

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

20082302

Date In: 02/08/2003 11:05	Job description	Date & Time Completed	Done by
Ref No: N/A 2302302 7835/4	SAS e-filing		
Veh No: 4BB 37494	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/07/2003 16:50	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:	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)

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/A 2302302

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't
Driver/Owner:	1) AR: Accident Reporting (\$30);		
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 / Tpl 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 \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:



## 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 First Submission	02/08/2023 17:05 (SGT)
Reported by	Actual Driver
Date of Accident	22/07/2023 16:50 (SGT)
Exact Location of Accident	Bartley Rd East, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB3744H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ARTS EAST PLASTERGLASS DESIGN
Company Reg No	5XXXX168K
Email Address	ktlow.artseast@ymail.com
Mobile Phone No	(Phone) +65-80657593
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	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220039857-01

### DRIVER

Name of Driver	SHUVO MUHAMMAD
Passport No/FIN	GXXXX556Q
Date Of Birth	20/12/1994
Occupation	Outdoor

Date Of Driving Pass	14/09/2021
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80657593
Alt. Phone Number	-
Email Address	ktlow.artseast@ymail.com
Address	18 TANNERY LANE #06-01
Address complement	LUM KONG BUILDING
Postcode	347780
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?	Yes
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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230727/2034

#### 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	SML1135X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-





Vehicle Colour	-
Vehicle Category	Private car
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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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	SHUVO MUHAMMAD
Gender	Male
Phone No	(Phone) +65-80657593
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	GBB3744H
Were seat belts worn?	Yes
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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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.

#### 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

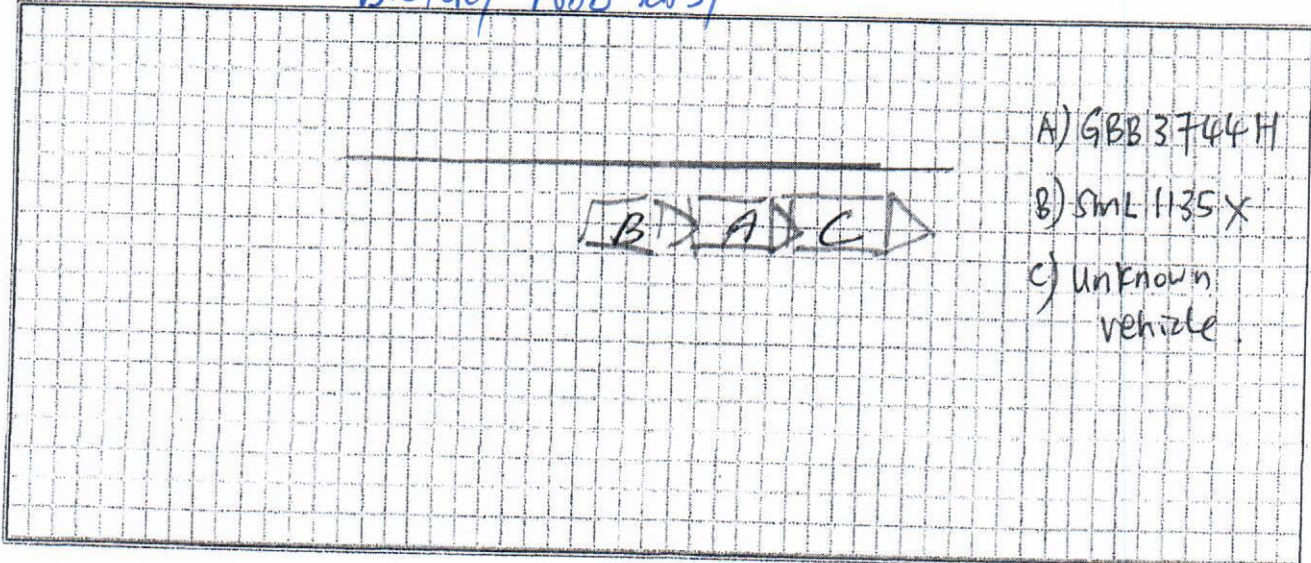
X

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

02/08/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

BALUY ROAD EAST



- A) GBB 3744H
- B) SML 1135X
- C) Unknown vehicle



Describe Circumstance of the Accident

Refer to attache traffic police report T/20230727/2034

Declaration

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



Policyholder's Signature / Date & Time

X

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

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

02/08/2023



**SINGAPORE  
POLICE FORCE**



T/20230727/2034

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 3

Report No. T/20230727/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/07/2023 12:15	Vide Report No.: F/20230722/0127	Station Diary No.: 55
--------------------------------------------	-------------------------------------	--------------------------

<b>Informant's Particulars</b>			
Name of Informant: SHUVO MOHAMMAD		Address: 18 TANNERY LANE LUM KONG BUILDING SINGAPORE 347780	
ID Type / ID No.: FIN NO / G2803556Q		Contact No.: Home/Office: Mobile: 80657593	
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 28	Date of Birth: 20/12/1994	Type of Informant: Driver
Race: Bangladeshi		Language:	
Occupation: Civil engineering/Building construction labourer		Driving Licence Information: Class: Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/07/2023 16:50	Type of Location: Straight Road
Location:  BARTLEY ROAD EAST				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBB3744H	Lorry				Seriously Damaged	0
SML1135X	Car				Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20230727/2034

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

2 of 3

Report No. T/20230727/2034

**CONTINUATION OF REPORT**

**Brief Details.**

On the above-mentioned date, time and place, I was driving along Bartley Rd East. Subsequently, a trailer in front of me hit the brakes and I hit the brakes as well.

I slightly collided into the rear of the trailer. A car (SML1135X) was on my rear and he collided into my rear.

This resulted in the front of my lorry being seriously damaged and has injured myself. I was conveyed to Tan Tock Seng Hospital and admitted into the hospital and was discharged on the 26/7/2023 and am given MC (ref: 1441701985) for a time period of 19 days. I suffered a fracture on my right hand and some cuts on my left leg.





**SINGAPORE  
POLICE FORCE**



T/20230727/2034

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

3 of 3

Report No. T/20230727/2034

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

G /

SGT 2 MUHAMMAD ZIKRY BIN  
MOHAMED HANIFAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI FADLI SHAFUDDIN BIN MOHAMED SANI  
Contact No.: 65476845

Signature Of Informant:

Date/Time:

27/07/2023 12:15

Classification Of Case:

NP168

Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

**SINGAPORE ACCIDENT STATEMENT**

BASIC INFORMATION			
Date of Accident:	22/07/2023	Time of Accident:	16:50 Hr
Exact Location:	Bartley Road East		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	9BB 3744 H	NRIC / FIN / Passport no:	52930168K
Name of Registered Owner:	Arts East Plasterglass Design		
Owner's Email:	kflow.artseast@gmail.com		
Owner's Address:	28 Defu Lane 10 #01-156 Singapore 539209		
Vehicle Make:	Toyota	Vehicle Model:	Dyna 150 Manual
Engine Capacity (cc):	2982 cc	Transmission:	Auto (Manual)
Type of Claim:	Own Damage <del>(Third Party)</del> / Reporting Only		
Vehicle Category:	Private <del>(Commercial)</del> / Motorcycle / Private Hire		
Name of Insurance Co:	AIG Asia Pacific Insurance Pte Ltd		
Type of Policy:	Comprehensive / Third Party / <del>(Third Party, Fire &amp; Theft)</del>		
Policy Number:	7220039857-01		

DRIVER			
Name of Driver:	Shuvo Mohammad	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	92803556Q	Date of Birth:	20/12/1994
Occupation:	Indoor <del>(Outdoor)</del>	Driving Pass Date:	14/09/2021
Contact Number:	80657593	Gender:	<del>(Male)</del> / Female
Address:	18 Tannery Lane #06-01 Lum Kong Building S347780		
Relationship with Owner:	Owner <del>(Employee)</del> / Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	<del>(Chain collision)</del> / Side Swipe / Front to Rear / Others:		
Weather Condition:	<del>(Clear)</del> / Raining / Others:	Road Surface:	<del>(Dry)</del> / Wet
Video available:	Yes <del>(No)</del>		
Was anybody injured?	<del>(Yes)</del> / No	Police Report Made?	<del>(Yes)</del> / No
No. of passenger onboard (including driver):	01		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SML 1135X	Unknown Vehicle	
Vehicle Make / Model:	-	-	
Name of Driver:	-	-	
NRIC / FIN / Passport no:	-	-	
Contact Number:	-	-	
Name of Insurance Co:	-	-	

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / In which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

X 

Signature of Driver

Date and time





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE

Name of Policyholder	: ARTS EAST PLASTERGLASS DESIGN	Vehicle No.	: GBB3744H
Period of Insurance	: 14 Apr 2023 To 13 Apr 2024	Policy No.	: 7220039857-01
Engine No.	: 1KD1909031	Endorsement No.	:
Chassis No.	: JTFAT35Y90K200365	Issued Date	: 11 Apr 2023 12:49

### ABOUT THE COVER

Make/Model	: TOYOTA DYNA 150 [Lorry]	Sum Insured	: Market Value	First Year of Registration	: 2009
Engine Capacity/Tonnage	: 1.7 Tonnage	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				

Person or Classes of Persons Entitled to Drive\* :

- a) Any person who is driving on the Policyholder's order or with their permission  
b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition

Age Condition : All Age Condition

Limitation as to use\* :

- 1) Use in connection with the Policyholder's business  
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business  
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and c) use for any purpose in connection with Motor Trade

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 are not to be included under these headings

### EXCESS

Section 1  
Fire - \$0 Theft - \$0

Section 2  
Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us)  
For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from Apple App Store or Google Play Store.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: LIEN CHONG ENTERPRISES PTE LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504640000  
RADICAL TRADING PTE LTD  
1 SOON LEE STREET #06-37 PIONEER CENTRE  
SINGAPORE 627605  
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
This computer generated document does not require a signature.

Radical Trading Pte Ltd

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**GBB3744H**

Make / Model  
**TOYOTA / DYNA 150 MANUAL 3SEATER**

Vehicle Type :

**B31 - Goods (Open) Lorry (Metal Body)/Pickup**

Vehicle Scheme :

**Normal**

Propellant :

**Diesel**

Motor No. :

-

Power Rating :

-

Maximum Laden Weight :

**3500 kg**

Year Of Manufacture :

**2009**

Lifespan Expiry Date :

**12 Feb 2029**

PQP Paid :

**\$13,688.00**

Road Tax Expiry Date :

**13 Oct 2023**

Inspection Due Date :

**13 Oct 2023**

CO2 Emission :

-

CO Emission :

-

NOx Emission :

-

Vehicle Attachment 1 :

**With Hood**

Chassis No. :

**JTFAT35Y90K200365**

Engine No. :

**1KD1909031**

Engine Capacity :

**2982 cc**

Maximum Power Output :

-

Unladen Weight :

**1740 kg**

Original Registration Date :

**13 Feb 2009**

COE Category :

**C - Goods Vehicle & Bus**

COE Expiry Date :

**12 Feb 2024**

PARF Eligibility Expiry Date :

-

Intended Transfer Date :

**01 Aug 2023**

CEV/VES Rebate Utilised Amount :

-

HC Emission :

-

PM Emission :

-