



INTERNATIONAL INSURANCE PTE LTD

LIABILITY CLAIM FORM

The issue and acceptance of this form is not an admission of liability on the part of the company

Policy Number	D20LPL0000985		
Name of Insured	Chang Seng Services Pte Ltd		
Address of Insured	Blk 527 Bedok North St 3 #01-524 Sg 460527		
Occupation of Insured	Cleaning Company		
Contact Number:	68415885	Email:	csspl@chang seng.com.sg
Date of Accident	23/11/2022	Time of Accident	
Place of Accident	Near Blk 766 Yishun Ave 3		
Full description of circumstances / cause surrounding the accident	Please refer to attached incident report		
When and By Whom was the accident reported to you?	Lawrence Toh on 23/11/22		
Was the accident due to negligence/carelessness on your part or that of your employee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Have you in anyway admitted liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Which Police Officer / Police Station did you report the accident?			
Name & Address of witnesses of accident	Name	Address	
Particulars of Damage / Injury to other Persons or Property (Any communication received regarding the accident should be sent to the Insurer immediately)			
Name & Address of other Party or Parties	Name	Address	
Nature of Personal Injuries if any, sustained by any person as a result of the accident	Name	Age	Injuries
Extent of the damage to Property	Boc hit third party vehicle (SMK 4078 m)		
Has any Claim been made against you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If YES was the amount of such Claim specified?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Please give any additional information which you consider would help the Insurer in dealing with any Claim that may be made against you			

I/We declare that to the best of my/our knowledge and belief, the above statements are fully and truly made.

CHANG SENG SERVICES PTE
 Name of Insured: Blk 527 Bedok North Street 3
 #01-524 Singapore 460527
 Tel: 6841 5885 Fax: 6841 0555
 Email: csspl@chang seng.com.sg

Signature of Insured: 


Date: 23/11/22

SCHEDULE

Account	CSO0006127	Issued on Date	14/10/2020
Policy No.	D20LPL0000985	Acceptance Date/Time	01/10/2020 00:00:00
Branch/Fund Type	SIF	Intermediary	A000061
Insured Name	CHANG SENG SERVICES PTE LTD		
Address	527 BEDOK NORTH STREET 3 #01-524, SINGAPORE 460527		
Premium Due	: SGD	4,000.00	
GST on Premium	: SGD	280.00	
Total Premium Due	: SGD	4,280.00	
Period of Insurance	: 01 Oct 2020 to 30 Sep 2024, Both dates inclusive		
Insured	CHANG SENG SERVICES PTE LTD as Main Contractor and/or Nominated Sub-Contractors and/or All Other Sub-Contractors of Every Tiers and/or NEE SOON TOWN COUNCIL as Employer/Principal F T R R & I.		
Business	: General Cleaning Services		
TYPE OF POLICY	: Public Liability		
PRINCIPAL/ MAIN CONTRACTOR	: NEE SOON TOWN COUNCIL		
CONTRACT TITLE	: Term Contract For Conservancy & Cleaning Works in Zone NSC for the Period 1 Oct 2020 to 30 Sep 2024 (Option B)		
CONTRACT PERIOD	: 01 Oct 2020 to 30 Sep 2024		
CONTRACT VALUE	: SGD 5,878,056.00		
LIMIT OF INDEMNITY	: SGD 1,000,000.00 Any One Accident Unlimited Any One Period		
DEDUCTIBLE	: SGD2,000.00 each & every loss		
TERRITORIAL LIMIT	: Anywhere in Singapore		
CLAIMS JURISDICTION	: Singapore		
CHOICE OF LAW & JURISDICTION	In the event of any dispute over interpretation of this Policy Law : Singapore Jurisdiction : Courts of Singapore		

EXTENSION CLAUSES, MEMORANDUM OR MAJOR EXCLUSIONS **ATTACHING TO AND FORMING PART OF POLICY NO.: D20LPL0000985**

G003 APPROVED ADJUSTERS CLAUSE

IT IS HEREBY DECLARED AND AGREED THAT IN THE EVENT OF ANY LOSS COVERED BY THIS POLICY, THE AMOUNT OF SUCH LOSS SHALL BE ADJUSTED SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY, BY ANY OF THE FOLLOWING FIRMS OF ADJUSTERS:

- TOPLIS & HARDING (S) PTE LTD
- MCLARENS SINGAPORE PTE LTD
- SEDGWICK SINGAPORE PTE LTD

ACCIDENT / INCIDENT ANALYSIS REPORT

Name of Employee:	Uddin Kamal
Work Permit No/NRIC No:	06488843 FIN: 98583785R
Occupation:	Cleaner
Age:	29 yrs old
Sex:	male
Address:	
Gross Salary:	\$872.08
Official Working Time:	0700 - 1600
Date Joined:	Nov 2017
Working Day Per Week:	6 days / week

Date of Accident:	23/11/2022
Time of Accident:	1:30 pm
Place of Accident:	Near Block 766 Yishun Ave 3
Nature of Injury/Damage:	Damage to vehicle SMK 4078M Jasmiyanti, Binte Marhajas HP 97578703

Name of Witness (If Any):	-
NRIC/ Work Permit No. of Witness:	-
Witness Address:	-
Witness Contact No.:	-

Expected duration of medical Leave [If Any]:	-
Hospital /clinic where?	-

Description of Accident:

<p>Uddin Kamal 98583785R was driving the battery operated cart (BOC) at service road near Block 766 Yishun Avenue 3. One vehicle (Black color) drove out from carpark lot 416.</p> <p>He was afraid to hit the vehicle directly and as such diverted the BOC to a vacant carpark lot 414 on the left side.</p> <p>Unfortunately, the BOC damage a vehicle SMK 4078M park at carpark lot 415.</p> <p>Owner of vehicle: Jasmiyanti Binte Marhajas</p> <p>Vehicle: SMK 4078M (Honda model)</p>

Kamal
Uddin Kamal

CHANG SENG SERVICES PTE LTD

Block 527, Bedok North St 3, #01-524 Singapore 460527
Tel : 68415885 Fax : 68410555 E-mail : csspl@chang seng.com.sg

Date

: 23/11/2022

Name and Signature of manager/supervisor:

Lawrence Toh

NRIC No.

: 5157345612

Finding of Accident:

Damage vehicle

Recommended corrective action (to prevent recurrence):

See area before commence journey

Recommended preventive action (to prevent occurrence):

Slow down BOE

Recommended improvement action:

Seek for help if not sure

Action taken by:

Lawrence Toh

Date of implementation:

23/11/2022

Prepared by:

Lawrence Toh

Endorsed by:

Lawrence Toh

For WICA Case:

* This form **MUST** be submitted by site supervisor (or manager) in-charge of the injured employee within **5 working days** of the accident happened!!

- ✓ PLS SUBMIT A PHOTOCOPY OF THE INJURED EMPLOYEE'S IC OR WP CARD
- ✓ PLS SUBMIT ALL ORIGINAL RELEVANT DOCUMENTS SUCH AS MC, TAX INVOICES OF MEDICAL BILLS (IF ANY).
- ✓ PLS SUBMIT THE 12 MONTHS SALARY VOUCHER OF THE INJURED EMPLOYEE


For Public Liability Case:

- ✓ PLS SUBMIT ALL RELEVANT DOCUMENTS SUCH AS TAX INVOICES/QUOTATION OF ITEMS TO BE COMPENSATED (IF ANY), PHOTO/VIDEO OF DAMAGES CAUSED.


ACCIDENT / INCIDENT NOTIFICATION FORM

Name of Employee:	Uddin Kamal
NRIC/ Work Permit No:	064888943 PIN: G8583785R
Occupation:	Cleaner
Age:	29 yrs old
Sex:	Male
Address:	
Working Time:	0700 - 1600
Date Joined:	Nov '2017
Working Day Per Week:	6 days/week

Date of Accident:	23/11/2022
Time of Accident:	1:30pm
Place of Accident:	Near Block 76b Yishun Avenue 3
Nature of Injury/Damage:	Damage to vehicle SINK 4078 m

Submission of medical leave certificate and medical bills:	YES/ NO
Date of submission:	23/11/2022
Name of notified personnel:	Lawrence Tan Hwee Peng
NRIC No. of notified personnel:	S1573456F
Signature of notified personnel:	


I, Uddin Kamal (Employee's Name) of 064888943 (NRIC No) confirmed that all the information given in this notification form is correct and complete. I understand that it is my responsibility to notify my superiors immediately and without further delay in the event of any incidents or accidents that caused to work injury during my work.

Kamal 
Signature and Date of Employee
Uddin Kamal
23/11/2022

17



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
CHANG SENG SERVICES PTE LTD

 Name
UDDIN KAMAL

Work Permit No.
0 6488843

Sector:
SERVICE

 K1873316

~~30/9/2020~~

expires 8/7/2024

Doc NOV 2017

Gross Salary \$872.00

VISIT PASS
Immigration Regulations

28-10-2018

Name
UDDIN KAMAL

FIN
G8583785R

Date of Birth
12-08-1993

Sex
M

Nationality
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status





MINISTRY OF
MANPOWER

WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer

CHANG SENG SERVICES PTE LTD



Name

UDDIN KAMAL

Work Permit No.

0 64888943

Sector:

SERVICE



0 64888943



K1873316

VISIT PASS
Immigration Regulations

29-10-2019

Name
UDDIN KAMAL



FIN
G8583785R

Date of Birth
12-08-1993

Sex
M

Nationality
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

A08715

Download **Govt Pass**
App to check status





Nov 23, 2022 1:54:09 PM
Singapore



Nov 23, 2022 1:48:26 PM
Singapore



Nov 23, 2022 1:49:23 PM
Singapore



Nov 23, 2022 1:54:12 PM
Singapore



SMK 4078M

414

415

Nov 23, 2022 1:47:21 PM

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Nov 23, 2022 1:47:39 PM
Singapore



Nov 23, 2022 1:47:46 PM
Singapore



SMK 4078M

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Singapore



Nov 23, 2022 1:48:07 PM
Singapore

766
YISHUN AVENUE 3



Nov 23, 2022 1:48:20 PM
Singapore



Nov 23, 2022 1:47:56 PM
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Nov 23, 2022 1:48:43 PM
Singapore