

# NATIONAL Assessment Centre Services

Date In 11/05/2023	Job description	Date & Time Completed	Done by
Ref No NA/EQ/23004802/d4	SAS e-filing		
Veh No GBF 9289U	E-mail (within 2hrs. Aft 2hrs)		
DOA 10/05/2023 13:30	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (Within 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: GBK 9367B	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%. 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 Hotline: 67886610	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	Action

Claimant's Particulars	Invoice Preparation Checklist	Amc (\$)	Am Add
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NI2: Idau Mobile \$30		
	10) NI: Courtesy Car / Tpt Allowance \$5		
	11) NI: Repair Co-ordination \$10		
	12) NI: Post Repair Inspection \$25		
	13) NI: DV / Collect Excess Coordination \$5		
	14) NI: TP (Non INC) against INC \$20		
	15) NI: Idau Mobile \$30		
	Invoice dated	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	11/05/2023 08:24 (SGT)
Reported by	Actual Driver
Date of Accident	10/05/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS ( THOMSON FLYOVER )
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF9289U

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FAST FLOW SINGAPORE PTE LTD
Company Reg No	1XXXXX818C
Email Address	INBHA.VARUN@FASTFLOWGROUP.COM
Mobile Phone No	(Phone) +65-94593994
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	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCPHQ23-000965

#### DRIVER

Name of Driver	RANA MD MASUD
Passport No/FIN	GXXXX167W
Date Of Birth	03/01/1985
Occupation	Outdoor



Date Of Driving Pass ..... 13/06/2018  
 Driving experience ..... 4 YEARS AND 11 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-94593994  
 Alt. Phone Number ..... -  
 Email Address ..... INBHA.VARUN@FASTFLOWGROUP.COM  
 Address ..... 1 FIFTH AVENUE , GUTHRIE HOUSE  
 Address complement ..... # 04-04  
 Postcode ..... 268802  
 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 ..... Chain Collision  
 Weather Conditions ..... Clear  
 Road Surface ..... Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
 Number of vehicles involved in the accident ..... 3  
 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) ..... 2  
 Has the driver been approached by unknown person(s) ..... No  
 soliciting/offering accident claims assistance? ..... -  
 Translator's name ..... -  
 Translator's ID ..... -  
 Translator's phone number ..... -  
 Translator's email ..... -  
 Original language used in the statement ..... -

#### PASSENGER 1

Name ..... ISLAM MOHAMMAD RASHEDUL  
 Gender ..... Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... No  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFERT TO THE ATTACHED STATEMENT

#### 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 ..... GBK9367B  
 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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH4905Y
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	RANA MD MASUD
Gender	Male
Phone No	(Phone) +65-94593994
Address	1 FIFTH AVENUE , GUTHRIE HOUSE
Address Complement	# 04-04
Post Code	268802
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	GBF9289U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	ISLAM MOHAMMAD RASHEDUL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	GBF9289U
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.
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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;

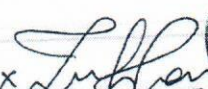
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(collectively the "Purposes")

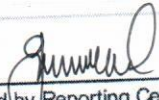
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

x   
Policyholder's Signature / Date & Time



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

 11/5/2023  
Witnessed by Reporting Centre Personnel

Sketch Plan

PIE TOWARDS TUAS (THOMSON FLYOVER FLY-OVER)

A- GBF9289U  
B- GBK9367B  
C- GBH4905Y





**Describe Circumstances of the Accident**

I WAS TRAVELLING ALONG PIE TOWARDS TUAS (THOMSON FLYOVER, \_\_\_\_\_).  
VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER,  
WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B (GBK9367B) REAR-ENDED MY  
VEHICLE. THE IMPACT FORCED MY VEHICLE FORWARD TO HIT VEHICLE C  
(GBH4905Y).

**Declaration**

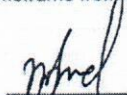
We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

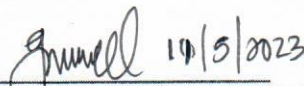


Policyholder's Signature / Date &  
Time





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

 19/5/2023

Witnessed by Reporting Centre  
Personnel



# Accident Reporting Draft

VEHICLE NO: GBF9289U

MODEL: NISSAN CABSTAR

AUTO/MANUAL

DATE OF ACCIDENT	10/5/2023	C.C: 2953
TIME OF ACCIDENT	1330	HRS AM/PM
LOCATION OF ACCIDENT	PIE TOWARDS TUAS (THOMSON FLYOVER FLY OVER)	
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ PRIVATE USE/ PRIVATE HIRE	
NAME OF OWNER	FAST FLOW SINGAPORE PTE LTD	
CONTACT NO.	82806562(WA), 85428062, 94593994 EMAIL: INBHA.VARUN@FASTFLOWGROUP.COM	
NRIC	199600818C	
CLAIM TYPE	OD / <del>THIRD PARTY</del> / REPORTING ONLY 3P	
INSURANCE CO.	EQ	
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: RANA MD MASUD	
NRIC	G8147167W	ANY PASSENGER: 1
DATE OF BIRTH	3/1/1985	ISLAM MOHAMMAD
OCCUPATION	OUTDOOR / INDOOR	RASHEDUL (M)
DATE OF DRIVING PASS	13/6/2018	
GENDER	MALE / FEMALE	
CONTACT NO.	82806562(WA), 85428062, 94593994 EMAIL: INBHA.VARUN@FASTFLOWGROUP.COM	
ADDRESS	1 FIFTH AVENUE #04-04 GUTHRIE HOUSE SINGAPORE (268802)	
DOES DRIVER OWN OTHER VEHICLES	(NO) IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE/ IF NO:	
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR	
ROAD SURFACE	DRY / WET/ OTHER: DRY	
ANY INJURIES	NO / IF YES: YES RANA MD MASUD (M)	
CONTACT NO.	ISLAM MOHAMMAD RASHEDUL (M)	
POLICE REPORT	(NO) / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?	
VIDEO RECORDING	(NO) / YES	NO/IF YES: WHO?
AUDIO RECORDING	(NO) / YES	SCENE PHOTO(S) (NO) / YES
VEHICLE B NO.	GBK9367B	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	GBH4905Y	ANY PASSENGER:
VEHICLE D NO.		ANY PASSENGER:
VEHICLE E NO.		ANY PASSENGER:
VEHICLE F NO.		ANY PASSENGER:
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP		
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?	NO / YES	

**Ryder** Auto Pte Ltd

2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,  
Singapore 417921

Email: ryderautoworkshop@gmail.com

Tel: 67418277



**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

**COMMERCIAL VEHICLE PRIVATE (SCH I)  
Comprehensive Classic****Certificate No. : DMCPHQ23-000965**

Classic Plan - EQ authorized workshop only

Form: LCVPI

Excess:

Section 1:

YEID:

WindScreen:

Additional

S\$500.00

S\$3,000.00 All Claims

S\$100.00

**1. Index Mark and Registration Number of Vehicles**

GBF9289U

**2. Name of Policyholder**

FAST FLOW SINGAPORE PTE. LTD.

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

17/04/2023

**4. Date of Expiry of Insurance**

16/04/2024

**5. Person or Classes of persons entitled to drive\***

Goods Carrying - (MZ300) Authorised Driver. Any of the following:-

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment 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 has not been cancelled at the time of accident loss or damage.

**6. Limitation as to use\***

1) Use in connection with the Insured's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER:

1) Use for hire or reward or for racing pace-making reliability trial or speed testing.

2) Use whilst drawing a greater number of trailers in all than is permitted by Law.

3) Use for the carriage of passengers for hire or reward.

4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

\*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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase :

B000002/Acclaim Insurance Brokers Pte Ltd

Date of Issue : 08/03/2023 14:54

Authorised Signatory  
EQ Insurance Company Limited

**Note**

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.