

Date In: <i>01/08/2020 17:54</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA IPC 20007928/Y</i>	SAS e-filing		
Veh No: <i>YQ 639Y</i>	E-mail (update this, AIC class)		
O.O.A: <i>30/07/2020 18:20</i>	I-Motor Claims Form		
OD: TP: Reporting Only	I-Motor W/O (with: OD class, TP class)		
	I-Photo Uploaded		
TP Insurers:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wisp / INC / Foreign Wisp / OW: ( ) Toll: ( ) Fax: ( )

TP Particulars: Veh No: *GBH 881H* 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 ( )

( ) 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: ( )

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

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Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Bugs-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Also DA + SMRT Survey	\$160
	8) NTUC Additional Service	
	9) NI: Also DA	
	* NI: Courtesy Car / Tpl Allowance	\$5
	* NI: Repairs Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* NI: DV / Collect Licence Coordination	\$3
	TE (NI) / TP (NI) against TRG	\$20
	2) NI: Also DA	\$0

Invoice dated \_\_\_\_\_ Fee Charged \_\_\_\_\_  
 Invoice dated \_\_\_\_\_ Fee Charged \_\_\_\_\_

Signature: \_\_\_\_\_

## 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	01/08/2020 17:54
Date Of Accident	30/07/2020 18:20
Exact Location Of Accident	OPEN SPACE CARPARK AT JURONG WEST STREET 92
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ639Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PARSH MARINE (S) PTE LTD
Co Reg No	-
Email Address	SHAN_18_@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96584784
Alternative Phone No	OFFICE-96584784

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z20VC05005463
Cover Note Number	

### Driver

Name of Driver	S SHANMUGAM SUBRAMANIAM
NRIC No	SXXXX131D
Date Of Birth	18/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	02/06/2015
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96584784
Fax Number	
Contact Number	OTHERS-96584784
Email Address	SHAN_18_@HOTMAIL.COM

Address	BLK 902 JURONG WEST STREET 91 #03-103
Postcode	640902
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?	NO
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)	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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

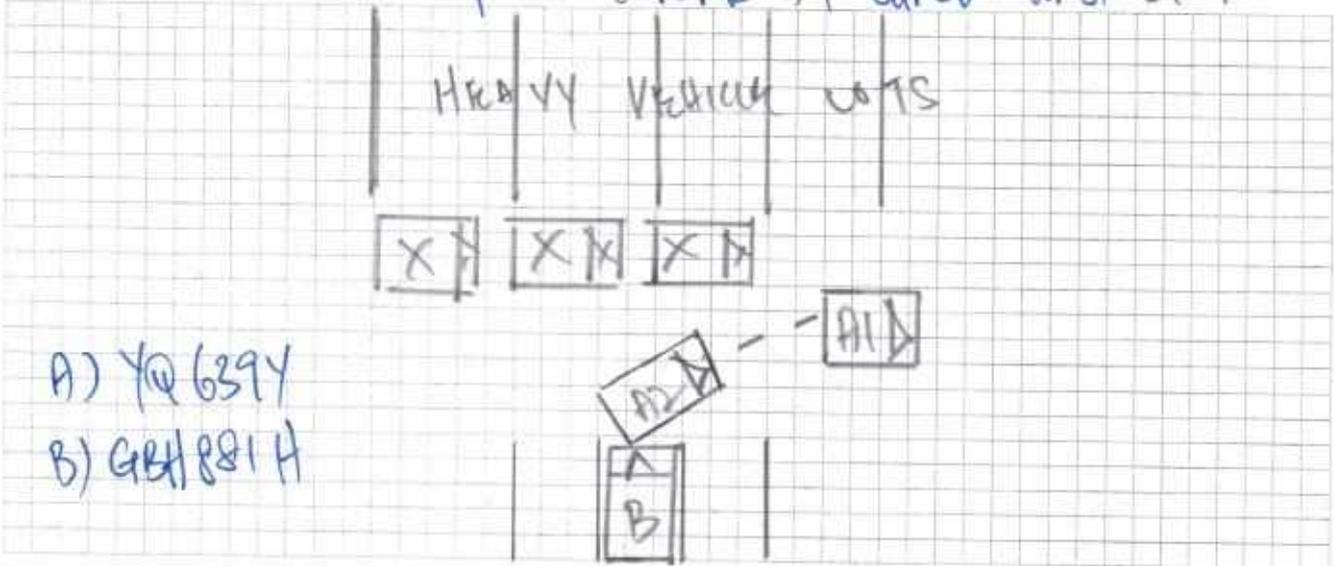
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH881H
Vehicle Make/Model/Colour	NISSAN URVAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ROSMADI BIN HARON
NRIC/Passport Number	SXXXX955E
Contact Number	91866650
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



SKETCH PLAN

OPAN SPARK CARPARK AT JERONG WALK ST 92



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/07/2020 AT ABOUT 18:20HRS I WAS AT CAR PARK AT JERONG WALK ST 92. ON MY LEFT WAS HEAVY VEHICLE PARKING LOTS & WAS FULL NO SPACE SO I DECIDE TO MAKE A 3 POINT TURN TO GO OUT. SO WHEN I WAS REVERSING, I ACCIDENTALLY HIT A VAN GRH 881H WHICH WAS IN THE PARKING LOT. THE DAMAGE OF THE VAN WAS FRONT LEFT SIDE FRONT BUMP & HEAD LIGHT LEFT SIDE BROKEN. THAT ALL

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]* 01/8/20 1320  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 01/8/20  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 30/7/2020 (DD/MM/YYYY), TIME: 18:20 (HH:MM)

LOCATION: Car park Jurong West 92

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 1A6394  
b) INSURANCE COMPANY: LON PAC  
c) POLICY NUMBER: 220VCO5005463  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: MITSUBISHI CANTEK  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY) / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: PARSH MARINE (S) PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: S. Shanmugam Subramaniam (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S84601310 CONTACT: 96554784  
c) ADDRESS: 902 Jurong West St 91 03, 103  
640920

\*d) DATE OF BIRTH: 18/08/1984 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 2015

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS \_\_\_\_\_)

b) ROAD SURFACE: (DRY / WET / OTHERS \_\_\_\_\_)

## 6. WAS ANYBODY INJURED (YES/NO)

## 7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: C1B48814 MODEL: NISSAN URVAN  
b) DRIVER'S NAME: ROSMADI BIN HARON  
c) NRIC/FIN/PASSPORT: S1644955E CONTACT: 9186 6650

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = Shan - 18 - @hotmail.com

fax =

video =

Vimal (M)  
#No of passenger  
(including driver)  
(2)

#No of passenger  
(including driver)  
( )

#No of passenger  
(including driver)  
( )



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

Certificate No. : Z20VC05005463

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI CANTER FEB71ER4SDEN  
- Y0639Y

2. Name of Policy Holder

PARSH MARINE (S) PTE LTD

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

11/06/2020

4. Date of Expiry of the Insurance

10/06/2021

5. Person 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\$ 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.

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.

I.P. Owner : GOLDBELL FINANCIAL SERVICES PTE LTD

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: XLCHEH

Date Issued: 01/06/2020