

NATIONAL Assessment Centre Services.

1001 Jan 2020. *QUALY 20100933*

Date In:	Job description	Date & Time Completed	Done by
16/11/2020 10:04	SAS e-filing		
Ref No: NBR/CP200/25464	E-mail (by date sheet, AIG sheet)		
Veh No: GBC 14235	I-Motor Claim Form		
D.O.A: 07/11/2020 19:30	I-Motor W/O (With/Out OD sheet, TP sheet)		
OID: TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Whiz		

Preferred Wkcp / INC Assign Wkcp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: *GBC 5066m* 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 Refor of repair.

( ) 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Item	Amount	Notes
1) ARI Accident Reporting (\$30)		
2) DA Damage Assessment (\$100)	INC (\$10)	
3) TP Towing Fee	\$40/\$45	
4) PT Follow-Through Survey	\$120	
5) PT Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	For claim against INC Only (var 10 Jan 2020)
7) NI: (Inc DA + SMRT Survey	\$160	
8) NIUC Additional Services		
OR:		
* NS: Courtesy Car / Tpl Allowance	\$5	
* NG: Repair Coordination	\$10	
* PF: Post Repair Inspection	\$25	
* ND: DV / Collect Excess Coordination	\$3	
* TE (NI) TP (Non INC) against INC	\$20	
9) NI: Idas Mobile	\$0	

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	16/11/2020 10:04
Date Of Accident	07/11/2020 19:30
Exact Location Of Accident	ALONG BALESTIER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1423S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NASH ENGINEERING & CONSTRUCTION PTE LTD
Co Reg No	2XXXXX766W
Email Address	MRESINGAPORE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87629020
Alternative Phone No	OFFICE-87629020

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z20CV050005664
Cover Note Number	

### Driver

Name of Driver	PERIYASAMY RAMAKRISHNAN
Passport No/FIN	GXXXX497M
Date Of Birth	04/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	24/09/2020
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87629020
Fax Number	
Contact Number	HOME 87629020

Address	3 ST GEORGE'S ROAD #06-97 ST GEORGE'S WEST GARNENS
Postcode	320003
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	GBC5066M
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YOVAN JEYA STEPHAN
NRIC/Passport Number	GXXXX030K
Contact Number	84368302
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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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**.
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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.

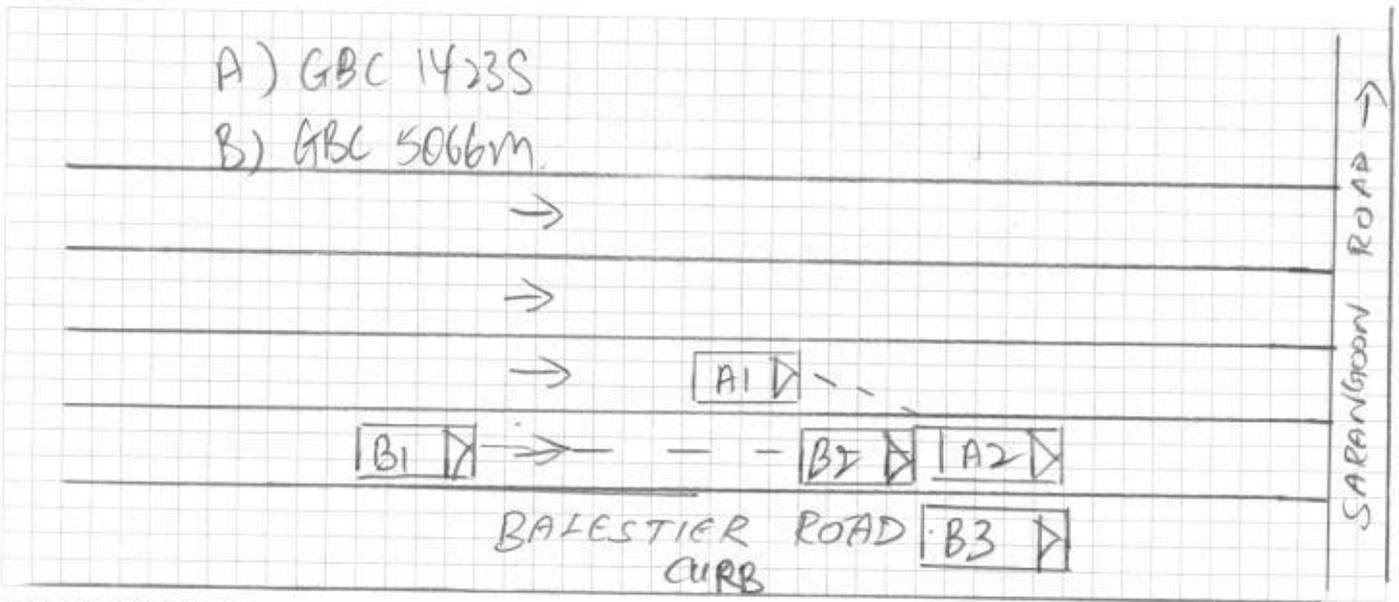


Policyholder's Signature  
Date & Time:

PR.   
13/11/20  
Driver's Signature  
(If driver is not the policyholder)

  
16/11/2020  
Reporting Centre Personnel's Signature  
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 07/11/2020 AT ABOUT 19:30HRS I WAS TRAVELLING ALONG BALESTIER ROAD & PUT ON MY SIGNAL TO TAKE RIGHT. WHEN I WAS ALREADY ON THE RIGHT LANE I FELT A BANG FROM THE REAR. A LORRY GBC 5066M BANG ON TO THE REAR OF MY LORRY & WENT UP THE ROAD CURB.

DECLARATION

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



PR. [Signature] 13/11/20

[Signature] 16/11/2020  
[Signature]

# ACCIDENT STATEMENT

ACCIDENT DATE: (07/11/2020) (DD/MM/YYYY), TIME: (19:30) (HH:MM)

LOCATION: Baleskies Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G7BC 1423 S  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: NISSAN  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: DROP THE WORKERS  
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: NASH RAMAKRISHNAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: PERIVASAMY RAMAKRISHNAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G 3876497M CONTACT: 87629020  
c) ADDRESS: 3 ST. GEORGE'S ROAD, ST. GEORGE'S WEST GARDENS, #06-97, SINGAPORE - 320003

\*d) DATE OF BIRTH: (04/07/1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 24/09/2020

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: G7BC 5066 M MODEL: TOYOTA DYNA  
b) DRIVER'S NAME: YOVAN TEVA STEPHAN  
c) NRIC/FIN/PASSPORT: G 7608030K CONTACT: 84368302

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

email =

VIDEO

**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 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z20VC05005664

Type of Cover : THIRD PARTY

- |  |   |
|--|---|
| 1. Index Mark and Vehicle Registration Number  | NISSAN CABSTAR<br>- GBC1423S            |
| 2. Name of Policy Holder   | NASH ENGINEERING & CONSTRUCTION PTE LTD |
| 3. Effective Date of the Commencement of Insurance for the purpose of the Act  | 07/07/2020                              |
| 4. Date of Expiry of the Insurance   | 06/07/2021                              |
| 5. Person To Drive<br>(A) THE POLICYHOLDER.<br>(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR PERMISSION.<br>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<br>USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.<br>USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.<br>USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.<br>THE POLICY DOES NOT COVER:-<br>USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.<br>USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE. |   |

\* 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: XLCHEN

Date Issued: 01/07/2020