NATIONAL Assessment Centre	Services (** : 32)								
Date In: 17/03/21	Jcb description	Date &Time Completed	Done b	i.					
Ref No NA/ LPC 21003511/13.	SAS e-filing								
Veh No GBF5764R	E-mail (within 8hrs, AIC	2hrs,							
D.O.A: 16/03/21 1905	i-Motor Claim Form	1							
	i-Motor W/O (Within:	OD 2hrs, TP 4hrs)		0.00					
OD (TP)! Reporting Only	i-Photo Uploaded								
	Assessment/Survey Re	port		0.1e					
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp								
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fax	:	)? Ii r					
TP Particulars: Veh No:	DC7458L .	NC( )/Non-INC( )	A						
Owner / Driver: (		Tel:	)						
Policy No: ( ) Per	riod: (	) Cover Type: (	)						
Confirmed by : (	Date		)						
Insured/Driver Liability: ( %) [1		N: 0-20%; P: 21-79%. F: 80-10	0%]						
	Warranty: YES ( )/N	0( )							
Excess: (\$ ) Loading: \$1,00	00 ( )/\$2,000 ( )								
General Remarks:-		Spring to the same	A)**						
( ) Walk-In Customer: Customer's infor	rmation strictly Confidenti	al & Strictly NO rafer of repairer.							
( ) Total Loss Case : to e-mail Insure	er URGENTLY.								
Drive-In ( )/Towed-In ( ); Invoice	: YES ( ) / NO (	) ; Towing Co. (	241	)					
Remarks:- (INC horline: 6788 6616)	entre de la composition della	Date&Time Completed	Done	by					
	Courtesy Car ( )								
Apply for Transport Allowance ( )/C     QC Check / Post Repair Inspection	( )								
3) Upload Resurvey Photo [Repair Cost > \$3									
3) Opioad Resulvey Photo (Repair Cost > 93	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Injury:		•	W. Also H. E.						
Date/Time Actions			Berg Jakers						
The state of the s									
			Anit (S)	Amt (					
	Invo	ice Preparation Checklist	1st Bill	Add B					
	1) AR	Accident Reporting (\$30); Damage Assessment (\$100); INC (\$80	0)						
Claimant's Particulars :-		, Danie Co.	/\$45						
Driver/Owner:	4) FT	4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30							
Contact No:	For	For claiming against INC Only (wef 10 Jan 2005)							
Damaged Portion:		6) TR : Re-inspection \$75 7) N1 : Idac DA + SMRT Survey \$160							
	8) NT	UC Additional Services:-							
QC Checked by (Engr-In-Charge):	*N5	OD* *N5: Courtesy Car / Tpt Allowance \$5							
2 2 2 2 2 2	*Ne	*N6: Repair Co-ordination \$10i							
Auditors' Comments :-		*N8: DV / Collect Excess Coordination \$5							
2at. 1:	TP	(N11): TP (Non INC) against INC	301	1					
		2: Idne Mobile  Pee Charged		Digital S					
Cat 2/3:		se dated Fee Charged	a dist						



# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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
 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.

The issue and acceptance of this Form by insurance companies is not an admission of policy labeling of the part of the insurance companies.
 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.
 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 17/03/2021 18:04 (SGT) Date of Accident 16/03/2021 19:05 (SGT) Exact Location of Accident Penjuru Rd, Singapore

IN BETWEEN PENJURU WALK & PENJURU PLACE Additional Location Information

Singapore Country/State of Loss

# **DETAILS OF OWN VEHICLE**

GBF5764R Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Yes GEOSMART INTERNATIONAL PTE LTD Name Of Registered Owner 2XXXXX530H Company Reg No HR@GEOSMART.COM.SG Email Address

(Phone) +65-64440800 Mobile Phone No (Office) +65-64440800 Alternative Phone No

VEHICLE PARTICULARS

Nissan Manufacturer Cabstar Model Variant

Exact purpose for which vehicle was being used at time of Employment

Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Commercial vehicle Vehicle Category

INSURANCE COMPANY

Name of Insurance Company Lonpac Type of Coverage Comprehensive No Fleet Policy Z20VC05006639

Policy Number

Cover Note Number

DRIVER

SUBRAMANIAN KARTHIK Name of Driver GXXXX149U Passport No/FIN 26/05/1988 Date Of Birth

Outdoor Occupation

17/09/2019 Date Of Driving Pass 1 YEAR AND 6 MONTHS Driving experience Male Gender (Phone) +65-97703132 Mobile Number Alt. Phone Number HR@GEOSMART.COM.SG Email Address **BLK 45 BENDEMEER ROAD** Address #07-1449 Address complement 330045 Postcode 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 Side Swipe Type of Accident Weather Conditions Clear Dry Road Surface OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

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?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

No

Vehicle Registration Number PC7458L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Commercial vehicle Vehicle Category VICTOR ANTHONY Name of Driver NRIC No SXXXX958C (Phone) +65-94886595 Contact Number Address Address complement Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

# SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 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 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)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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' law yers/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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

/CHARTUR 17/03/2021 Reg. No. ym 17/03/21 Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Personnel & Time Time WALL Sketch Plan V: DENJURU

	Circumsta							7				
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# 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

# ACCIDENT STATEMENT

ACCI	DENT DATE: ( /6. /	03/ <u>12/</u> 10	D/MM/YYYY), TIM	ле: <u>( /9 : 05</u>	_) (HH:MM)
LOCA	TION: PENSUR	EU RD IN	BETWEEN	DENJUKU	RU PLACE
-	DETAILS OF VEHIC	IE 89		7-6	
1.	DETAILS OF VEHIC		764R		
	a) VEHICLE NUMB b) INSURANCE CO				
8	D)INSURANCE CC	MITAINI.			
	d)POLICY NUMBER d)POLICY TYPE: (	CARDEHENSIVE	/ THIRD PARTY /	THIRD PARTY FI	RE &THEFT)
	- MAKE & MODEL				
	e)MAKE & MODEL f)TYPE:(SALOON /	COUPE / MPV /	VAN / LORRY / A	AOTORCYCLE./	OTHERS)
	g) VEHICLE CATEG	ORY (PRIVATE /	COMMERCIAL /	MOTORCYCLE	
	h) PURPOSE OF US	ING AT ACCIDE	NT TIME:		
	i) ARE YOU CLAIM	ING LINDER YOU	IP OWN INSURAN	ICE (YES/NO)	
	IE NO PLEASE ST	ATE (THIRD PART	Y CLAIM / REPO	RTING ONLY)	.99
2	INSURED / POLICY	HOLDER			
2.	A)NAME:			(MALE / I	EMALE)
	b)NRIC/FIN/PASSE	PORT:		CONTACT: 64	440800
	c)ADDRESS:				
£8 08 55	1 1990-			- t t	
	* CONTINUE TO 3.	d IF DRIVER ALS	O POLICY HOLDS	ER	£0.
*No of passenga	DRIVER		ni a = / i/ L	(CIVE !	
(Including driver)	CUNAME	AMANIAN I	ARIHIK	CONTACT: 97	DUS 13.5
Circleding aniver		PORT: 4 63 6	EMELE DI	CONTACT:	703
(+)	c)ADDRESS:	57-1449	1		
	*d)DATE OF BIRTH		1988 UDD/MM	/YYYY)	— 300001000 — Holina 20 1
¥2	e)OCCUPATION:	INDOOR COULT	DOOP)		7
N.	f) YEARS OF DRIVIN	INDOOR / OU!	E: 17/09/2	0/9	
4	WAS DRIVER AN	EMPLOYEE OF	THE INSURED'S	S COMPANY?	YES / NO)
7.	IF NO, RELATION	SHIP OF THE	DRIVER WITH I	NSURED:	
5.	a) WEATHER CON	DITION: (CLEAR	/ RAINING / OTH	ERS	<del></del> ,
	b)ROAD SURFACE	E: (DRY ) WET / C	OTHERS		
6.	WAS ANYBODY IN	JURED (YES / NO	2)		
7.	a)REPORTED TO P	OLICE (YES (NO	0)>		20
		ATE WHICH PO	LICE STATION:		
8.	THIRD PARTY VEHI	CLE PCTU	1601	MODEL:	
4 He of passenger	a) VEHICLE NUM	ABER:	DO C	MODEL:	
(Including driver)	b) DRIVER'S NA	ME: V/C/02	09580	CONTACT: 9	14886595
(_) ,	c) NRIC/FIN/PA	SSPORT: 3703		CONTACT:	
9,	THIRD PARTY VEHI d) VEHICLE NUM		E0 01	MODEL:	- A A
* No of passenger					
(Including driver	e) DRIVER'S NA			CONTACT:	
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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.: Z20VC05006639

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN CABSTAR 3.D 5M/T

- GRF5764R

2. Name of Policy Holder

GEOSMART INTERNATIONAL PTE LTD

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

20/12/2020

4. Date of Expiry of the Insurance

19/12/2021

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.

5. 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 TRIALOR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: \$\$ 600.00 (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.

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.

H.P. Owner: MAYBANK

CHIEF EXECUTIVE

Quele.

(Singapore Branch)

User ID: HSLIM Date Issued: 18/12/2020

# CREOSNIAM. COM. S.S.

# Wah Hong Motors & Credit Pte Ltd

(1 Reviews)

- □ 38 Toh Guan Road East #01-57 Enterprise Hub S(608581) (map)
- 9am 6pm (Mon Sat) Closed on Sun & PHs
- £ 67737377
- Accident Repair & Claims, Authorised Insurance Workshops, Commercial Vehicle Workshops (show more)
- Aviva, EQ Insurance, Etiga, Great Eastern, Lonpac, HL Assurance (show more)



# Koon Heng Motor

(0 Reviews)

- ↓ Kaki Bukit Avenue 6 #DZ-14 Autobay © Kaki Bukit S(417883) (map)
- 9am 6pm (Mon Fri) 9am 4pm (Sat)
- 67487348
- Accident Repair & Claims, Authorised Insurance Workshops, Repair & Servicing
- D Lonpac

# Lai Huat (Meng Kee) Motor Pte Ltd

(0 Reviews)

- Q 160 Sin Ming Drive #04-01/02 & #07-03 Sin Ming AutoCity S(575722) (map)
- 9am 6pm (Mon Fri) 9am 1pm (Sat) Closed on Sun & PHs
- 64538110
- Accident Repair & Claims, Authorised Insurance Workshops, Repair & Servicing (show more)
- QBE, India International, China Taiping, EQ Insurance, Etiqa, Great Eastern (show more)

# Mova Automotive Pte Ltd (Workshop)

(0 Reviews)

- Bik 1008 Bukit Merah Lane 3 #01-04/06/08/94 S(159722) (map)
- 62723892
- 27 1 more outlet
- ## Air Conditioning, Authorised Insurance Workshops, Repair & Servicing (show more)
- Aviva, India International, MS First Capital, Etiqa, Great Eastern, AIG (show more)

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