

NATIONAL Assessment Centre Services

(wef 1 Jan 06)

SNL823710002

Date In: 07/07/2023 16:34
Ref No: N/A/C7723006908/4
Veh No: G6K 45944
D.O.A: 06/07/2023 17:00

| | | |
|--|-----------------------|---------|
| Job description | Date & Time Completed | Done by |
| SAS e-filing | | |
| E-mail (within 8hrs, AIC 2hrs) | | |
| i-Motor Claim Form | | |
| i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| i-Photo Uploaded | | |
| Assessment/Survey Report | | |
| Ass't Report by Fax / Hand to Owner/Wksp | | |

OD / TP / Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

| | | | |
|-----------------------------|--|---------|---------------|
| TP Particulars: | Veh. No: PC8771G | Tel: | Fax: |
| Owner / Driver: (| INC () / Non-INC () | | |
| Policy No: (| Period: (| Tel: (| 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)

| Remarks | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

N/A2302053

| Claimant's Particulars: | Invoice Preparation Checklist | Am't (\$) | Am't |
|---------------------------------|---|-------------|------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | Est. Bill | Add |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Damaged Portion: | 3) TF: 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) N1: Idac 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: Idac Mobile \$0 | | |
| Cat. 1: | Invoice dated | Fee Charged | |
| Cat. 2 / 3: | 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 | 07/07/2023 16:34 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 06/07/2023 17:00 (SGT) |
| Exact Location of Accident | Jln Eunus, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | GBK4594U |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | H2O SPECIALIST |
| Company Reg No | 5XXXX230L |
| Email Address | xdetox32@gmail.com |
| Mobile Phone No | (Phone) +65-98851295 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Citroen |
| Model | Berlingo |
| 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 | 1499 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMCVSNW00089472201 |

DRIVER

| | |
|-----------------|-------------------|
| Name of Driver | HOSSAIN SHAKHAWAT |
| Passport No/FIN | GXXXX941X |
| Date Of Birth | 06/01/1988 |
| Occupation | Outdoor |

| | |
|--|-------------------------|
| Date Of Driving Pass | 25/11/2020 |
| Driving experience | 2 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98851295 |
| Alt. Phone Number | - |
| Email Address | xdetox32@gmail.com |
| Address | 1 LOR 20 GEYLANG #08-08 |
| Address complement | - |
| Postcode | 398721 |
| 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) | 2 |
| 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 | BARI WASIM |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | Toa Payoh Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002519999 |
| Alt. Police Station Phone No | (Fax) +65-63548749 |
| Police Station Address | 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230706/2146

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 | PC8171G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Bus |
| Name of Driver | LEE HUI KIONG |
| NRIC No | SXXXX149A |
| 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 SHAKHAWAT |
| Gender | Male |
| Phone No | (Phone) +65-98851295 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | GBK4594U |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |


INJURED 2

| | |
|---|----------------------|
| Name of injured person | BARI WASIM |
| Gender | Male |
| Phone No | (Phone) +65-84072141 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | GBK4594U |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

IMPORTANT NOTICE

8. Consent under the Personal Data Protection Act (PDPA)

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



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

Sketch Plan

JAVANA FUNDS

[illegible]

Describe Circumstance of the Accident

Refer to attached police report T/20230706/2146

Declaration

I/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

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

07/07/2023



**SINGAPORE
POLICE FORCE**



T/20230706/2146

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20230706/2146

REPORT OF A TRAFFIC ACCIDENT

| | | | |
|--|------------|--|------------------------------|
| Date/Time Report Made: 06/07/2023 23:03 | | Vide Report No.: G/20230706/0112 | Station Diary No.: 177 |
| Informant's Particulars | | | |
| Name of Informant: HOSSAIN SHAKHAWAT | | Address: 1 LORONG 20 GEYLANG #08-28 # 1 SUITES SINGAPORE 398721 | |
| ID Type / ID No.: FIN NO / G2543941X | | Contact No.: Home/Office: | Mobile: 98851295 |
| Nationality: BANGLADESHI | | Email: | |
| Sex: Male | Age: 35 | Date of Birth: 06/01/1988 | Type of Informant: Driver |
| Race: Bangladeshi | | Language: | |
| Occupation: MAINTENANCE OFFICER | | 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: 06/07/2023 17:00 | Type of Location: Straight Road |
| Location: JALAN EUNOS | | | | |
| Lamp Post Number: 52A | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | 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 |
| GBK4594U | Van | | | | Slightly Damaged | 1 |
| PC8171G | Bus/Coach/Mi nibus | | | | | 1 |

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



**SINGAPORE
POLICE FORCE**



T/20230706/2146

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Report No. T/20230706/2146

2 of 4

| | | | |
|-----------------------------------|-----------------------------|--|-----------------------------------|
| Passenger | | | |
| Name | Bari Wasim | ID No. | G2179069P |
| Related Vehicle | GBK4594U (Van) | Contact No. | 84072141 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 06/07/2023 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Driver | | | |
| Name | HOSSAIN SHAKHAWAT | ID No. | G2543941X |
| Related Vehicle | GBK4594U (Van) | Contact No. | 98851295 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 06/07/2023 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Driver | | | |
| Name | Lee Hui Kiong | ID No. | S1604149A |
| Related Vehicle | PC8171G (Bus/Coach/Minibus) | Contact No. | NIL |
| 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 |

Brief Details.

On 06/07/2023 at about 1700hrs, I was driving my vehicle number GBK4594U along Jalan Eunus (Before entering PIE, near lamppost 52A) together with one of my passenger. The traffic light turned amber hence I slowed down and eventually came to a halt. After about 5 to 10 seconds later, I felt a hard impact as I was hit by a minibus (PC8171C) from the rear. We took photos of the accident and exchanged particulars and left. Subsequently, I received a call from the traffic police that I need to lodge an accident report as there was a casualty involved.

Later at 2100hrs, my passenger and I both felt pain at our neck and lower back, hence decided to go to the clinic located at 51 Upper Serangoon Road #01-29 The Poiz Centre, Singapore 347697. We were both issued a 5 days MC.



SINGAPORE
POLICE FORCE



T/20230706/2146

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Report No. T/20230706/2146

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

I wish to state the the accident was attended by Traffic Police and no ambulance were at scene.



SINGAPORE
POLICE FORCE



T/20230706/2146

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

4 of 4

Report No. T/20230706/2146

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

E /

SGT 2 MUHAMMAD HAIRUL BIN
KAMARUL AZMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/07/2023 23:03

Officer In Charge Of Case:

TP / GIT /

STAFF SGT SITI NORHAFIDAH BINTE HANAFI

Contact No.: 65476202

Classification Of Case:

NP168

Scanned with CamScanner

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 06 / 07 / 23 (dd/mm/yy) Time of Accident: 17:00 (24-HR-FORMAT)
Vehicle No.: GBK 4594 U Vehicle Make & Model: CITROEN BERLINGO
*Transmission: ☒ Manual ☐ Auto *C.c.: 1,500
Exact location of Accident: JALAN EUNOS
Policyholder's Name: H2O Specialist NRIC/FIN/REG No.: 53137230L
*Policyholder's email address: xdetox32@gmail.com
Driver's Name: HOSSAIN SHAKHAWAT NRIC/FIN/REG No.: G2543941X
*Driver's email address: xdetox32@gmail.com
Driver's Contact No.: 9885 1295 Company Contact No (If any): _____
Date of birth: 06 JAN 1988 Driving Pass Date: 25 NOV 2020
Driver's Address: 1 LOR 20 GELANG, #08-28, #1 SUITES, S598721
Insurance Company: CHINA TAIPING
Policy No.: DMCVSNW00089472201 Type of Coverage: Comprehensive Third Party / Third Party, Fire & Theft
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)
Type of Accident
☐ Chain Collision / ☒ Head To Rear / ☐ Side Swipe / ☐ Other _____
Occupation (nature job) ☐ Indoor / ☒ Outdoor *No. of Passengers / Including Driver: 2
*Passanger Name: BARI WASIM 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 Car camera? ☐ Yes / ☒ No
Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person' Name: Driver (Hossain Shakhawat) & Passenger (Bari Wasim)
Injuries Sustain: Back Pain, Neck Pain, Shoulder Pain Injured Person in Which Vehicle: GBK4594U
Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Tog Payoh N.P.C

The Other Party (S) Details:

1. Driver's Name / IC No.: - Vehicle No: PC 8171 G
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: _____

Motor Commercial

MZ300/C

R SN

AN0646A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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. DMCVSNW00089472201

Engine No.: 10Q4DT0023422

Cha. No.: VR7EFYHYCKJ774920

1. Index Mark and Registration
Number of Vehicle

GBK4594U

AUTOSAFE

2. Name of Policy Holder

H2O SPECIALIST

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment12/08/2022
(00:00:00)Excess Sect I. S\$450.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

11/08/2023

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

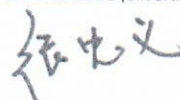
- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED

* 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: NET LINK COMMERCIAL PTE LTD
Authorised Officer

Authorised Signatory

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

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com