

NATIONAL Assessment Centre Services

Ref: 1 Jan 05 **MHANGI 00120-01**

Date In: 31/1/19-11:47	Job description	Date & Time Completed	Done by
Ref No: NAI 4P01903413/24	SAS e-filing		
Veh No: 4P8124	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 31/1/19-12:05	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: 4P979914	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 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Ref. 1:			
Ref. 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 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	31/07/2019 11:43
Date Of Accident	30/07/2019 12:05
Exact Location Of Accident	SUNGEI KADUT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8110H
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Insured/Policyholder

Name Of Registered Owner	EAST ASIA ENGINEERING & CONSTRUCTION PTE LTD
Co Reg No	201002118K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90393533
Alternative Phone No	OFFICE-90393533

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VC05001437
Cover Note Number	

Driver

Name of Driver	CHINNAKARUPPAN KUMAR
Passport No/FIN	F7711824K
Date Of Birth	05/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	07/11/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-90393533
Fax Number	
Contact Number	OFFICE-90393533
EMail Address	NOEMAIL

Address	10 NORTH BRIDGE ROAD #02-5117
Postcode	190010
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 - U-TURN
Weather Conditions	CLEAR
Road Surface	DRY

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)	5
Passenger 1	NAME: : CHANDIRAN GENDER: : MALE
Passenger 2	NAME: : ARIF GENDER: : MALE
Passenger 3	NAME: : SHRIF GENDER: : MALE
Passenger 4	NAME: : FERDOUS 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

REFER TO 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	YP9792H
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

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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:

30/12/19



Driver's Signature

(If driver is not the policyholder)

Date & Time:

C. K.

Reporting Centre Personnel's Signature

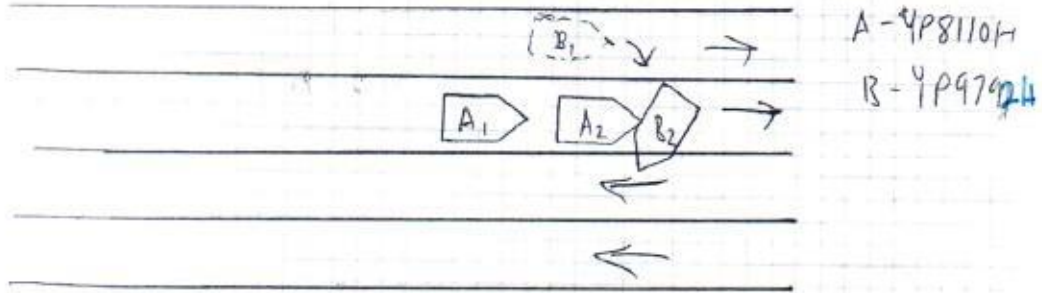
Name:

NRIC/FIN No.:

[Signature]

SKETCH PLAN

SUNGEI KADUT ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG YP8110H. VEHICLE B AHEAD MADE A SUDDEN U-TURN FROM THE MOST LEFT LANE DAMAGING MY LEFT PORTION OF MY VEHICLE.

DECLARATION

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

Policyholder's Signature

Date & Time: 30/7/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

SME

VEHICLE NO: YP8110H

Model: MITSUBISHI CANTER

DATE OF ACCIDENT	30/7/19
TIME OF ACCIDENT	1205HRS AM / PM
LOCATION OF ACCIDENT	SUNGEI KADUT ROAD
Exact Purpose use during accident	
NAME OF OWNER	EAST ASIA ENGINEERING & CONSTRUCTION PTE LTD
TELP NO	90393533
NRIC	201002118K
CLAIM TYPE	OD / THIRD PARTY / Reporting Only 3P
INSURANCE CO.	LONPAC
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	
NAME OF DRIVER	CHINNAKARUPP AN KUMAR
NRIC	F7711824K Any passengers: 4
TE OF BIRTH	CHANDIRAN
OCCUPATION	Outdoor / Indoor ARI F
DATE OF DRIVING PASS	SHRI F
GENDER	Male / Female PERDUS
CONTACT NO.	90393533 Office: Home:
ADDRESS	10 NORTH BRIDGE ROAD #02-5117 S(190010)
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No:
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	Clear / Raining / Other: CLEAR
ROAD SURFACE	Dry / Wet / Other: DRY
ANY INJURIES	No / If yes: Who?
CONTACT NO.	
POLICE REPORT	No / If yes: Where?
VEHICLE B NO.	YP9791H Any Passenger:
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	Ryder Auto Pte Ltd
TELP NO	2 Kaki Bukit Ave 2, #02-19 AutoHub @ Kaki Bukit,
CONTACT PERSON	Singapore 417921
FAX NO.	ryderautoworkshop@gmail.com

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119100120 Vehicle Registration No: YP8110H
Name(as shown in NRIC) : CHINNAKARUPP AN KUMAR NRIC/FIN/Passport No : F7711824K
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 10 NORTH BRIDGE ROAD #02-5117 S(190010) Singapore()
Contact (Tel) : 90393533 Mobile No. : _____
Email Address : _____
Date of Accident : 30/7/19 Time of Accident : 1205HRS
Place of Accident : SUNGEI KADUT ROAD
Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I WISH TO ADMEND THAT THE THRID PARTY VEHICLE SHOULD BE YP9792H



Policyholder / Driver's Signature
Date: _____

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

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
EAST ASIA ENGINEERING & CONSTRUCTION PTE. LTD.

Sector: **CONSTRUCTION**

Name
CHINNAKARUPPAN KUMAR

Occupation
LORRY DRIVER

S Pass No.
0 30963806

Date of Application
23-09-2016

Date of Issue
12-10-2016

Date of Expiry
30-10-2019

L7285671

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

F7711824K

CHINNAKARUPPAN KUMAR

Date of Birth: **05 Apr 1970**

Issue Date: **22 Oct 2016**

Valid Till: **06/11/2023**

002850191E

VISIT PASS
Immigration Regulations

Name
CHINNAKARUPPAN KUMAR

Date of Birth: **05-04-1970** Sex: **M** Nationality: **INDIAN**

File: **F7711824K** Date of Issue: **12-10-2016** Date of Expiry: **30-10-2019**

MULTIPLE JOURNEY VISA ISSUED

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

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg **07 Nov 2008**

5P 425A

Licence No: F7711824K



LONPAC INSURANCE BHD (598FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 189555.

Tel: (65) 6250 7368 Fax: (65) 6256 3767 Website: www.lonpac.com.sg

GST Reg No: P0-0030435-C

M2300

CERTIFICATE OF INSURANCE

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. : Z18VCD5001437

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

mitsubishi canter FEB21ER4SDEB
- YP8110H

2. Name of Policy Holder

EAST ASIA ENGINEERING & CONSTRUCTION PTE LTD

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

29/12/2018

4. Date of Expiry of the Insurance

28/12/2019

5. Person To Drive

(A) THE POLICYHOLDER

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER 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 WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: S\$ 700.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* 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 : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

Anne

CHIEF EXECUTIVE
(Singapore Branch)

User ID: HENRYLING

Date Issued: 19/12/2018