NATIONAL Assessment Centre Se	rvices. port 1 Jan'03].	MINA 11911 6516.	,
1 August 1	b description	Date &Time Completed	Done by
Defit	AS c-filing	-	
	-mail (within thus, AIC 2hrs)		
	Motor Claim Form		
The state of the s	Motor W/O (Within: OD 2)	nrs, TP 4brs)	
and the state of t	Photo Uploaded	<u> </u>	
	ssessment/Survey Report		
7 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	ss't Report by Fax / Hand	to Owner/Wksp	
Proform! Wisp / INC Assign Wisp / QW: (	NO THE OWNER OF THE PARTY OF TH	Tol: Fa	K:
TP Particulars: Veh No: 571	2134.C. INC(		
Owner/Driver: (	2134.0.	Tel:	)
Policy No: ( ) Period: (	)	Cover Type: (	
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [Note-E	st. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	0%]
17 21 1	ty: YES ( )/NO (	)	
Execus: (\$ ) Loading: \$1,000 (	)/\$2,000( )		* *
General Keinarkuss & Francisco Bar Caret	TABLES CONTROL OF THE STATE OF	AND STATES OF STREET	STATE OF THE PARTY
( ) Walk-In Customar : Customer's Information	Canada salar Entrata (Christo)	TOWNSHIP TO THE COLOR	OP 31
( ) Total Loss Case : to e-mall Insurer URG	suicity Confidential & St	rictly NO refer of repairer.	
1-1			
7,11170100. 1100	( )/NO( );T	owing Co: ( · , '	, )
connects to a classical and the connection of th			SayDons by
1) Apply for Transfort Allowance ( )/ Courtesy	Car()	T TOWN AS A SAVE TO A SAVE	22 f. A
2) QC Check / Post Repair Inspection	( ·)=	<del> </del>	
) Upload Resurvey Photo [Repair Cost > \$3000]	( )		77 - 1
Injury :			
nte/Tone / Wellons was to great the FW 18402 and	and the same of th		THE THE PARTY NAMED IN
The state of the s	CHE IN A PROPERTY OF THE PARTY OF THE PARTY OF		Michael Land
		·	
Country of the second s			
The state of the s	Service Service		MANUES STREAM
000400000000000000000000000000000000000	. involgeriel	的。 第111章 (1914年)	Shift Hadi
umants Particulary see 5 5 7 2 3 3 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Reporting (530); INC (550)	
vcr/Ovncr:	3) TP : Towing Per	. 540/543	
	4) PT : Pollow-The	ough Survey \$120	
tact No:		ough Survey (Resurvey) \$30 inst INC Only (wef 10 Jon 2003)	
naged Portion:	6) TR : Re-Inspenti	on \$75	
	7) N1 : Idao DA + 1		
Charles by Ob Y Ob	8) NTUC Addition	al Solvines:-	
Checked by (Engr-In-Charge):	*N5: Courtesy C	or / Tpt Allowance 55	
liters of the control	*Not Repair Co-		
	TO NA: DV / Collect	of Expess Coordination 35	
	TP (N11): TP ()	con INC) against INC \$20	1
	9) N12: Idao Mold	1 30	
73	9) N12: Idao Mobil Involve dated	Fee Charged	AMEN I

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding 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	03/09/2019 11:52
Date Of Accident	02/09/2019 16:00
Exact Location Of Accident	PENJURU RD
Country/State of Loss	SINGAPORE
CONTRACTOR OF THE PROPERTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY8114M
Insured/Policyholder	
Name Of Registered Owner	ENG XIAN CONSTRUCTION PTE LTD
Co Reg No	Constitution of the Consti
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67413218
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	
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/19/VC00/104230
Cover Note Number	•
Driver	
Name of Driver	MARIMUTHU GOVINDASAMY
NRIC No	G7569702W
Date Of Birth	01/01/1981
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2012
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94486870
Fax Number	

NOEMAIL

Address 85 KAKI BUKIT IND TERRACE

Postcode 416165

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 - CHANGE/CROSS LANE

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 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

WHILE MOVING OUT FROM THE STATIONARY POSITION, SUDDENLY VEH B COME FROM BEHIND, AS THE RESULT, MY VEH HIT ONTO VEH B LEFT HAND SIDE.

# 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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

SJL2134C

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)
  - (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.
- 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.

榮炫健築 (私人) 有限公 85 KAKI BUKIT INDUSTRIAL TERRA

Policyholder's Signature 1 3218 FAX: 6741 Driver's Signature

Date & Time:

SINGAPORE 41616

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	4	
AB		A= 678114M B= 5712134C
1	Penjuru Rol	

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pieuse	Refer	to	Statement	
		1		

# DECLARATION

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

FING XIAN CONSTRUCTION PTE LIAN POlicyholders Signature 16165
Date & FIAE 3218 FAX: 6741 8030
Date & FIAE 3218 FAX: 6741 8030
Date & Time:

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



# LONPAC INSURANCE BHD (S98FC5635C)

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

# 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. : Z/19/vc00/104230

Type of Cover

: THIRD PARTY FIRE

AND THEFT

1. Index Mark and Vehicle Registration Number MITSUBISHI FB511B0JSRDE

- GY 8114M

Name of Policy Holder 2.

ENG XIAN CONSTRUCTION PTE LTD

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

13/08/2019

4. Date of Expiry of the Insurance

12/08/2020

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.

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.

: 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)

User ID Date Issued ambika / nfwong 10-07-2019

Z70163(D) 8VC00/Jun v-5 9.0

BH3