

4N09211 TOOO'S

NATIONAL ASSESSMENT		Job description	Date & Time																																		
Date In: 29/01/2021	10:49	SAS e-filing																																			
Ref No: NA/LPC21001383/h4		E-mail (within 2hrs, AIC 2hrs)																																			
Veh No: X07493T		I-Motor Claim Form																																			
UPA: 28/01/2021	13:50	I-Motor W/O (within: OD 2hrs, TP 4hrs)																																			
TP: TP / Reporting Only		I-Photo Uploaded																																			
TP Insurer:		Assessment/Survey Report																																			
		Ass'l Report by Fax / Hand to Owner/Wagon																																			
Preferred Wksp / INC Assign Wksp / QW: (		Tel: ( ) / Non-INC ( )	Fax: ( )																																		
TP Particulars:	Veh No: GBJ 8807K	Tel: ( )																																			
Owner / Driver: (	Period: (	Cover Type: (																																			
Policy No: (	Date: (	Time: (																																			
Confirmed by: (	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 repolier.																																					
( ) 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: ( )																																					
Driver/Owner:																																					
Contact No:																																					
Damaged Portion:																																					
QC Checked by (Bug-In-Charge):																																					
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## 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 Submission	29/01/2021 10:49 (SGT)
Date of Accident	28/01/2021 13:50 (SGT)
Exact Location of Accident	Jln Bahar, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD7793T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ROYAL'S ENGINEERING & TRADING (S) PTE LTD
Company Reg No	-
Email Address	ROYALSENGINEERING@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-63843766
Alternative Phone No	+65-63843766

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	Z20VC05006231
Cover Note Number	-

### DRIVER

Name of Driver	KADAPPAN NAGAPPAN
Work Permit No	GXXXX274M
Date Of Birth	12/02/1979
Occupation	Outdoor

Date Of Driving Pass	17/10/2018
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84549357
Alt. Phone Number	-
Email Address	ROYALSENGINEERING@YAHOO.COM.SG
Address	3 GUL DRIVE
Address complement	-
Postcode	629455
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	GBJ8807K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**IMPORTANT NOTICE**

- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

**Sketch Plan**

A: XD 3393T  
B: GBS 88074

JALAN  
BAHAR

A


B


### Describe Circumstances of the Accident


On stated date, time and location, my vehicle (XD 7793T) was approaching the traffic light at cross-junction. The traffic light turned amber and vehicle B (GBJ 8807K) in front stopped. I braked my vehicle but could not stopped totally in time and hit on the rear portion of vehicle B. Only small damage to both vehicles.

### Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel




**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

## 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. : Z20VC05006231

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

 MITSUBISHI FV51JJD4RDEA  
 - XD7793T

2. Name of Policy Holder

ROYAL'S ENGINEERING &amp; TRADING (S) PTE LTD

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

07/10/2020

4. Date of Expiry of the Insurance

06/10/2021

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.

\* 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: 01/10/2020

# ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 1 / 2021) (DD/MM/YYYY), TIME: (13 : 50) (HH:MM)

LOCATION: JALAN BAHAR

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD 7793 OT  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: FUSO Mitsubishi  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 6384 3766  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8454 9357  
c) ADDRESS: 3 GUL DRIVE (S) 629455

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

## 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: GBJ 8807K MODEL: \_\_\_\_\_

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

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

## 9. THIRD PARTY VEHICLE

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

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

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

Email = royalsergineering@yahoo.com.sg

fax = 6384 3812

VIDEO = No