

NATIONAL Assessment Centre Services (Ref: 1 Jan 2022)

Date In: 13/12/2022 09:47	Job description	Date & Time Completed	Done by
Ref No: NBA/LPC20012524/Y	SAS e-filing		
Veh No: 97-12345	E-mail (within 3hrs, A/C Only)		
D.O.A: 09/12/2022 08:06	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (within 3hrs, A/C Only)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Veh No: YP 4680S	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: ()	% (Note: Hst Status (WO): N: 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: (INC Ref: 6788-0010)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

Date	Turn	Action

Important Particulars:	Invoice Preparation Checklist	Amount	Remarks
Owner/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$55)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
	4) PT: Follow-Through Survey	\$150	
	5) FT: Follow-Through Survey (Resurvey)	\$30	
	6) TR: Re-inspection	\$75	
	7) MI: Hst DA + SMRT Survey	\$140	
	8) NTUC Additional Fee (est)		
	9) QM		
	*NC: Courtesy Car / Tpt Allowance	\$5	
	*NC: Repair Coordination	\$10	
	*NC: Post Repair Inspection	\$20	
	*NC: DV / Collect Excess Coordination	\$5	
	*TP (MI): TP (Non-INC) + Repair INC	\$30	
	*TP (MI): TP (Non-INC)	10	
	10) Total 1000		
	Invoice Total		
	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	15/12/2022 09:47 (SGT)
Reported by	Driver
Date of Accident	09/12/2022 08:06 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	TOWARDS CITY AFTER JALAN ANAK BUKIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT1234Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	21 CONSTRUCTION ENGINEERING PTE LTD
Company Reg No	2XXXXX450G
Email Address	hossainsajib1922@gmail.com
Mobile Phone No	(Phone) +65-96903337
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05010222

DRIVER

Name of Driver	HOSSAIN SAJIB
Passport No/FIN	GXXXX717W
Date Of Birth	02/02/1993
Occupation	Outdoor

Date Of Driving Pass	11/06/2022
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98070436
Alt. Phone Number	-
Email Address	hossainsajib1922@gmail.com
Address	25 BUKIT BATOK CRESCENT #08-04
Address complement	-
Postcode	658066
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	HASAN MD MAHADY
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221209/2033

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 YP4650S
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person HASAN MD MAHADY
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? GT1234Y
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? Yes

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

Sketch Plan

DUARAKAN ROAD TOWARDS 974 AFIRUK JAYAN SUK BUKIT



A = GT1234Y
B = KP4650S


Describe Circumstances of the Accident


Pls refer to Police Report. T/2022/209/2033

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

 15/12/2022
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20221209/2033

1 of 3

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20221209/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2022 11:52		Vide Report No.: J/20221209/0037		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: HOSSAIN SAJIB			Address: 24 TOH GUAN ROAD EAST #02-69 WESTLITE TOH GUAN DORMITORY SINGAPORE 608594		
ID Type / ID No.: FIN NO / G6981717W			Contact No.: Home/Office: Mobile: 98070436		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 29	Date of Birth: 02/02/1993	Type of Informant: Driver		
Race: Bangladeshi			Language: English		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/12/2022 08:05	Type of Location: Straight Road
Location: DUNEARN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GT1234Y	Lorry				Slightly Damaged	4
YP4650S	Lorry				Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20221209/2033

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Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20221209/2033

CONTINUATION OF REPORT

Driver				
Name	HOSSAIN SAJIB		ID No.	G6981717W
Related Vehicle	GT1234Y (Lorry)		Contact No.	98070436
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Passenger				
Name	HASAN MD MAHADY		ID No.	M3130138J
Related Vehicle	GT1234Y (Lorry)		Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/12/2022		Date Discharge	09/12/2022
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Brief Details.

On 9/12/2022, at about 0806hrs, I was driving a silver Toyota lorry GT1234Y on the 2nd lane along Dunearn rd towards city after Binjai Park in front of Caltex petrol kiosk. While travelling straight within my lane, I observed the car in front of me applied E-brake and as such I followed through to avoid hitting the car in front. Subsequently, I felt an impact from my rear causing my vehicle to surge forward and hit the front car. The driver of the car in front of me continued to drive away and I was unable to attain any particulars from the driver. Due to the collision, my front and rear portion of the lorry were dented in. Out of the 4 passengers, 1 of my passengers sitting at the back of the lorry was thrown forward and he suffered bruises on the left forehead and left hand. The driver who hit my lorry from behind then called for ambulance and said passenger was conveyed to Ng Teng Fong general hospital. Upon making a check on my in-car camera, I was unable to retrieve any footages pertaining to this incident. So far, I do not have any witnesses and I do not have the license plate number of the vehicle in front.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



T/20221209/2033

3 of 3

Report No. T/20221209/2033

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:

G /

SGT 1 YAP CHEN TENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI GOH WEI LI

Contact No.: 65476394

Signature Of Informant:

Date/Time:

09/12/2022 11:52

Classification Of Case:

NP168

Date of Accident : 09/12/22 Accident Time: 0806 (24-HR-Format)
Accident Place : Dunearn Road towards City after Jalan Anak Bukit
Vehicle. No. (Car Plate No.) : GT1234Y Make/Model: Toyota Dyna
Insurance Company : LONPAK Policy No: 222V605010222
Owner or Company Name / IC No. : 2003014506
Owner or Company Contact No. : 96903337 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Hossain Sajib / 66981717W
DRIVER'S Date Of Birth : 02/02/93 DRIVER'S License Pass Date 11 Jun 2022
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 25 Bukit Batak Cres #08-04
DRIVER'S Contact No./ Alt No. : 1) 98070436 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : hossainsajib1922@gmail.com
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): 5
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): I was conveyed by ambulance to hospital

Other Party Driver's Particular (if any)

Vehicle. No:	<u>YP4650S</u>	Vehicle. No:	_____
Vehicle Make/Model:	_____	Vehicle Make/Model:	_____
Name Driver:	_____	Name Driver:	_____
IC No. Driver/Contact:	_____	IC No. Driver/Contact:	_____

* NEW - Passenger's name & gender:



LONPAC INSURANCE BHD (S90FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6256 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. : Z22VC05010222

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA DYNA 150
- GT1234Y

2. Name of Policy Holder

21 CONSTRUCTION ENGINEERING PTE LTD

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

19/02/2022

4. Date of Expiry of the Insurance

18/02/2023

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.

Amek

CHIEF EXECUTIVE
(Singapore Branch)

User ID: XLCHEN


Date Issued: 09/02/2022

REPUBLIC OF SINGAPORE DRIVING LICENCE

Use Licence Number: **G6981717W**
Name: **HOSSAIN SAJIB**

Birth Date: **02 Feb 1993**
Issue Date: **11 Jun 2022**
Valid Till: **10/06/2027**

003272411D



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

Employer:
21 CONSTRUCTION ENGINEERING PTE. LTD.




Name:
HOSSAIN SAJIB

Work Permit No.
0 63564540

Sector:
CONSTRUCTION

B345

K3196756



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Ambulances / Medical transport vehicles / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / Motor tractors or vehicles ≤ 2500kg	11 Jun 2022

NP 428A

Licence No: G6981717W

VISIT PASS
Immigration Regulations

79-07-2022

Name:
HOSSAIN SAJIB

FIN:
G6981717W

Date of Birth: **02-02-1993** Sex: **M**

Nationality:
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

