

NATIONAL Assessment Centre Services. [part 1 Jan 2003]

Date In: 19/02/21	Job description	Date & Time Completed	Done by
Ref No NA/LPC21002335/13	SAS e-filing		
Veh No XD8043T	E-mail (within 3hrs, AIC 2hrs)		
DDA: 12/02/21 1715	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Veh No: GBF8723P 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: (#)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

Claimant's Name:	Invoice Item / Description / Quantity / Unit / Rate / Amount	Amount	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. #:	For claiming against INC Only (wa 10 Jan 2005)		
2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QJ:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NJ: Post Repair Inspection \$25		
	*NN: DV / Collect Excess Coordination \$5		
	TP (NIL): TP (Non INC) against INC \$20		
	9) NI2: Idao 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 Submission	18/02/2021 17:35 (SGT)
Date of Accident	12/02/2021 17:15 (SGT)
Exact Location of Accident	Gul Dr, Singapore
Additional Location Information	L/P NO 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD8043T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROYAL'S ENGINEERING & TRADING(S)PTE LTD
Company Reg No	2XXXXX382D
Email Address	ROYALENGINEERING@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-63843766
Alternative Phone No	+65-90682048

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FV51JJD4RDEA
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	Z20VC05006217
Cover Note Number	-

DRIVER

Name of Driver	ANTHONI ARULRAJ
Passport No/FIN	GXXXX066W
Date Of Birth	20/04/1977
Occupation	Outdoor

Date Of Driving Pass	03/11/2015
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90569857
Alt. Phone Number	-
Email Address	ROYALSENGINEERING@YAHOO.COM.SG
Address	NO 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	Clear
Road Surface	Dry

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

PLS REFER TO THE ATTACHED 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	GBF8723P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMU SUNDARAM
Work Permit No	-1
Contact Number	(Phone) +65-85880663
Address	-
Address complement	-
Postcode	-

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

SKETCH PLAN

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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.
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.

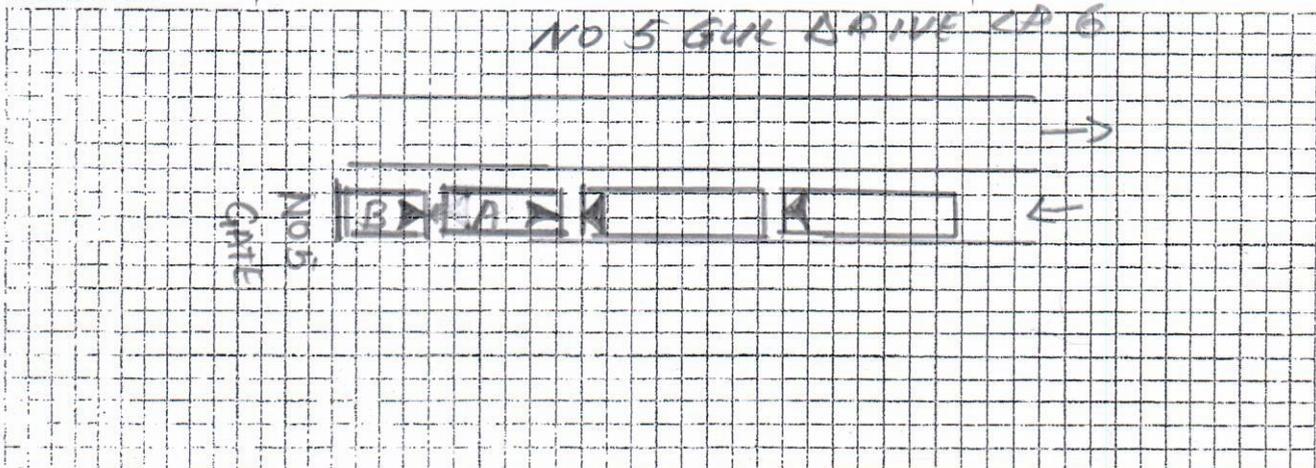


Policyholder's Signature / Date & Time

A. Ang
Driver's Signature (if driver is not the policyholder) / Date & Time

Slym 18/02/21
Witnessed by Reporting Centre Personnel

Sketch Plan



A-XD8043T

B-GBF8723P

Describe Circumstances of the Accident

I was inside my veh
I parked my veh at no 5 Gul Drive L/p 6, There was
no veh parked behind my veh. When I proceed to
drive off, I have to reverse coz infit there was veh
near to my veh. While reversing, I felt the ^{bang} impact
and I get out from my veh. Then I saw ~~that~~ ^{that my veh} ~~was~~
veh hit the veh B front portion.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A. Aij

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

afym 18/02/21

Witnessed by Reporting Centre Personnel

MUTUAL SETTLEMENT

We, the undersigned had agreed to settle mutually among ourselves in regards to an accident on (date) 12/02/2021 (time) 17:15 involving motor vehicles G7F8723P and XD8043T at/along 5, GUL DRIVE LP 6

It is further agreed that we will not be reporting this accident to the relevant authorities and insurers and there will not be any claims or actions against each other parties whatsoever including but not limited to property damage, loss of use, rental expenses and bodily injury that may arise out of and in the course of the accident. In the event that any parties lodged a report, the respective party will undertake to withdraw their report(s) and we will bear our own repair cost.

Dated in Singapore the 16 day of FEBRUARY 2021

Vehicle No. : G7F8723P

Vehicle No. : XD8043T

Signature : [Signature]

Signature : [Signature]

Name : R. Sundaram

Name : ARUL RAJ

NRIC No. : 031186318

NRIC No. : G7121066w

Contact No. : 85880662

Contact No. : 90569857

Address : RULON UNIT 03-16

Address : 65, UPI RD-1

280 HARVEY WOODLAND LINES
75 73 22

#02-86-408729

Witness Signature : _____

Name : _____

NRIC No. : _____

NOTE: NO FUTURE CLAIM FOR THIS INCIDENT
AAmy 16/2/2021 / [Signature]

Remove NOT for Oregon class

ACCIDENT STATEMENT

ACCIDENT DATE: (10/02/21) (DD/MM/YYYY), TIME: (17:15) (HH:MM)

LOCATION: NO 5 GUL DRIVE L/P 6

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD8043T
b) INSURANCE COMPANY: LOMPAC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MITSUBISHI FUSO JDA GREA (M) 12582
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: ROYAL ENGINEERING & TRADING (S) PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 63843766/90682098
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ANTHONY ARULRAJ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 97131066W CONTACT: 90569857
c) ADDRESS: NO 3 GUL DRIVE
(629455)

*d) DATE OF BIRTH: (20/04/1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 03/11/2015

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: GBF8723P MODEL: _____

b) DRIVER'S NAME: SUNDE RAMY SUNDARAM

c) NRIC/FIN/PASSPORT: 031186358 CONTACT: 85880662

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Contact = royalengineering@yahoo.com.sg

Fax =

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

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. : Z20VC05006217

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

 MITSUBISHI FV51JJD4RDEA
 - XD8043T

2. Name of Policy Holder

ROYAL'S ENGINEERING & 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: 29/09/2020