 3467C
Vehicle make model	
Name	(D)
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	ROY ASIM
Injuries sustained	Neck and back
Which vehicle person in?	YQ 30942
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	PODIER RAJIB
Injuries sustained	Neck and back
Which vehicle person in?	YQ 30942
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 3	
Name	GHIDAMBARAM SATHIYAMOORTHY
Injuries sustained	Neck and back
Which vehicle person in?	YQ 30942
Were seat belts worn?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 4	
Name	MURUGAN BALASUBRAMANIAN
Injuries sustained	Neck and back
Which vehicle person in?	YQ 30942
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 5	
Name	SOBJUS HASANUR RASHID
Injuries sustained	Neck and back
Which vehicle person in?	YQ 30942
Were seat belts worn?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 6	
Name	SILAM MDJAKIRUL
Injuries sustained	Neck and back
Which vehicle person in?	YQ 30942
Were seat belts worn?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

7- SAKH FAUJ Neck and back YQ 30942 No, No

8- RAYHAN ASHIKUR RAHMAN Neck and back YQ 30942 No, No

9- PANDIYAN PAULRAS Neck and back YQ 30942 No, No



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : VISIONICS ENGINEERING PTE LTD
Period of Insurance : 29 Dec 2021 To 28 Dec 2022
Engine No. : N04CWN11874
Chassis No. : JHHUCV3F60K036444

Vehicle No. : YQ3094Z
Policy No. : 7210151309
Endorsement No. :
Issued Date : 24 Dec 2021

ABOUT THE COVER

Make/Model : HINO XZU710R [LORRY]
Engine Capacity/Tonnage : 2.5 Tonnage
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
First Year of Registration : 2020
Off Peak Car : No
Insuring with COE/PAF : Yes

a) Any person who is driving on the Policyholder's order or with their permission.
b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of S\$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and c) use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504641000

ASSURE INSURANCE AGENCY

29 KELANTAN ROAD #01-111 KELANTAN COURT
SINGAPORE 200029

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Assure Insurance Agency Pte Ltd