

## NATIONAL Assessment Centre Services

Date In <b>07/06/18</b>	Job description	Date & Time Completed	Done by:
Ref No <b>NA/LPC18011729/13</b>	SAS e-filing		
Veh No <b>GH3123J</b>	E-mail (within 8hrs, NFO 2hrs)		
D.O.A <b>06/06/18</b> <b>1730</b>	i-Motor Claim Form		
OD TP <b>Reporting Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

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

TP Particulars:	Veh No: <u>GBE3192J</u>	INC ( ) / Non-INC ( )
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[illegible]

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
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1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
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2) QC Check / Post Repair Inspection	( )		
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3) Upload Resurvey Photo [Repair Cost > \$3000]	( )		
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Injury : \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Date/Time	Actions

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Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1st Bill		Add Bill

Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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	2) DA : Damage Assessment (\$100);	INC (\$80)	
iver/Owner:	3) TF : Towing Fee	\$40/\$45	

4) FT : Follow-Through Survey	\$120
5) FT : Follow-Through Survey (Domestic)	\$20

5) FT : Follow-Through Survey (Resurvey)	\$30
<u>For claiming against INC Only (wef 10 Jan 2005)</u>	

6) TR: Re-inspection	\$75
7) TR: Re-inspection	\$160

7) NI : [dnc DA + SMKI] Survey	\$160
8) NTUC Additional Services:-	

Checked by (Engr-In-Charge):	<u>ON*</u> *NS: Courtesy Car / Tot Allowance \$3
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*N6: Repair Co-ordination		\$10
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*N7: Post Repair Inspection	\$25
*N8: DV / Collect Excess Coordination	\$5

1:	TP (N11) : TP (Non INC) against INC	\$20
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2/3:	9) N12: Idac Mobile	30
	Invoice dated	Fee Charged

Invoice dated	Fee Charged	180
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## 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 27/06/2018 16:17  
 Date Of Accident 26/06/2018 17:30  
 Exact Location Of Accident YISHUN AVE 1  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GH3123J  
**Insured/Policyholder**  
 Name Of Registered Owner TRANSPORT EXPRESS  
 Co Reg No 53058088L  
 Email Address KONGLIN@SINGNET.COM.SG  
 Mobile Phone No  
 Alternative Phone No OFFICE-97575757

### Vehicle Particulars

Manufacturer TOYOTA  
 Model DYNA  
 Exact Purpose for which vehicle was being used at time of accident COMMERCIAL USE  
 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  
 Fleet Policy NO  
 Policy Number Z/17/VC00/100433-001  
 Cover Note Number

### Driver

Name of Driver MAMOODASKIL BIN ABDUL GAFUR  
 NRIC No S1309687B  
 Date Of Birth 22/02/1957  
 Occupation OUTDOOR  
 Date Of Driving Pass 08/02/1984  
 Driving Experience 34 YEARS AND 4 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-96157153  
 Fax Number  
 Contact Number  
 EMail Address NOEMAIL

Address	BLK 214 SERANGOON AVE 4 #03-104
Postcode	550214
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	CHAIN COLLISION
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?	YES
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	GBE3192J
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLT6065B
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SGR6763P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

MAMOODASKIL BIN ABDUL GAFUR

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

GH3123J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## 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.



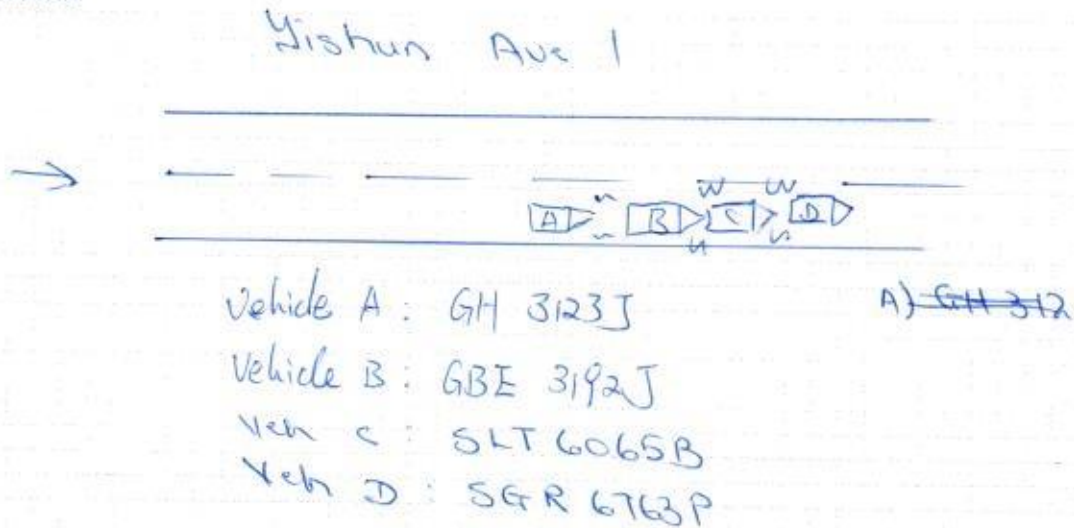
Policyholder's Signature  
Date & Time:

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

27/06/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along in Yishun Ave 1. The vehicle (B) front me was brake suddenly. And I braked too. But could not stop in time. And hit onto the vehicle (B).

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:

*[Signature]* 27/06/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:











CHASSIS NO.: JTFUF34Y30-3010240

U.W.

:1500KG

M.L.W.

:3500KG

PASS.CAP.

:01

TYRE SIZE

:F175R-14-8PLY

:R155R-12-8PLY(D)



















VEHICLE NO : GH 3123J		MAKE/MODEL : Toyota Dyna 150 D	
Date of Accident	20.06.2018	Time: 17:30	Foreign Veh Involved YES / NO
Location of Accident	Yishun Ave 1	Foreign Veh No	
Country of Loss			
Vehicle Damaged		No. of Veh Involved :	
Claim Type	OD / TP / REPORTING	Was There Any Witness YES / NO	
INSURANCE CO		Name of Witness :	
Coverage	Comprehensive/TPFT/Third Party Only	Contact No :	
Policy No	2/17/UC00/100433-001		
Fleet Policy	YES / NO		
		<b>OTHER VEHICLES</b>	
OWNER / CO. NAME	TRANSPORTER EXPRESS	<b>VEHICLE B</b> GBE 3192J	
NRIC / Co's Reg No.	530580882	Category :	
Address		Driver's Name : Ah. Laing	
		NRIC No :	
Contact / Mobile No	97575757	Contact No : 9235 9800	
Email Address	KONGLIN@SINSNET.COM.SG	No. of Passenger :	
Date of Birth			
Gender	M / F	<b>VEHICLE C</b> S LTC 065B	
DRIVER'S NAME	MAMOODASKIL BIN ABDUL	Category :	
NRIC No	S1309687B	Driver's Name :	
Address	BLK 214 SERANGGON AVE 4 #02-104	NRIC No :	
	(S130214)	Contact No :	
Contact / Mobile No	96157153	No. of Passenger :	
Email Address			
Date of Birth	22. Feb. 1957	<b>VEHICLE D</b> SGR 6T63P	
Gender	M / F	Category :	
LICENSE PASSED DATE	08 Feb 1984	Driver's Name :	
		NRIC No :	
Occupation	Indoor / Outdoor	Contact No :	
Relation with Owner	employee	No. of Passenger :	
Does Driver Own Any Other Veh ? YES / NO			
Vehicle Reg No			
Insurance Co			
Weather Condition	Clear / Raining / Others	Video Captured : Yes / No	
Road Surface	Dry / Wet / Others		
INJURED	YES / NO		
Name of Injured		Police Report : YES/NO	
Convey To Hospital by Ambulance : YES / NO		If YES, Where :	
NO. OF PASSENGERS : 0			
Name of Passenger		M / F	INJURED? YES/NO
Name of Passenger		M / F	INJURED? YES/NO
Name of Passenger		M / F	INJURED? YES/NO
Name of Passenger		M / F	INJURED? YES/NO
REMARKS :			
Name of Workshop		Contact No	:
Address		Email	:

Gerald Poh



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1309687B



Name

MAMOODASKIL BIN ABDUL  
GAFUR

Race

PAKISTANI

Date of Birth

22-02-1957

Sex

M

Country of Birth

SINGAPORE



2876448



NRIC No. S1309687B



Blood Group Date of issue

AB+ 02-08-1995

APT BLK 214 SERANGOON AVENUE 4 #03-104  
SINGAPORE 550214

NRIC No. S1309687B

Date: 02/01/2009

No: 6125106

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1309687B

Name:

MAMOODASKIL BIN ABDUL  
GAFUR

Birth Date: 22 Feb 1957

Issue Date: 22 Jan 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE

Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	08 Feb 1984
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	19 Jul 1989
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	24 Aug 1996

NP 426A





# 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) 6256 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MZ30C

Sing. Chew Insurance Agency Pte Ltd  
271 Bukit Timah Road  
#03-10/11 Balmoral Plaza  
Singapore 259708  
Tel: 67371188  
Fax: 67386255

## 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/17/vc00/100433-001

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

TOYOTA DYNA 150 D  
- GH 3123J

2. Name of Policy Holder

TRANSPORTER EXPRESS

3. Effective date of the Commencement of Insurance  
for the purpose of the Act.

17/07/2017

4. Date of Expiry of the Insurance

15/10/2018

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.

CHIEF EXECUTIVE  
(Singapore Branch)

SING CHEW (KCM/68495)