

NATIONAL Assessment Centre Services S/N 0923400007

Date In: 26/04/2023 16:14	Job Description: SAS e-tiling	Date & Time Completed:	Done by:
Ref No: N/A 21 P 27004297	E-mail (within 3hrs, A/C 2hrs)		
Vali No: GBF 58617	1-Motor Claim Form		
D.O.A: 26/04/2023 07:10	1-Motor W/O (Within: 02 hrs, 07 hrs)		
OD: TP Repeating Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Write		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Yeli No: GBF T591T INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Hst Status (WO): N: 0-30%, P: 21-70%, F: 30-100%)

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 referer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC to be done: 0788, 0015)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date of Injury: ()

Location: ()

Witness: ()

Police Report: ()

Medical Report: ()

Checked by (Engr-In-Charge):	Invoice Preparation Chg. (NIS)	Ass't
	1) A/R: Accident Processing (\$350)	
	2) DA: Damage Assessment (\$1000) INC (\$55)	
	3) TP: Towing Fee (\$10/\$15)	
	4) PC: Follow-Through Survey (\$120)	
	5) PE: Follow-Through Survey (Estimate) (\$30)	
	6) TR: Re-inspection (\$75)	
	7) NI: Hst DA + SMART Survey (\$140)	
	8) NISC Additional Services:	
	9) NI: Courtesy Car / Tot Allowance (\$5)	
	10) NI: Repair Coordination (\$15)	
11) NI: Post Repair Inspection (\$20)		
12) NI: DV / Collect Excess Coordination (\$1)		
13) TP (Hst) TP (Non-INC) Valves INC (\$20)		
14) NI: Hst Mileage (10)		
Invoice filed	File Charged	

N/A 2301205

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	26/04/2023 16:18 (SGT)
Reported by	Actual Driver
Date of Accident	26/04/2023 07:10 (SGT)
Exact Location of Accident	MacPherson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF5861T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CENTRE DESIGN ENGINEERING PTE. LTD.
Company Reg No	2XXXXX152D
Email Address	fullstop423@gmail.com
Mobile Phone No	(Phone) +65-96492236
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	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V17121/VCV/R02

DRIVER

Name of Driver	ALAM JAHANGIR
Passport No/FIN	GXXXX440X
Date Of Birth	02/06/1983
Occupation	Outdoor

Date Of Driving Pass	02/04/2020
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-94692236
Alt. Phone Number	-
Email Address	fullstop423@gmail.com
Address	-
Address complement	-
Postcode	-
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)	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	RAZAN MD
Gender	Male

PASSENGER 2

Name	KABIR MD SOLYMAN
Gender	Male

PASSENGER 3

Name	MIAH MD NADIM
Gender	Male

PASSENGER 4

Name	MAHMUD ANONDO
Gender	Male

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 POLICE REPORT T/20230426/7036

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 GBF7695T
 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 ALAM JAHANGIR
 Gender Male
 Phone No (Phone) +65-94692236
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? GBF5861T
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person RAZAN MD
 Gender Male
 Phone No (Phone) +65-87633766
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS INJURY
 Injured person in which vehicle? GBF5861T
 Were seat belts worn? No
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person KABIR MD SOLYMAN
 Gender Male
 Phone No (Phone) +65-81790074
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -

Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	GBF5861T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	MIAH MD NADIM
Gender	Male
Phone No	(Phone) +65-89357006
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF5861T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	MAHMUD ANONDO
Gender	Male
Phone No	(Phone) +65-84260961
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	GBF5861T
Were seat belts worn?	No
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 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:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

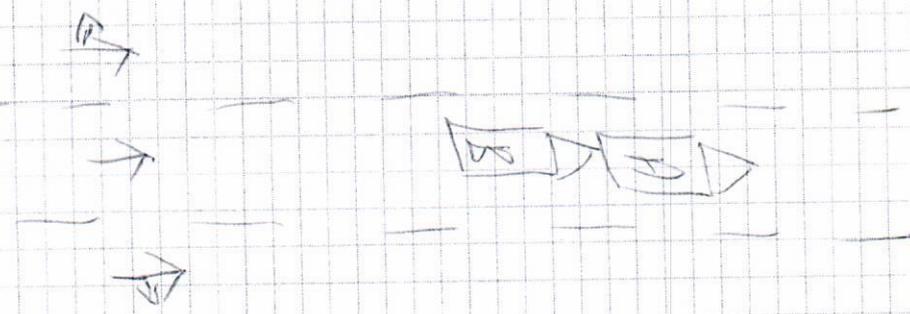
[Handwritten Signature]
26/04/2023

SKETCH PLAN

MacPherson Rd.

A: GBF 5861T

B: GBF 7095T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police report T/20230426/7036

DECLARATION

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



Policyholder's Signature Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder) Date & Time:

[Signature] 26/04/2023
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20230426/7036

1 of 4

Report No. T/20230426/7036

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2023 13:40	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: ALAM JAHANGIR		Address:	
ID Type / ID No.: FIN NO / G7964440X		Contact No.: Home/Office:	Mobile: 94692236
Nationality: BANGLADESHI		Email: admin@centredesignengineering.com	
Sex: Male	Age: 39	Date of Birth: 02/06/1983	Type of Informant: Driver
Race: Bengali		Language: English	
Occupation: Worker reporting unidentifiable/inadequately described occupation		Driving Licence Information: Class: 3	Date of Expiry: 01/04/2025

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/04/2023 07:10	Type of Location: Straight Road
Location: MACPHERSON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving vehicle to stationery vehicle - Head to rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF5861T	Lorry				Seriously Damaged	4
GBF7695T	Lorry			Blue	Seriously Damaged	1



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

Report No. T/20230426/7036

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF5861T	LIBERTY INSURANCE PTE LTD	SI22V17121 /VCV /R02	04/01/2023	03/01/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ALAM JAHANGIR		ID No.	G7964440X
Related Vehicle	GBF5861T (Lorry)		Contact No.	94692236
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 01/04/2025
Date	26/04/2023		Date	26/04/2023
No. of Days granted Medical Leave	01	Degree of	Slight	
Passenger				
Name	RAZAN MD		ID No.	0 61413774
Related Vehicle	GBF5861T (Lorry)		Contact No.	87633766
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	26/04/2023		Date	26/04/2023
No. of Days granted Medical Leave	04	Degree of	Serious	
Passenger				
Name	KABIR MD SOLYMAN		ID No.	0 62803703
Related Vehicle	GBF5861T (Lorry)		Contact No.	81790074
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	26/04/2023		Date	26/04/2023
No. of Days granted Medical Leave	03	Degree of	Serious	



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

CONTINUATION OF REPORT

Passenger			
Name	MIAH MD NADIM	ID No.	0 63389927
Related Vehicle	GBF5861T (Lorry)	Contact No.	89357006
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	26/04/2023	Date	26/04/2023
No. of Days granted Medical Leave	02	Degree of	Slight
Passenger			
Name	MAHMUD ANONDO	ID No.	0 64280961
Related Vehicle	GBF5861T (Lorry)	Contact No.	84263818
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	26/04/2023	Date	26/04/2023
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

I was travelling along Macpherson Road. There were 3 vehicles in front of me. The vehicles in front stopped due to the traffic light turning amber then red, and i followed suit. My vehicle braked, and almost immediately, my colleagues and i felt a knock from the rear of the lorry. I, the driver, and my colleague seated in front came out the the vehicle to see that another lorry has collided into us. We took pictures of the accident, along with the driving license of the other party. After that, i drove my colleagues back to my dormitory and another driver from my company sent us to Changi General Hospital. The other vehicle was not able to move at that point in time.



**SINGAPORE
POLICE FORCE**



T/20230426/7036

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

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Report No. T/20230426/7036

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

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
26/04/2023 13:40

Classification Of Case:



mail: sm@idac.com.sg Tel no: 6555 6888

If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 26/04/2023 (dd/mm/yy) Time of Accident: 07:10 (24-HR-FORMAT)

Vehicle No.: GBF 5801T Vehicle Make & Model: _____

Exact location of Accident: MacPherson Rd.

Policyholder's Name: Centra Design Engineering Pte Ltd IC/ UEN: 201808152D

Driver's Name / IC No.: Abim Jalangir G 7964440X (As Above)

Driver's Contact No.: 94692236 Company Contact No (Company Veh Only): _____

Driver's Address: _____ 02/06/1983 02/04/2020

Email address: pullstop423@gmail.com Insurance Company: Liberty

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

*No. of Passengers (Including Driver): 05

*Passenger Name: _____ Gender: Male / Female *Passanger

Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBF 7695T

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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
 ROAD TRANSPORT (AMENDMENT) ACT 2019
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SI22V17121 /VCV /R02
Form	MZ300A
Date of Issue:	19-Dec-2022
1.Index Mark and Registration No. of Vehicle:	GBF5861T
2.Chassis number of Vehicle:	KDY2318026282
3.Name of Policyholder:	CENTRE DESIGN ENGINEERING PTE. LTD.
4.Effective date of Commencement of Insurance for the purposes of the Act:	04-JAN-2023 00:00
5.Date of Expiry of Insurance:	03-JAN-2024 23:59
6.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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*: A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.	
8.The Policy does not cover: A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle.	
*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 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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  Authorised Signature	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, Additional Accessories - (Hood - \$2,000.00)
SUM INSURED (S\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (S\$):	Section I \$600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD
PRODUCER NAME:	NET LINK COMMERCIAL PTE LTD