

# NATIONAL Assessment Centre Services

Date In <b>5/12/22</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/LPC2201210/S</b>	SAS e-filing		
Veh No <b>GBE1989R</b>	E-mail (within 3hrs, AP 2hrs)		
DOA <b>1/12/22 1720</b>	i-Motor Claim Form		
OD / <b>TP</b> / 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: <b>Sh 6089T</b>	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
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

## Injury :

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add B
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) RT : 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:-		
	OD*		
	*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 \$0		
	Invoice date:	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 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	05/12/2022 10:54 (SGT)
Reported by	Driver
Date of Accident	01/12/2022 17:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PUNGGOL ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1989R
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ACE INTEGRATED PTE. LTD
Company Reg No	2XXXXX608D
Email Address	JAHIRISLAM469@GMAIL.COM
Mobile Phone No	(Phone) +65-97524225
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05013714

#### DRIVER

Name of Driver	ISLAM MOHAMMAD JAHIRUL
Work Permit No	GXXXX952M
Date Of Birth	07/10/1993
Occupation	Outdoor

Date Of Driving Pass	13/02/2018
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86509211
Alt. Phone Number	-
Email Address	JAHIRISLAM469@GMAIL.COM
Address	8 SELETAR NORTH LINK #A2-24
Address complement	-
Postcode	797455
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	MALE
Gender	Male

#### PASSENGER 2

Name	MALE
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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	SG6089T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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	HOSSAIN SHAHADAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD AND NECK PAIN
Injured person in which vehicle?	GBE1989R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

### INJURED 2

Name of injured person	SARKER PRAKASH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD AND NECK PAIN
Injured person in which vehicle?	GBE1989R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

### INJURED 3

Name of injured person	ISLAM MOHAMMAD JAHIRUL
Gender	Male
Phone No	(Phone) +65-86509211
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	29
Injuries Sustained	HEAD AND NECK PAIN
Injured person in which vehicle?	GBE1989R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes



## IMPORTANT NOTICE

## SKETCH PLAN

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.
- (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.

**ACE INTEGRATED PTE LTD**  
Blk 4035 Ang Mo Kio Industrial Park 1  
#01-57, Singapore 569642  
Tel: 6250 7367 Fax: 6250 4350  
enquires@aceipl.com.sg

Policyholder's Signature / Date & Time

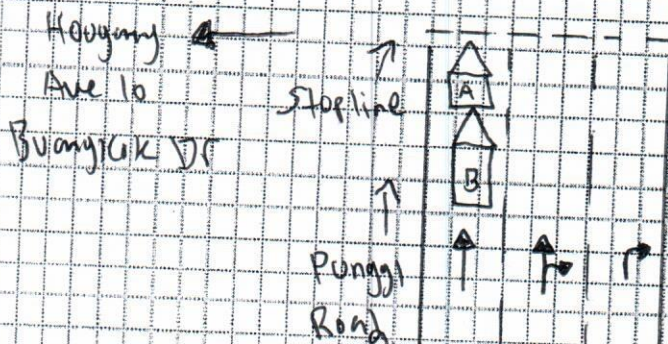
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

Punggol Road

(A) GBE1929R  
(B) SG6089T





Describe Circumstance of the Accident

Refer to police Report.

T/20221202/2031

Declaration

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

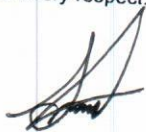
**ACE INTEGRATED PTE LTD**

Blk 4035 Ang Mo Kio Industrial Park 1

#01-57, Singapore 569642


Tel: 6250 7367 Fax: 6250 4350

enquires@aceipl.com.sg



Policyholder's Signature / Date & Time

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

 5/12/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999



T/20221202/2031

1 of 3

Report No. T/20221202/2031

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
02/12/2022 11:47

Vide Report No.:  
F/20221201/0106

Station Diary No.:  
50

### Informant's Particulars

Name of Informant: ISLAM MOHAMMAD JAHIRUL		Address: C/O 8 SELETAR NORTH LINK #A2-24 PPT LODGE 1A SINGAPORE 797455	
ID Type / ID No.: FIN NO / G2206952M		Contact No.: Home/Office: Mobile: 86509211	
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 29	Date of Birth: 07/10/1993	Type of Informant: Driver
Race: Others		Language: English	Institution / School Name:
Occupation: Plumber		Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/12/2022 17:20	Type of Location: X-Junction
Location: PUNGGOL ROAD			
Weather: Raining	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	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	Condition	No of Passenger
GBE1989R	Lorry					2
SG6089T	Bus/Coach/Mi nibus					0

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20221202/2031

2 of 3

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20221202/2031

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	ISLAM MOHAMMAD JAHIRUL	ID No.	G2206952M
Related Vehicle	GBE1989R (Lorry)	Contact No.	86509211
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/12/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 2/12/22 at about 1720hrs I was driving my company lorry (GBE1989R) along Punggol Road with 2 passengers. While I was reaching the cross junction of Punggol Road and Compassvale Street the traffic light turned red as such I slowly braked. My lorry came to a complete stop. I then saw from the rear-view mirror, a SBS bus (SG6089T) was driving quite fast behind me. Suddenly I felt an impact from the rear of my lorry. I then discovered that the SBS bus had collided onto my lorry. Upon collision my both doors were locked and stuck. The bus driver (female Chinese) assisted to call for SCDF, ambulance and Traffic police.

SCDF came and assisted to open with the keys given by me. Traffic police and ambulance was also at scene reference to F/20221201/0106. My 2 passenger and myself were conveyed to Sengkang Hospital due to pain at head and neck area. I was given 3 days of medical leave. My lorry's rear portion is dented.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999



T/20221202/2031

3 of 3

Report No. T/20221202/2031

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:

F /  
SGT 2 RAMESH S/O  
KOLILINGAM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT TAN JUN YAN  
Contact No.: 65476311

Signature Of Informant:

Date/Time:  
02/12/2022 11:47

Classification Of Case:

NP168



# ACCIDENT STATEMENT

ACCIDENT DATE: 1/12/22 (DD/MM/YYYY), TIME: 17:20 (HH:MM)

LOCATION: Punggol Road

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBE1989R

b) INSURANCE COMPANY: Lompac

c) POLICY NUMBER: 22 Z 22 VC 05013714

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) Auto / manual

e) MAKE & MODEL: Nissan cabstar

f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: going back home

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

a) NAME: ACE Integrated pte Ltd (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 97524225

c) ADDRESS: CONTACT: 97524225

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

a) NAME: Islam mohammad Jahirul (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: G2206452m CONTACT: 8650 9211

c) ADDRESS: 8 Seletar north link #A2-24 PPT LODGE 1A S 797455

\* d) DATE OF BIRTH: 07/10/1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13/02/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) employee

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: Amk NPC

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SH 6089T

b) DRIVER'S NAME: MODEL:

c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME: CONTACT:

f) NRIC/FIN/PASSPORT: CONTACT:

No. of passenger  
(including driver)  
(3)

Male x 2

1 driver

No. of passenger  
(including driver)  
( )

No. of passenger  
(including driver)  
( )

Email = JahirIslam469@gmail.com

Pax =

VIDEO = NO



**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/06, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MZ300

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).

ROAD TRANSPORT ACT 1987 (MALAYSIA).

ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).

THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z22VC05013714

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5  
- GBE1989R

2. Name of Policy Holder

ACE INTEGRATED PTE LTD

3. Effective Date of the Commencement of Insurance  
for the purpose of the Act

23/09/2022

4. Date of Expiry of the Insurance

22/09/2023

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/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.

6. Limitations as to use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.

USE WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess : S\$ 600.00 (SECTION 1)  
S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS  
S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner : EFIZZIG CREDIT PTE LTD

CHIEF EXECUTIVE  
(Singapore Branch)User ID: ZHANGNAN  
Date Issued: 02/09/2022