

| | | | |
|-----------------------------|--|------------------------|----------|
| Date: 4/11/19 12:02 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: WAI 2PC 19019420164 | E-mail (update sheet, AIC sheet) | | |
| Veh No: GBD 1951J | I-Motor Claim Form | | |
| Ref No: 4/11/19 07:25 | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| Off: Reporting Only | I-Photo Uploaded | | |
| TP Incident: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No:

YP 5043M.

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 Incident 6749 6016)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Re-survey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time / Action:

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Tel: ()

Invoice Preparation Checklist

| | |
|--|--|
| 1) AR: Accident Reporting (\$30) | |
| 2) DA: Damage Assessment (\$100) INC (\$30) | |
| 3) TP: Towing Fee \$40/\$45 | |
| 4) FT: Follow-Through Survey \$120 | |
| 5) PT: Follow-Through Survey (Re-survey) \$30 | |
| For claiming status INC Only (wef 19 Jan 2003) | |
| 6) TR: Re-inspection \$75 | |
| 7) NI: Idas DA + EMRT Survey \$160 | |
| 8) NTUC Additional Services: | |
| QD: | |
| *NS: Courtesy Car / Tpt Allowance \$5 | |
| *N6: Repair Co-ordination \$10 | |
| *N7: Post Repair Inspection \$15 | |
| *N8: DV / Collect Excess Coordination \$5 | |
| TP (N11): TP (Non INC) against INC \$20 | |
| 9) N12: Idas Mobile \$5 | |

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 | 04/11/2019 12:02 |
| Date Of Accident | 04/11/2019 07:25 |
| Exact Location Of Accident | PIE TWDS TUAS B4 PIONEER NORTH EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | GBD1851J |
| Insured/Policyholder | |
| Name Of Registered Owner | FERCO SHUTTERS & SEATING SYSTEMS |
| Co Reg No | 199006100R |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-92478605 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | CABSTAR |
| 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/19/VC00/104005 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | ADHIMOOLAM BHARATH RAJA |
| NRIC No | G2542196K |
| Date Of Birth | 20/04/1992 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/05/2015 |
| Driving Experience | 4 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92478605 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-------------------------|
| Address | 120 HILLVIEW AVE #02-04 |
| Postcode | 669594 |
| 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 (including own vehicle) involved in the accident | 2 |
| 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) | 2 |
| Passenger 1 | NAME: : RAMASAMY ELANGOVAN 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 | YP5043M |
| 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 INJURED PERSON 1

| | |
|---|--------------------------|
| Name | ADHIMOOOLAM BHARATH RAJA |
| Approximate Age | |
| Injuries Sustain | NECK & BACK |
| Injured person in which vehicle? | GBD1851J |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|--------------------|
| Name | RAMASAMY ELANGOVAN |
| Approximate Age | |
| Injuries Sustain | NECK & BACK |
| Injured person in which vehicle? | GBD1851J |
| 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.

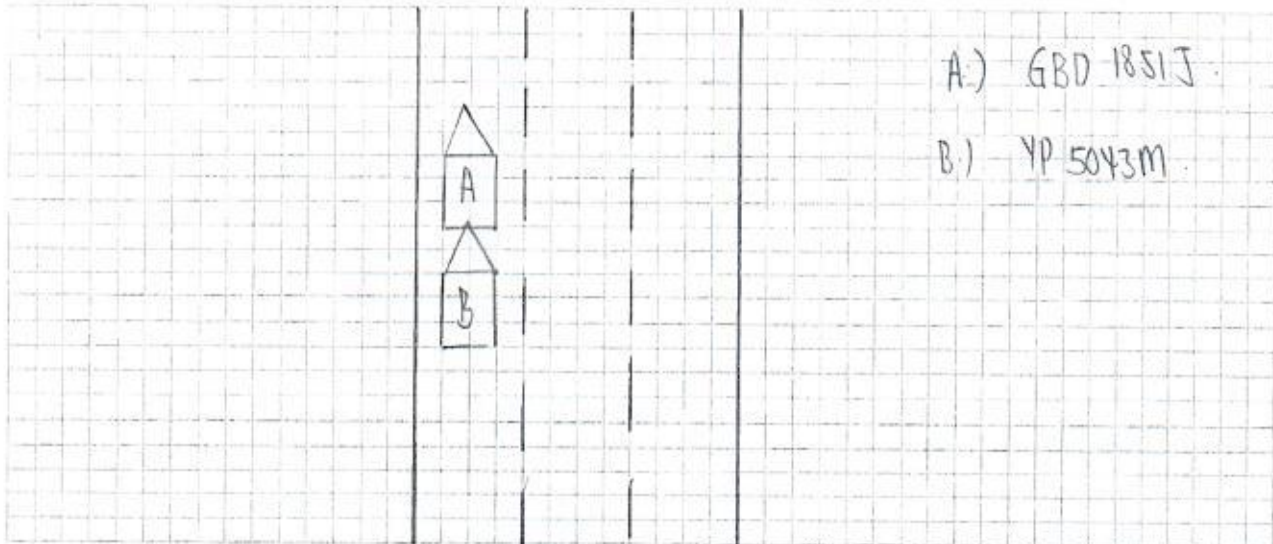
PERCO SHUTTERS & SEATING SYSTEMS PTE LTD
120 HILLVIEW AVENUE
#02-04 KEWLAND HILLVIEW
SINGAPORE 689501

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 04.11.2019 at about 7.25am, I was travelling along PIE.

Towards Tuas Before Pioneer North Exit. In front of the vehicle slow down.

I follow suit. Suddenly Vehicle B hit my rear portion.

DECLARATION

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

FERCO SHUTTERS & SEATING SYSTEMS PTE LTD
120 HILLVIEW AVENUE

Policyholder's Signature
Date & Time:
SINGAPORE 800001
TEL: 6700 0000 FAX: 6700 7600
EMAIL: ferco@ferco.com.sg
www.ferco.com.sg

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

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

Date of Accident : 04.11.2019 Accident Time: 7.25am (24-HR-Format)

Accident Place : PIE Towards Tuas Before Pioneer North Exit

Vehicle No. (Car Plate No.) : GBD 1851J Make/Model: Nissan Cabstar

Insurance Company : lonpac Policy No: 2/19/YC00/1104005

Owner or Company Name / IC No. : Feico Shutters & Seating Systems Pte Ltd. (199008100R)

Owner or Company Contact No. : — Owner's Hp — Company Tel —

DRIVER'S Name / IC No. : Adhmoolam Bhanath Raj (G 2542196E)

DRIVER'S Date Of Birth : 20-04-1992 DRIVER'S License Pass Date 12.05.2015

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employed \ Others: —

DRIVER'S Address : 120 Hillview Ave #02-04 Kewalram Hillview (S) 669594

DRIVER'S Contact No. / Alt No. : (1) 9247 8605 2) —

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): 1 Driver / 1 passenger

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): Yes (Neck & Back) Driver / passenger

Other Party Driver's Particular (if any)

Vehicle No: 4P 5043M 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:

Ramasamy Elangovan - male.

Signature



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

MZ300

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/VC00/104005

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN CABSTAR 3.0 5M/T ABS 2DR
2WD EURO 5
- GBD 1851J

2. Name of Policy Holder

FERCO SHUTTERS & SEATING SYSTEMS
PTE LTD

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

16/07/2019

4. Date of Expiry of the Insurance

15/07/2020

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 : S\$600.00 (SECTION 1)
S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS
S\$100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON 2ND AND 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.

[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.

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CHIEF EXECUTIVE
(Singapore Branch)

User ID : ambika / nfwong
Date Issued : 13-06-2019

18/VC00/Aug v-5.8.2 Z10634 - BC1