

# NATIONAL Assessment Centre Services

Date: 17/04/2023	Job description	Date & Time Completed	Done by
Ref No NA/C123003964/d4	SAS e-filing		
Veh No GBA 5501J	E-mail (within 2hrs, A/C 2hrs)		
DOA 15/04/2023	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKP 7020G	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

NA2301118	Invoice Preparation Checklist		Amf (\$)	Amf
Claimant's Particulars	1) AR: Accident Reporting (\$30);		1st Bill	Add
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idas 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: Idas Mobile 30			
	Invoice date/	Fee Charge/		
	Invoice dated	Fee Charge/		



## 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	17/04/2023 16:09 (SGT)
Reported by	Actual Driver
Date of Accident	15/04/2023 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FROM JALAN BOON LAY ROAD TO JALAN AHMAD IBRAHIM
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA5501J
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BUILDLINK CONSTRUCTION PRIVATE LIMITED
Company Reg No	2XXXXX073D
Email Address	aminnurul737@gmail.com
Mobile Phone No	(Phone) +65-93806787
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	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00011062301

#### DRIVER

Name of Driver	AMIN MD NURUL
Passport No/FIN	GXXXX279T
Date Of Birth	05/12/1989
Occupation	Outdoor



Date Of Driving Pass	21/08/2018
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91343507
Alt. Phone Number	-
Email Address	aminnurul737@gmail.com
Address	500 OLD CHOA CHU KANG ROAD , SUNGEI TENGAH LODGE
Address complement	# 08-70
Postcode	698924
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?	No
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?	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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230415/7039

#### 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	SKP7020G
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	DAVID CHANG
NRIC No	SXXXX896A
Contact Number	(Phone) +65-98191678
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	AMIN MD NURUL
Gender	Male
Phone No	(Phone) +65-91343507
Address	500 OLD CHOA CHU KANG ROAD , SUNGEI TENGAH LODGE
Address Complement	# 08-70
Post Code	698924
Approximate Age Years Old	-
Injuries Sustained	I NJURED AT THE BACK OF THE HEAD AND MINOR INJURY ON LEFT LEG - GIVEN 3 DAYS OF MC GBA5501J
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



## 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 use 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.

### 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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



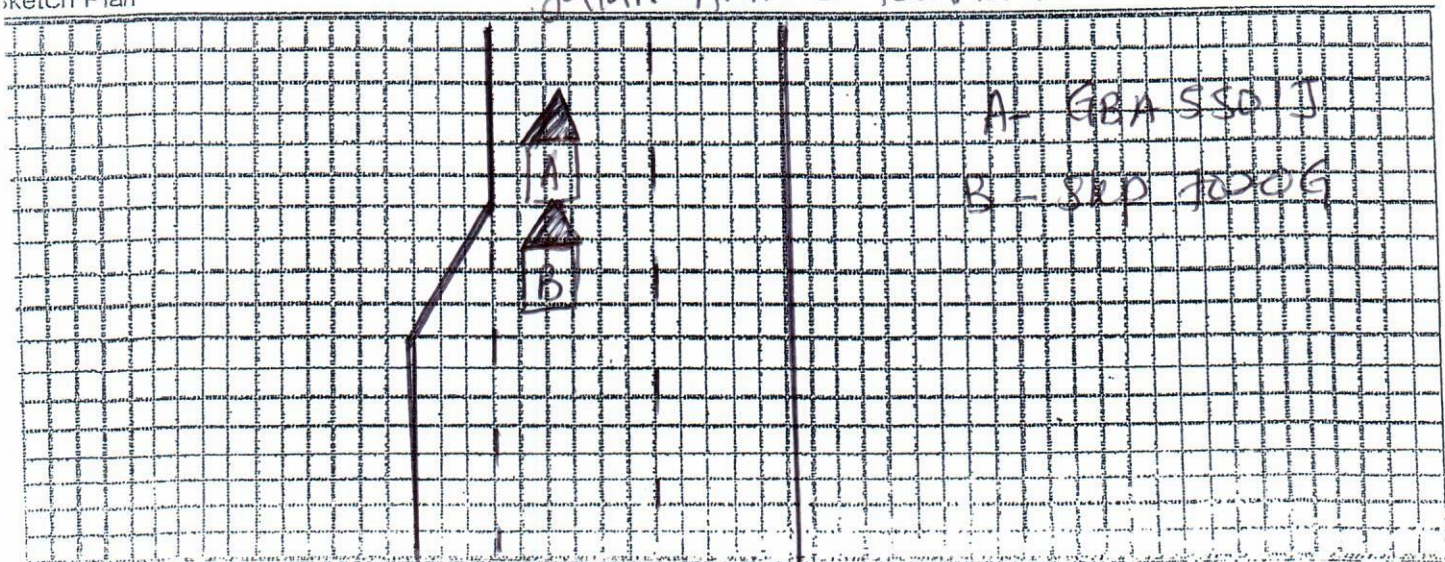
Policyholder's Signature / Date & Time

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

Jalan Ahmad Ibrahim





Describe Circumstance of the Accident


please Refer to the attached  
police Report - 7/20230415/7039 -

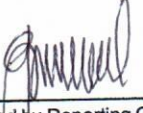
Declaration

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



Policyholder's Signature / Date & Time

 17/04/23  
Actual Driver's Signature (if driver is not the policyholder)  
/ Date & Time

 17/4/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# SINGAPORE POLICE FORCE



T/20230415/7039

1 of 3

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

Report No. T/20230415/7039

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/04/2023 20:57	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: AMIN MD NURUL			Address: 500 OLD CHOA CHU KANG ROAD #08-70 SUNGEI TENGAH LODGE SINGAPORE 698924	
ID Type / ID No.: FIN NO / G6720279T			Contact No.: Home/Office:	Mobile: 91343507
Nationality: BANGLADESHI			Email: aminnurul737@gmail.com	
Sex: Male	Age: 33	Date of Birth: 05/12/1989	Type of Informant: Driver	
Race: Bangladeshi			Language: English	
Occupation: Civil engineering/Building construction labourer			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/04/2023 17:45	Type of Location: Side Road merging
Location:  JALAN AHMAD IBRAHIM				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBA5501J	Lorry	TOYOTA		Silver	Slightly Damaged	0
SKP7020G	Car	AUDI		White	Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20230415/7039

2 of 3

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

Report No. T/20230415/7039

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AMIN MD NURUL	ID No.	G6720279T
Related Vehicle	GBA5501J (Lorry)	Contact No.	91343507
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/04/2023	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	DAVID CHANG	ID No.	S9574896A
Related Vehicle	SKP7020G (Car)	Contact No.	98191678
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

Driver in small lorry was coming out from Jalan Boon Lay Road to Jalan Ahmad Ibrahim. Driver turned on hazard light and looked to the right before turning to the right lane. Driver began to slow down as he was approaching work site located on the left road side. That was when a car hit the back of his lorry. The force was hard enough to push the lorry off the road and onto the pedestrian side. Driver hit the back of his head and minor injury to his left leg. Both drivers exchange information and took photos. After that, the lorry was shifted into the work site area and the other vehicle had been towed away from the scene.





**SINGAPORE  
POLICE FORCE**



T/20230415/7039

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

3 of 3

Report No. T/20230415/7039

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414

This report is lodged at Jurong West NPC Kiosk 1  
NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 15/04/2023 20:57
Classification Of Case:



MEDICAL CERTIFICATE (Ref:1403182628)

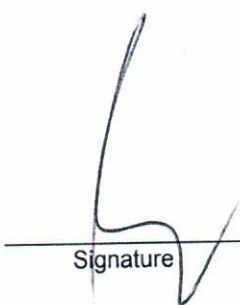
ORIGINAL

NAME: AMIN MD NURUL

NRIC: G6720279T

Type of Medical Leave granted: **Outpatient Sick Leave**The above-named patient is unfit for duty for **3 day(s)** from **16/04/2023** to **18/04/2023** Inclusive.

The certificate is not valid for absence from court attendance.

The above named patient was in Emergency Department from **15/04/2023 18:51** to **15/04/2023 19:35**.15/04/2023  
DateDr. Perez ALCANTARA MICHELLE (18268J)  
Issued by  
Signature

Location: EMERGENCY DEPARTMENT



**Discharge Advices**

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**STABLE HEAD INJURY**

*The following instructions contain general information and advice regarding your condition and are designed to provide you with a guide on how best to safeguard your health. However, in specific cases you may receive different/additional instructions from your doctor. You are advised to follow any specific written or oral instructions given to you by your doctor or healthcare worker. Please seek clarification in case of doubt.*

A mild headache, nausea, slight dizziness, mood swings, fatigue, poor concentration and forgetfulness may develop a few hours or days after a head injury. Such symptoms usually resolve by itself in a few weeks.

**Instructions**

1. Rest until you recover
2. Do not take alcohol or sleeping pills
3. Do not drive a car/ride a motorcycle
4. Do not operate any machinery
5. Take medications as prescribed. Do not change or discontinue medications without consulting your doctor
6. Visit specialist outpatient clinic as instructed

**Please seek immediate medical attention at Emergency Department if you notice any of the following signs and symptoms:**

1. Worsening headache, giddiness or vomiting
2. Persistent drowsiness
3. Seizure
4. Disorientation, confusion or irritability
5. Blurred or double vision
6. Weakness of arms or legs or slurred speech
7. Stiff neck and fever



NG TENG FONG GENERAL HOSPITAL  
EMERGENCY DEPARTMENT

## AFTER VISIT SUMMARY

**NAME:** AMIN MD NURUL**MRN:** G6720279T**ADDRESS:**  
212 HOUGANG STREET 21  
#03-333 C/O BUILDINK CONSTRUCTION PTE LTD  
Singapore 530212**DOB:** 5/12/1989  
**AGE:** 33 y.o.  
**GENDER:** M**PHONE:** 9134 3507 (Mobile)**CSN:** 100175782901

### DIAGNOSIS

#### ED Arrival Information

Arrival	Means of arrival	Escorted by
15/4/2023 18:51	Walk In	-

#### Primary Physician

Primary Physician  
ALCANTARA, Michelle Perez

#### Diagnosis

Scalp contusion - Primary  
Neck sprain  
Knee contusion

Comments

#### Disposition plan

ED Disposal	Comment
Discharged	--

#### Allergies (Reviewed on: 15/04/23)

No Known Allergies

#### Procedure Orders

None

### DISPOSITION

#### Discharge Advice

NTFGH ED STABLE HEAD INJURY DISCHARGE ADVICE

#### Medical Certificate/ Light Duty/ Time Chit

MC ID	Issued	Type	Start Date	End Date	Duration (Days)	Question	Answer
1403182628	Medical Certificate/ Light Duty	Outpatient Sick Leave	16 Apr 2023	18 Apr 2023	3	Certificate Eligible for Court Absence Class	No  Print

**Discharge Medications**

Medication	Instructions	Dispense	Start Date	End Date	Auth. Provider
Diclofenac Sodium EC Tablet	Take 50 mg every 8 hours when required for pain (fever or pain) for up to 7 days.	--	15/4/2023	22/4/2023	Perez ALCANTARA MICHELLE
Famotidine Tablet	Take 20 mg 2 times a day when required (-) for up to 7 days.	--	15/4/2023	22/4/2023	Perez ALCANTARA MICHELLE
Paracetamol 450mg, Orphenadrine Citrate 35mg Tablet	Take 2 tablets 3 times a day when required for pain for up to 5 days.	--	15/4/2023	20/4/2023	Perez ALCANTARA MICHELLE

**Referral Orders**

None

This is a computer-generated summary of information available and correct at point of print. Please refer to your doctor for further information or clarification.





**TAX INVOICE**

MR. AMIN MD NURUL

BILL REF. NO.  
**17540303E**

BILL DATE  
**15 APR 2023**

LOCATION  
**NTFGH**

NRIC / FIN / MRN  
**GXXXX279T**

VISIT DATE ► **15 APR 2023 06:51 PM**

BLK 212 #03-333  
HOUGANG STREET 21  
C/O BUILDLINK CONSTRUCTION  
PTE LTD  
SINGAPORE 530212

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	267.00
GOVT SUBSIDY	\$	-139.00
<b>TOTAL AMOUNT (BEFORE GST)</b>	<b>\$</b>	<b>128.00</b>
8% GST	\$	10.24
GST absorbed by Govt	\$	-10.24
<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>	<b>\$</b>	<b>128.00</b>
<b>TOTAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>128.00</b>
Net Payment made	\$	-128.00
<b>FINAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>0.00</b>

**\$ 0.00**

FINAL AMOUNT PAYABLE

**CHARGES**

CASE NO.	SPECIALTY / CLASS	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
<b>9221090606C</b>	<b>ACCIDENT &amp; EMERGENCY / NA</b>		
SERVICES	DESCRIPTION		
A&E ATTENDANCE FEE		256.00	128.00
ORPHENADRINE 35MG/PARACETAMO L 450MG TAB		3.90	0.00
DICLOFENAC SOD 50MG TABLET		4.50	0.00
FAMOTIDINE 20MG TABLET		2.60	0.00
TOTAL AMOUNT (BEFORE GOVT SUBSIDY)		267.00	
GOVT SUBSIDY		-139.00	
TOTAL AMOUNT (BEFORE GST)			128.00
8% GST			10.24
GST absorbed by Govt (for subsidised patient only)			-10.24
Subtotal			128.00
TOTAL AMOUNT (AFTER GOVT SUBSIDY)			128.00

PRINTED ON: 15 APR 2023 07:54 PM



BILL REF. NO.  
17540303E

BILL DATE  
15 APR 2023  
NRIC / FIN / MRN  
GXXXX279T

PATIENT NAME  
MR. AMIN MD NURUL

### PAYMENT SUMMARY

TOTAL AMOUNT (AFTER GOVT SUBSIDY)			128.00
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)	
MR. AMIN MD NURUL		128.00	
MR. AMIN MD NURUL	TOTAL AMOUNT PAYABLE		128.00
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
MR. AMIN MD NURUL			-128.00
Receipt No: J001967753 \$ 128.00			Net Payment made -128.00

**FINAL AMOUNT PAYABLE \$ 0.00**

### PAYMENT OPTIONS & ADVISORY

#### Payment Policy

- An admin fee may be imposed if payment is not received within 21 days from the bill date.
- Credit balance from your bill will be used to offset any other outstanding bills that you may have within the same payment account.
- If no bill number is indicated, the payment received will be used to offset the oldest outstanding bill.
- Payment made via AXS and E-Payments will be updated to your bill within 3 working days.



**NETS**

NETSV022.D51

NTFGH

A&E

THANK YOU

111875050000

87505002

001622

NETS PURCHASE

SAV

DBS BANK

15 APR 2023

19:54:21

001622

125552

00

**TOTAL:**

**\$128.00**

APPROVED

**NETS**

\*\*\*\*\*DUPLICATE\*\*\*\*\*

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# ACCIDENT STATEMENT

ACCIDENT DATE: 15/04/2023 (DD/MM/YYYY), TIME: 17:45 (HH:MM)

LOCATION: From Julian Boon Lay Road to Julian Ahmad Ibrahim

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA 5501J  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: DMCVSNW000110623.01  
 d) POLICY TYPE (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) (CP)  
 e) MAKE & MODEL: Wipac Dyna AUTO (MANUAL)  
 f) TYPE (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Working time  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Buildlink Construction Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 200100073D CONTACT: 9386 6787  
 c) ADDRESS:

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

- DRIVER  
 a) NAME: Amin MD Nuri (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 767202797 CONTACT: 9134 3507  
 c) ADDRESS: 500 Old Choa Chu Kang Rd #08-70  
Angeli Tengah Lodge, 3 698924

\* d) DATE OF BIRTH: 05/12/1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 21/08/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITIONS: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES) (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Ubi

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 8kp 7020 G MODEL: Audi (white)  
 b) DRIVER'S NAME: David Chang  
 c) NRIC/FIN/PASSPORT: 89574 896A CONTACT: 9819 1678

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = aminnurul737@gmail.com

Fax =

Address = No.



Motor Commercial

MZ300/C

R SN

AN0740A

Cov. Type:F

**CERTIFICATE OF INSURANCE**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00011062301

Engine No.: 1KD1671520

Cha. No.: JTFAT35Y503001260

1. Index Mark and Registration  
Number of Vehicle

GBA5501J

2. Name of Policy Holder

BUILDINK CONSTRUCTION PRIVATE LIMITED

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

24/02/2023

(00:00:00)

4. Date of Expiry of Insurance

23/02/2024

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with 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:\*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: TATCO CREDIT PTE LTD

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

**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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: TATCO ENTERPRISE

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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6222 1033

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