

NATIONAL Assessment Centre Services. [wef 1 Jan'05] Smet 217 Q0004			
Date In: 26/01/2021 16:34	Job description	Date & Time Completed	Done by
Ref No: NBB/LPC21007960/x	SAS e-filing		
Veh No: YN 1487C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/01/2021 22:00	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: YN 7631m	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: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Am (\$)	Am (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) against INC \$20		
	9) N12: Idao Mobile 30		
	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	26/07/2021 16:34 (SGT)
Date of Accident	24/07/2021 22:00 (SGT)
Exact Location of Accident	West Coast Rd, Singapore
Additional Location Information	SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1487C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MAXBOND SINGAPORE PTE LTD
Company Reg No	1XXXXX690D
Email Address	admin.sg@mapgroup.sg
Mobile Phone No	(Phone) +65-93543823
Alternative Phone No	+65-93543823

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fe83beorsdea
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2977

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	Z20VC05006506
Cover Note Number	-

DRIVER

Name of Driver	ISLAM MOHAMMAD RASHIDUL
Passport No/FIN	GXXXX026T

Date Of Birth	08/01/1993
Occupation	Outdoor
Date Of Driving Pass	16/03/2019
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93543823
Alt. Phone Number	-
Email Address	admin.sg@mapgroup.sg
Address	9 TAGORE LANE #03-13
Address complement	9@TAGORE
Postcode	787472
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MAMUN MOHAMMAD ABDULLA AL
Gender	Male

PASSENGER 2

Name	NANDRA PREMA
Gender	Male

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

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	YN7631M
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)	-

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:

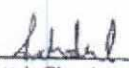
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.

X 
Policyholder's Signature / Date &
Time

Sketch Plan

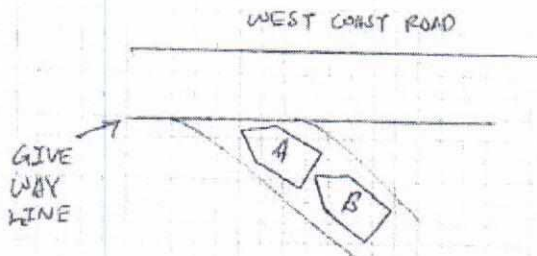

Driver's Signature (If driver is not the policyholder) / Date
& Time


Witnessed by Reporting Centre
Personnel

WEST COAST ROAD (SHEP ROAD)

A: YN1487C

B: YN7631M



Describe Circumstances of the Accident

I WAS TRAVELLING ALONG WEST COAST ROAD (SLIP ROAD) I SLOWED DOWN AND STOPPED BEFORE THE GIVE WAY LINE AND WAITED TO CONTINUE TRAVELLING ON THE MAIN ROAD. MOMENTS LATER, VEHICLE B REAR-ENDED MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

X
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

26/07/2021

Accident Reporting Draft

VEHICLE NO: YN1487C

MODEL: MITSUBISHI FE83BEOSRDEA

AUTO/MANUAL

DATE OF ACCIDENT	24/7/2021	C.C: 2,977
TIME OF ACCIDENT	2200	HRS AM/PM
LOCATION OF ACCIDENT	WEST COAST ROAD (SLIP ROAD)	
EXACT PURPOSE USE DURING ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT/ <input type="checkbox"/> PRIVATE USE/ <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER		
MAXBOND SINGAPORE PTE LTD		
CONTACT NO.	93543823	EMAIL: ADMIN.SG@MAPGROUP.SG
NRIC	199904690D	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY 3P	
INSURANCE CO.	LONPAC	
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ <input checked="" type="checkbox"/> THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER		
AS ABOVE / IF NO: ISLAM MOHAMMAD RASHIDUL		
NRIC	G2068026T	ANY PASSENGER: 2
DATE OF BIRTH	8/1/1993	(MALE) MAMUN MOHAMMAD ABDULLA AL
OCCUPATION	<input checked="" type="checkbox"/> OUTDOOR / <input type="checkbox"/> INDOOR (MALE) NANDRA PREMA	
DATE OF DRIVING PASS	16/3/2019	
GENDER	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE	
CONTACT NO.	93543823	EMAIL: ADMIN.SG@MAPGROUP.SG
ADDRESS	9 TAGORE LANE #03-13 9 @ TAGORE S(787472)	
DOES DRIVER OWN OTHER VEHICLES	<input checked="" type="checkbox"/> NO / IF YES: REG NO.	
RELATIONSHIP	<input checked="" type="checkbox"/> EMPLOYEE/ IF NO:	
WEATHER CONDITION	<input checked="" type="checkbox"/> CLEAR / <input type="checkbox"/> RAINY/ OTHER: CLEAR	
ROAD SURFACE	<input checked="" type="checkbox"/> DRY / <input type="checkbox"/> WET/ OTHER: DRY	
ANY INJURIES	<input checked="" type="checkbox"/> NO / IF YES: NO	
CONTACT NO.		
POLICE REPORT	<input checked="" type="checkbox"/> NO / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?	
VIDEO RECORDING	<input checked="" type="checkbox"/> NO / YES	<input checked="" type="checkbox"/> NO/IF YES: WHO?
AUDIO RECORDING	<input checked="" type="checkbox"/> NO / YES	SCENE PHOTO(S) <input checked="" type="checkbox"/> NO / <input type="checkbox"/> YES
VEHICLE B NO.	YN7631M	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;"> Ryder Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277 </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?		
	<input checked="" type="checkbox"/> NO / YES	



LONPAC INSURANCE BHD (S98FC5635C)
(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555
Tel: (65) 6250 7368 Fax: (65) 6256 3767 Website: www.lonpac.com.sg
GST Reg No.: F04005635-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 1990 (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.: Z20VC05006506

Type of Cover: THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

MITSUBISHI FE83BEO5RDEA
- YN1487C

2. Name of Policy Holder

MAXBOND SINGAPORE PTE. LTD.

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

27/11/2020

4. Date of Expiry of the Insurance

26/11/2021

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.

Amek

CHIEF EXECUTIVE
(Singapore Branch)

User ID: ELAINELEE

Date Issued: 25/11/2020