

# NATIONAL Assessment Centre Services: (part 1 Jan 2008)

510922970006

Date: 19/09/2012 16:19  
 Ref: CBA/MG2209182/Y  
 Ch No: 8/R 3162J  
 QIA: 16/09/2012 18:30  
 D: TP / Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with this, AIC 3hrs)		
1-Motor Claim Form		
1-Motor W/O (with this, 3hrs, TP 4hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/WKSP		

Insured: ( )  
 referred WKSP / INC Ass'n WKSP / QWI ( )  
 P Particulars: Yeh No: 4BP 3608 Y  
 Owner / Driver: ( )  
 Policy No: ( ) Period: ( ) Date: ( ) Time: ( )  
 Confirmed by: ( )  
 Insured/Driver Liability: ( ) % (Note: Est. Status (WO): NI 0-20% P: 21-79% P: 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: ( )  
 1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
 2) QC Check / Post Repair Inspection ( )  
 3) Upload Survey Photo (Repair Cost > \$3000) ( )

Injury: ( )  
 Date: ( ) Time: ( ) Done by: ( )  
 Signature: ( )  
 Action: ( )

Item	Description	Amount	Remarks
1)	ARI Accident Report Log (\$30)		
2)	DAI Damage Assessment (\$100)		INC (\$10)
3)	TP Towing Fee	\$100	
4)	FT Follow-Through Survey	\$30	
5)	PT Follow-Through Survey (Passurvey)	\$30	
6)	TR Re-inspection	\$75	
7)	NI / DA + SMART Survey	\$160	
8)	NTUC Additional Services		
9)	NTUC Mileage	\$5	
10)	NTUC Courtesy Car / Tpl Allowance	\$10	
11)	NTUC Repair Coordination	\$25	
12)	NTUC Post Repair Inspection	\$5	
13)	NTUC / Collateral Witness Coordination	\$10	
14)	TP (MIS) / TP (OWN INC) against INC	\$10	
15)	NTUC Mileage	\$5	

Checked by (Engr-In-Charge): ( )  
 Date: 12/3/2013  
 Invoice dated: ( )  
 Invoice dated: ( )  
 Fee Charged: ( )  
 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 Actual 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	19/09/2022 16:19 (SGT)
Reported by	Driver
Date of Accident	16/09/2022 18:30 (SGT)
Exact Location of Accident	Kg Java Rd, Singapore
Additional Location Information	TOWARDS THOMSON BEFORE HAMPHIRE ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR3162J
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STRAITS DREDGING (1990) PTE LTD
Company Reg No	1XXXXX740M
Email Address	hoque@sd1990.com.sg
Mobile Phone No	(Phone) +65-97895384
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1193

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300334131 MCY

#### DRIVER

Name of Driver	MOHAMMED AMDADUL HOQUE BHUIYAN
NRIC No	SXXXX768D
Date Of Birth	01/01/1971
Occupation	Outdoor

Date Of Driving Pass	11/08/2011
Driving experience	11 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97895384
Alt. Phone Number	-
Email Address	hoque@sd1990.com.sg
Address	104B RANGOON ROAD
Address complement	-
Postcode	218387
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)	1
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	-

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP3608U
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNB3373C
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)	-



# 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 Actual 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 Traffic Police Department for investigation.
- 6 This report will be forwarded by the insurers to 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 Name & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

KAMPONG JAYA RD - THOMSON - BEFORE HAMPSHIRE RD.

VEH A = SLR3162J	→
VEH B = FBP3608U	→
VEH C = SNB3373C	→



Describe Circumstance of the Accident

On the stated date and time, I was driving vehicle A along the stated venue. I was stopped in lane 17 one, as the traffic lights were red. Suddenly, I felt an impact and vehicle B has collided onto my rear. When I went down to check it was a 3 car chain accident.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*ASB*

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

*[Signature]* 19/09/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NR/CAD card)

Date of Accident

: 16/09/2022 Accident Time: 18:30 (24-HR-Format)

Accident Place

: KAMPONG JAYA RD - THOMSON - BEFORE HAMPSHIRE RD.

Vehicle No. (Car Plate No.)

: SLR 3162J Make/Model: MITSUBISHI ATTRAJE

Insurance Company

: MSIG Policy No: A300334131 MCY

Owner or Company Name / IC No.

: STRATS DREDGING (1990) PTE LTD.

Owner or Company Contact No.

: Owner's Hp 9789 5384 Company Tel

DRIVER'S Name / IC No.

: MOHAMMED AMDADUL HOQUE BHUIYAN 57164768 D

DRIVER'S Date Of Birth

: 01/01/1971 DRIVER'S License Pass Date 11/08/2011

Relationship of Owner & Driver

: Spouse \ Parents \ Children \ Sibling \ Employee Others:

DRIVER'S Address

: 104B RANGSON ROAD SINGAPORE 218387

DRIVER'S Contact No / Alt No.

: 1) 9789 5384 2)

DRIVER'S Occupation

: INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address

: ~~hug~~ hoque@sd1990.com.sg

Weather & Road Surface

: CLEAR & DRY RAINING & WET \ AFTER RAIN & WET

Reporting Type

: Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES (NO)

Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Any Injury (If YES, Pls state):

Other Party Driver's Particular (if any)

Vehicle No: (B) FB936084

Vehicle No: (C) SNB3373C

Vehicle Make/Model:

Vehicle Make/Model:

Name Driver:

Name Driver:

IC No. Driver/Contact:

IC No. Driver/Contact:

\* NEW - Passenger's name & gender:



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
Co.Reg No. 200412212G GST Reg. No. 20-0412212G  
A Member of **MS&AD** INSURANCE GROUP

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**MOTORMAX PLUS  
Comprehensive**

Certificate No. A 300334131 MCY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SLR3162J
2. Name of Policyholder  
Straits Dredging (1990) Pte Ltd
3. Effective Date of the Commencement of Insurance for the purposes of the Act  
10/08/2022
4. Date of Expiry of Insurance  
09/08/2023
5. Persons or Classes of Persons entitled to drive\*  
Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.  
\* Provided that the person driving is permitted in accordance with the licensing or other laws or 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 only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward 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.  
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP.  
REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

Mack Eng  
Chief Executive Officer