

NATIONAL Assessment Centre Services. [ver 1 Jan 05]. MNA 119008733.

Date In:	Job description	Date & Time Completed	Done by
18/11/19 16:32	SAS e-filing		
Ref No: NA1 LPC19091196164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: YM89765	I-Motor Claim Form		
D.O.A.: 18/11/19 07:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	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: SL 8267P.		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 Refine: 6788/6616)	Date	Time	Sample	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )					
2) QC Check / Post Repair Inspection ( )					
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )					

*Injury :* \_\_\_\_\_

[illegible]

Invoice Preparation Checklist		Am (S)	Am (C)	Adj Bill
1) AR: Accident Reporting (\$30);				
2) DA: Damage Assessment (\$100); INC (\$80)				
3) TP: Towing Fee \$40/\$45				
4) PT: Follow-Through Survey \$120				
5) PT: Follow-Through Survey (Resurvey) \$30				
For claiming against INC Only (wef 10 Jan 2005)				
6) TR: Re-inspection \$75				
7) NI: Idao DA + SMRT Survey \$160				
8) NTUC Additional Services:-				
Q1)*				
*N5: Courtesy Car / Tpt Allowance \$3				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$3				
TP (N11): TP (N-on INC) against INC \$20				
9) NI12: Idao 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 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. 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	18/01/2019 16:32
Date Of Accident	18/01/2019 07:00
Exact Location Of Accident	ALONG YIO CHU KANG RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN8876S
Insured/Policyholder	
Name Of Registered Owner	TUAN CONSTRUCTOR
Co Reg No	40888300J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82827830
Vehicle Particulars	
Manufacturer	NISSAN
Model	ATLAS 6 A/T 2WD SINGLE CAB
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC00/102221
Cover Note Number	-
Driver	
Name of Driver	ROHAMAN ANISUR
NRIC No	G6588596X
Date Of Birth	01/06/1990
Occupation	OUTDOOR
Date Of Driving Pass	29/08/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85551460
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	510 UPP SERANGOON RD #01-03
Postcode	534530
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : SAMIM AHMED
	GENDER: : MALE

#### 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

PLEASE REFER TO 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	SLL8267P
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)	



## SKETCH PLAN

### IMPORTANT NOTICE

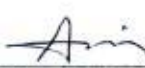
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

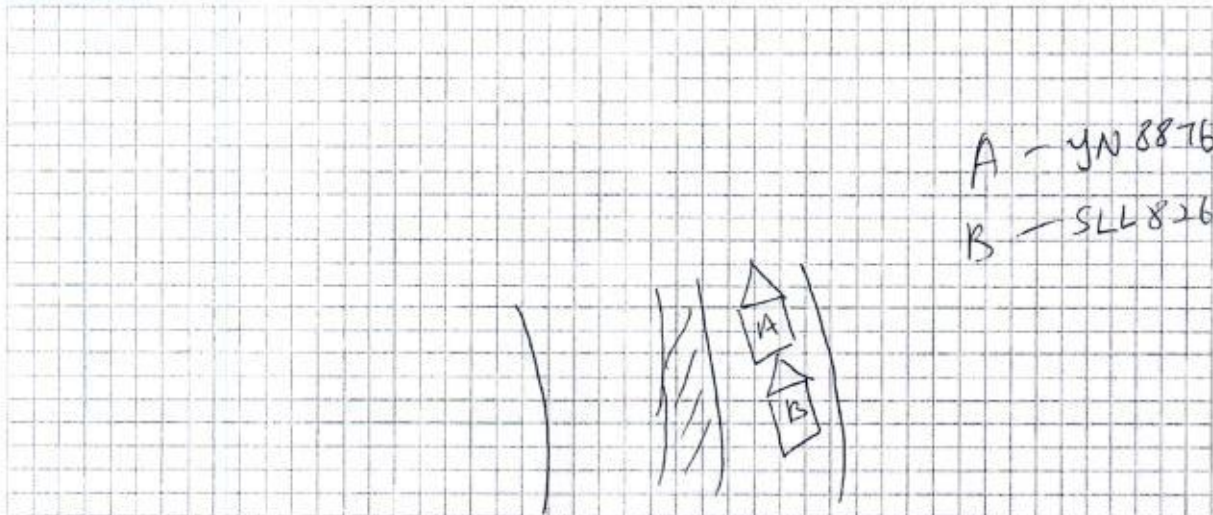
**TUAN CONTRACTOR**  
510 UPPER SERANGOON ROAD  
#01-03 SINGAPORE 534530

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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, I was driving my vehicle  
A along Gio Cha Kung road, suddenly vehicle B  
hit on my rear portion.

## DECLARATION

We declare the foregoing particulars are true in every respect.

**TOAN CONTRACTOR**  
510 UPPER SERANGOON ROAD  
#01-03 SINGAPORE 534530

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.:



Date of Accident : 18/01/19 Accident Time: 7am (24-HR-Format)  
Accident Place : Along Yio Chu Kang Road  
Vehicle No. (Car Plate No.) : YN 88765 Make/Model: Nissan Almera  
Insurance Company : Longue Policy No: 2/18/VCCW/102221  
Owner or Company Name /IC No. : Tuan contractor / 408883003  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 82827830 Alert Company Tel  
DRIVER'S Name / IC No. : Rahuman Anisur / G6588596X  
DRIVER'S Date Of Birth : 01/06/1990 DRIVER'S License Pass Date 29/8/2016  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 510 upper serangoon Road #01-03 Sunshine  
DRIVER'S Contact No. / Alt No. : 1) 85551460 2) Lodge 5534530  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 2 person  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: SLL 8267P (Direct)	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

Samim Ahmed

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G6588596X**


Name: **RAHOMAN ANISUR**

Birth Date: **01 Jun 1990**

Issue Date: **29 Aug 2016**

Valid Till: **28/08/2021**

002604123G



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore


Employed as  
**TUAN CONTRACTOR**

Name  
**RAHOMAN ANISUR**

Work Permit No.  
**0 63291762**

Sector  
**CONSTRUCTION**

K0617560



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  **29 Aug 2016**

NP 428A

Licence No: G6588596X



**VISIT PASS**  
Immigration Regulations

Name  
**RAHOMAN ANISUR**

FIN  
**G6588596X**

Date of Birth  
**01-06-1990**

Sex  
**M**

Nationality  
**BANGLADESHI**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.







# LONPAC INSURANCE BHD

(S98FC5635C)

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

MZ300

Policy No. Z/18/VC00/102221 CI No. 18012923

Excess : AS STATED IN POLICY SCHEDULE.

1. Index Mark and Registration NISSAN ATLAS 6 A/T 2WD SINGLE CAB  
Number of Vehicle / Chassis YN 8876S / SZ2F24052428
2. Name of Policy Holder TUAN CONTRACTOR
3. Period of Insurance 26/08/2018 To 25/08/2019 (Midnight)
4. 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 and provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

5. 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.

\* 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 provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

HP Co. : ETHOZ CAPITAL LTD

LONPAC INSURANCE BHD



Authorised Signatory

REF NO: KCM/68972

Serial No: 201332