

NATION 17 Assessment Centre Services

Date In: 31/05/18	Job description:	Date & Time Completed:	Done by:
Ref No: NA/LPC18009804/13	SAS e-filing		
Veh No: YL9803G	E-mail (w/2hrs, 2hrs, 4hrs)		
DOA: 09/04/18 1210	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within 10 Days, 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: **GV1369G** 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

	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100), INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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) NT12: Idac Mobile \$10		
	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 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 ability.
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 Report	31/05/2018 10:09
Date Of Accident	09/04/2018 12:10
Exact Location Of Accident	MARINE PARADE CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL9803G
Insured/Policyholder	
Name Of Registered Owner	K.MOHAMED YOUSOFF PRIVATE LIMITED
Co Reg No	-
Email Address	NURWATI@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97363042

Vehicle Particulars

Manufacturer	NISSAN
Model	PU41T4
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z/18/VC00/101491
Cover Note Number	

Driver

Name of Driver	REZUAN BIN ARIFFIN
NRIC No	S6800883B
Date Of Birth	20/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2004
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82847124
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 373 JURONG EAST ST 32 #03-444
Postcode	600373
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GV1369G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

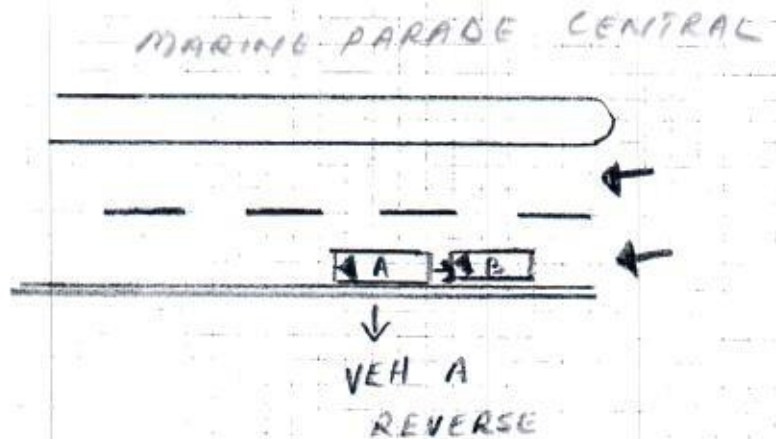
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A - YL 92036

B - GV13696



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

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:

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

I WAS REVERSING MY VEH AT MARINE PARADE CENTRAL,WHILE REVERSING MY VEH TOUCH ONTO THE FRONT PORTION OF VEH(B)BEARING REG NO GV1369G.WE AGREE TO PRIVATE SETTLE THAN HE ASK FOR MY PARTICULARS AND HE MISSED CALLED ME.IN THE AFTERNOON I GIVE HIM A CALLED BUT HE DIDN'T ANSWER MY CALLED.I THOUGHT THAT IT WAS SETTLE,THAT'S WHY I DIDN'T MAKE ANY REPORT UNTIL I RECEIVED THE LETTER FROM THE INSURANCE.

ACCIDENT STATEMENT

ACCIDENT DATE: (09/04/18) (DD/MM/YYYY), TIME: (13:10) (HH:MM)

LOCATION: PARKWAY LEADING BY MARINE PARADE CENTRAL

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YL9803G
b) INSURANCE COMPANY: LONPAC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: K. MOHAMAD YOUSOFF PRIVATE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97363042
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: REZUAN BIN ARIFFIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 56800883B CONTACT: 82847124
c) ADDRESS: BLK 373 JURONG EAST ST 31
#03-444 / 600373

*d) DATE OF BIRTH: (20/01/68) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13/09/2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GV13694 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
(Including driver)
()

* No of passengers
(Including driver)
()

* No of passengers
(Including driver)
()

28/05/18

waiting for company

stamp
by
email

31/05/18

Email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

Licence Number: **S6800883B**

Name: **REZUAN BIN ARIFFIN**

Birth Date: **20 Jan 1968**

Issue Date: **20 Dec 2014**

Barcode: **002378358B**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg **13 Sep 2004**

NP 428A

Licence No: **S6800883B**

Barcode

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6800883B**

Portrait of a man

Name: **REZUAN BIN ARIFFIN**

Race: **MALAY**

Date of Birth: **20-01-1968**

Country of Birth: **SINGAPORE**

Barcode

IDENTITY CARD NO. **S6800883B**

Portrait of a man

2796

25-03-1998

OLK 373 JALAN EAST STREET 22ND-444

SINGAPORE 600373

68800830 Date: **06/03/2013** No: **7883582**



LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.
Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg
GST Reg No.: F0-0005635-C

M2

CERTIFICATE OF INSURANCE

Insured's Copy

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION ACT (CAP 189) REPUBLIC OF SINGAPORE,
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE),
ROAD TRANSPORT ACT 1987 (MALAYSIA),
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z/18/VC00/101491

Type of Cover : THIRD PARTY FIRE
AND THEFT

1. Index Mark and Vehicle Registration Number
NISSAN PU41T4
- YL 9803G
2. Name of Policy Holder
K.MOHAMED YOUSOFF PRIVATE LIMITED
3. Effective date of the Commencement of Insurance
for the purpose of the Act. 30/03/2018
4. Date of Expiry of the Insurance 29/03/2019

5. Persons or Classes of Persons entitled to drive.

(A) THE POLICYHOLDER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/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

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES. THE POLICY DOES NOT COVER:- USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess : NOT APPLICABLE

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/We hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner : ABWIN PTE LTD

CHIEF EXECUTIVE
(Singapore Branch)

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

THE SCHEDULE

Class of Policy	: COMMERCIAL VEHICLE	Policy No.	: Z/18/VC00/101491
Insured	: K.MOHAMED YOUSOFF PRIVATE LIMITED	Type of Cover	: THIRD PARTY FIRE AND THEFT
Address	: 10 UBI CRESCENT #06-85 UBI TECKPARK SINGAPORE 408564	Replacing CN/Policy No.	: NOT APPLICABLE
		Account No	: Z10393 L/A
Business or Profession	: SAFE MOVING TRANSPORT SPECIALIST		
Period Of Insurance			
(a) From 30/03/2018 To 29/03/2019 (both dates inclusive)			
(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
H.P. Owner	: ABWIN PTE LTD		
Description of Vehicle	The Policy's Premium		
Vehicle/Trailer Regn. No. : YL 9803G	Premium : S\$ 1,447.46		
Make & Model of Vehicle : NISSAN PU41T4	NCD 20.00 % : S\$ (289.49)		
Type of Body : VAN	Gross Premium : S\$ 1,157.97		
Engine No. : TD42047716T	Goods & Services Tax 7 % : S\$ 81.06		
Chassis No. : PU41T4007346	Total Premium : S\$ 1,239.03		
Year of Manufacture : 2005			
c.c./Tonnage : 2.53			
Seating Capacity : 2			
Sum Insured : MARKET VALUE			
Excess	: NOT APPLICABLE		
Named Drivers	: 1. ALL AUTHORISED DRIVERS		
Section Deleted	: I1(a) I1(c) I1(d)		
This Policy is subject to the following endorsements, clauses, warranties, and/or Special Exclusion(s) as printed in this Policy or added thereon or attached thereto and forming part of this Policy.			
1) CLAIMS OPTION			
2) ENDORSEMENT 3(q) - THIRD PARTY FIRE AND THEFT			

17/VC00Feb v-5.7.0 Z10393 - BC1