NATIONAL Assessment Centre	Services w	a' : 22 VCS) 1	MAY2036816		
Date In 2403/2020 17:43	Jeb description		Date & Time Completed	Done	by
Ref No 2189 LPC 2000 4461/4	SAS e-filing		1		
Veh No GBE YOOF	E-mail (within 8h	rs. A1C 2hrs)			
DOA 24/03/2020 09/20	i-Motor Claim	THE STATE OF THE PARTY OF			
	I-Motor W/O (TP slice)		
GO (TP)' Reporting Only	i-Photo Uplone				
TP Insurer	Assessment/Sur	vey Report			
Kill Albudori	Ass't Report by	Fax / Hand to			
Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fax:	7)
TP Particulars: Veh No: GBP	37832	. INC ()/Non-INC()		
Owner / Driver: ((2)		Tel:)	
Policy No: () Perio	d: () -	Cover Type: ()	
Confirmed by : (Date:	Times		
1.5			%; P: 21-79%. F: 80-	100%]	
	erranty: YES ()/NO()		
Excess: (S) Loading: \$1,000)			
	The treates		a Artifold - Jacks		
() Walk-In Customer's Inform	The second section is a second	fidential & St	ictly NO rafer of repairer		
() Total Loss Case : to e-mail Insurer	Control of the contro			(V)	
Drive-In ()/ Towed-In (); Invoice:	YES()/NO	O();T	owing Co: (
Remarks: (INC horline: 6788 6616)			Date&Time Completed	Done	by
Apply for Transport Allowance ()/Co	urtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()	1		5.	
Injury:	0.00				
Date/Time Actions	To the same of	2 T S T T T T		(C. 1924)	
	405 K K X Y 2001 951	15 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A SAME THEM I HAVE ST	HARACA, S. S.	

	=11 %	***************************************			
143		Invoice Pro	paration Checklist	Ani (\$)	Amit (\$) Add Bill
Cluimant's Particulars :-		1) AR : Accider			ASSISTE
Driver/Owner:		3) TF: Towing	Fee	(\$80) \$40.°\$43	
			Through Survey Through Survey (Resurvey)	2130	
Contact No:		Eor claiming	seniust INC Only (wef 10 Jan 2	005)	
Damäged Portion:		7) N1 : Idau DA	+ SMIRT Survey	\$75 \$160	
0000		8) NTUC Addi OTF	(onal Services:-		
QC Checked by (Engr-In-Charge):		*N3: Courte	y Car / Tpt Allowanes	\$5 510	
Auditors Comments :-	THE RESERVED	*N7: Fost Ra	Co-ordination pair Inspection	\$25	
Cat 1:	不能 经产品经	The second secon	olleet Excess Coordination P (Non INC) against INC	\$5 \$20	
*		9) N12: idea N	abils	30	TOTAL CONTRACTOR
Dat. 2 / 3/		Involce dated	#ee Charg	ed Europineer	MESTE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.

digressing.	
PROPERTY STATES	ACCIDENT STATEMENT
Date Of Report	24/03/2020 17:43
Date Of Accident	24/03/2020 09:20
Exact Location Of Accident	TOH GUAN RD EAST JUST OUTSIDE 61 TOH GUAN RD EAST
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE460E
Insured/Policyholder	
Name Of Registered Owner	ENERCON CONCRETE CORE-CUT TECHNOLOGY PTE LTD
Co Reg No	1XXXXX876G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87124786
Alternative Phone No	OFFICE-87124786
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR-3.0 5M/T ABS 2DR 2WD EURO 5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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/VC00/104255
Cover Note Number	

Driver

Name of Driver MANICKAM GANAPATHY

 NRIC No
 GXXXX821W

 Date Of Birth
 15/05/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 23/04/2014

Driving Experience 5 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87124786

Fax Number

Contact Number OTHERS-87124786

EMail Address NOEMAIL

Address

BLK 20 TOH GUAN ROAD EAST #04-50 WESTLITE DORMITORY

Postcode

608501

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?

Number of vehicles (including own vehicle)

4

NO

involved in the accident

YES

Was any body injured in the Accident?

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

3

Number of Passengers (Including Driver)

NAME:

: ALAM SHAH

GENDER:

: MALE

- MALE

Passenger 2

Passenger 1

NAME:

: MATALEB

GENDER:

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

NANYANG N.P.C

Police Station Address

ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7929999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200324/2049

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

GBF3783Z

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

SJQ79R

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

SG5307A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

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

MANICKAM GANAPATHY

Approximate Age

Injunes Sustain

BODY PAIN

Injured person in which vehicle?

GBE460E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

MATALEB

Approximate Age

Injuries Sustain

BODY PAIN

Injured person in which vehicle?

GBE460E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

				_	VI 200
DISTA	ISOE	16J 11 II	PEN	PERSO	M G
			NED	FERSO	

Name

ALAM SHAH

Approximate Age

Injuries Sustain

BODY PAIN

Injured person in which vehicle?

GBE460E

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.
- 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 aforesald.
- 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)
 - 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, involces, 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

(V). For complying with requirements under any regulations, laws or court orders. KCON

Concrete Coro-Cut Technology Pla

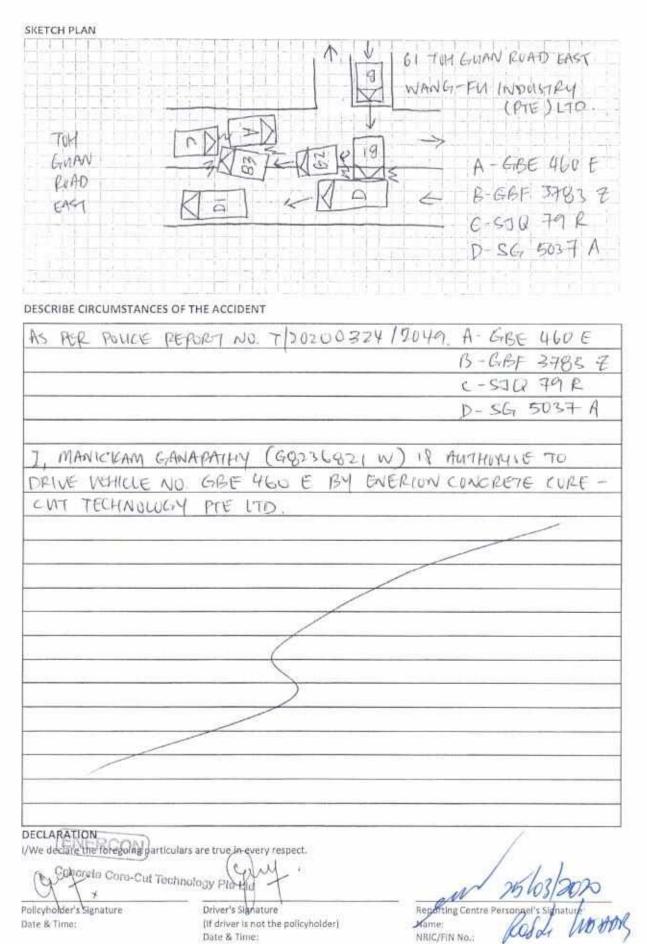
Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the palicyholder)

Date & Time:



COMMUNIC SPORTS Plan Form _ V3

7

1

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 24 MAR 2020 TIME: 09:20HRS (HH:MM) 24	hrs Format
LOCATION: ALONG THE GUAN FOAD EAST JUST DUTSIDE OF 61	THE GHAN ROAD
EAST (WANGE - FU INDUSTRY (PIE). LTD. 7	
VEHICLE NUMBER: GBE 460 E	
INSURED NAME: ENERLUN CONCRETE CORE-CUT TECHNOLOGY	PTE LTD
NRIC/FIN: 199002876G CONTACT:	
MAKE: NISSAN MONDEL: CABSTAR	04
Are you claiming under your own Insurance policy for repair to your vehicle?	
() Yes, If No, Pls Select : () Third Party () Reporting Only	
INSURANCE COMPANY: LONPAC	
TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT	
POLICY NUMBER: 7/19/VC 00/104255	
NAME DRIVER: MANICKAM GANAPATHY	()SAME AS INSURED
	2,0,0,0
NRIC/FIN: G0236921W CONTACT: 87124786	
DATE OF BIRTH: 16 may 1981	
DRIVING PASS DATE: 23 A/R 2014	
OCCUPATION: () INDOOR (\(\sqrt{OUTDOOR} \)	
GENDER: () MALE () FEMALE	
EMAIL ADDRESS:	()NO EMAIL
ADDRESS OF DRIVER: BLK 20 TUH GUARV #U4-50 WESTLITE DORN	MARY SINGAPORE
Number Of Passenger Include Driver: DRIVER WITH TWO PASSEVAGE	
MATALES (M)	
ALAM SHAH (ON)	
Was driver an employee of the Insured's Company? () YES (, NO	
If No, Relationship Of The Driver With The Insured	
	ling ()Others
Does The Driver Owm Any Other Vehicle?: () YES () NO	
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:	
Insurance Company Of Driver's Own Vehicle	
Weather Conditions: () Clear () Raining () Drizzling () Others	
Road Surface: (Dry () Wet () Others	
Was Any Foreign Vehicle involved in This Accident? () YES () NO	
Was Anybody Injured In The Accident? () YES () NO If YES Injured details: MANICKAM CAMA CATHY (M) BODY	
in respirate decides.	
ALAM SHAH (M) GODY	
MATALES (M) BUDY	
Convey By Ambulance: () YES () NO	
Was There Any Video Capture By Car Camera? () YES () NO	
Was There Any Accident Reported To The Police? () YES () NO If Yes Attach Police	Report
Police Report Number (if any) 7/202000324/2049	- 4 m - v
	Paxs (incl'driver)
)/Not Sure [+
Veh C 9JQ 79 P)/Not Sure ()
Veh D SG 5037 A)/Not Sure (
CP-TITE CONTROL OF THE CONTROL OF TH	//Not Sure ()
	/Not Sure ()
Veh G	/Not Sure ()





1 of 3

Report No. T/20200324/2049

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 20 12:22	lade:	Vide Report No.: D/20200324/0045	Station Diary No.: 87		
Informa	nt's Partice	ulars		全国共享		
Name of Informant: MANICKAM GANAPATHY			Address: C/O APT BLK 20 Toh Guan #04-50 WestLite Dormitory SINGAPORE			
ID Type / ID No.; FIN NO / G8236821W		W	Contact No.: Home/Office:	Mobile: 87124786		
Nationality: INDIAN			Email:			
Sex: Age: Date of Birth: Male 38 15/05/1981			Type of Informant: Driver			
Race: Indian		- I	Language:	Institution / School Name:		
Occupation: Lorry driver			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/03/2020 09:20	Type of Location Straight Road
Weather:	ROAD EAST oh Guan Road East, Wa	Road Surface:) Ltd.	Road Speed Limit:
Clear Dry Traffic Flow: Traffic Control: Two Way Not Controlled				Traffic Volume:
Traffic Flow: Two Way		Not Controlled		Heavy

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE460E	Lorry				Seriously Damaged	2
GBF3783Z	Lorry				Slightly Damaged	0
SG5037A	Bus/Coach/Mi nibus				Slightly Damaged	0
SJQ79R	Car				Slightly Damaged	1





2020002412045

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

2 of 3

Report No. T/20200324/2049

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian I						
No. of Pedestrians Injured: NIL		Use of Pe	Use of Pedestrian Crossing: NA			
Driver		A PROPERTY.				
Name	MANICKAM GANAI	MANICKAM GANAPATHY		ID No		G8236821W
Related Vehicle	NIL		Conta	ct No.	87124786	
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 24/03/2020 at about 0920hrs, I was driving my blue Nissan lorry bearing the vehicle number GBE460E on Toh Guan East Road, at that point of time there was another vehicle, a brown Lexus bearing the vehicle number of SJQ79R driving behind my lorry. I then spotted a Toyota lorry bearing the vehicle number of GBF3783Z sliding down from a steep slope of 61 Toh Guan Road East, Wang-Fu Industry (Pte.) Ltd. I immediately break my vehicle to prevent collision. The white lorry then collided with a green Tower Transit bus, bearing the vehicle number of SG5037A, which was at the oncoming lane.

After the collision, the white lorry was diverted to our direction and the white lorry collided to my blue lorry and the bus collided with the car behind me. Thus, police assistance was called upon. There was a male passenger on the bus was injured and he was conveyed to the hospital by ambulance.

I also wish to inform that my lorry suffered damages such as a dented and scratches at the right back rear but I am not injured by the accident. I was unsure about the full details of the damages on other vehicles.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Report No. T/20200324/2049

3 of 3

Tel No: 1800-7929999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Record J / Sgt 2 CHUA KIAN TIONG		Signature Of Informant:
Signature Of Interpreter: Not applicable	(7)	Date/Time: 24/03/2020 12:22
Officer In Charge Of Case TP / GIT / Staff Sgt MUHAMMAD NO	OOR BIN ABDUL	Classification Of Case:
RAHMAN Contact No.: 65476201 Authentication Stamp	SIGNA SIGNA	Z-

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) 6298 3767 Website: www.lonpac.com.sq.

GST Reg No.: F0-0005535-C

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). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.

3.

: z/19/vc00/104255

Type of Cover

: COMPREHENSIVE

Index Mark and Vehicle Registration Number

NISSAN CABSTAR 3.0 5M/T ABS 2DR

2WD EURO 5 - GBE 460E

2. Name of Policy Holder ENERCON CONCRETE CORE-CUT

TECHNOLOGY PTE LTD

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

25/08/2019

4. Date of Expiry of the Insurance

24/08/2020

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.

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

: \$\$600.00 (SECTION 1)

5\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG

AND/OR INEXPERIENCED DRIVERS

\$\$100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED

ON 2ND AND SUBSEQUENT CLAIMS)

: 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

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

: eslinyeo / pitan

Date Issued

: 16-07-2019