

NATIONAL Assessment Centre Services

Date In: 06/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/KPC21009335/13	SAS e-filing		
Veh No: GBD5130E	E-mail (within 3hrs, A/C 2hrs)		
DOA: 03/09/21 0830	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: GBJ8785P	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%, F: 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	Amt (\$) 1st Bill	Amt (\$) Add Bill
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) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac 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 (Non INC) against INC \$20		
	9) N12: Idac 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	06/09/2021 14:42 (SGT)
Date of Accident	03/09/2021 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BARTLEY VIADUCT TWDS BARTLEY RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5130E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MJL DESIGN AND BUILD PTE. LTD.
Company Reg No	2XXXXX459C
Email Address	mjl@singnet.com.sg
Mobile Phone No	(Phone) +65-90017754
Alternative Phone No	+65-90017754

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/21/VC00/110884
Cover Note Number	-

DRIVER

Name of Driver	RENGASAMY VINOTH
Passport No/FIN	GXXXX455W

Date Of Birth	22/04/1991
Occupation	Outdoor
Date Of Driving Pass	25/11/2015
Driving experience	5 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91090465
Alt. Phone Number	-
Email Address	mjl@design@singnet.com.sg
Address	BLK 444 ANG MO KIO AVE 10
Address complement	#08-1599
Postcode	560444
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MOLLA SAIDUL
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

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	GBJ8785P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	ONG JUN GUO
NRIC No	SXXXX621I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RENGASAMY VINOTH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBD5130E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MOLLA SAIDUL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBD5130E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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)**

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
03/09/21

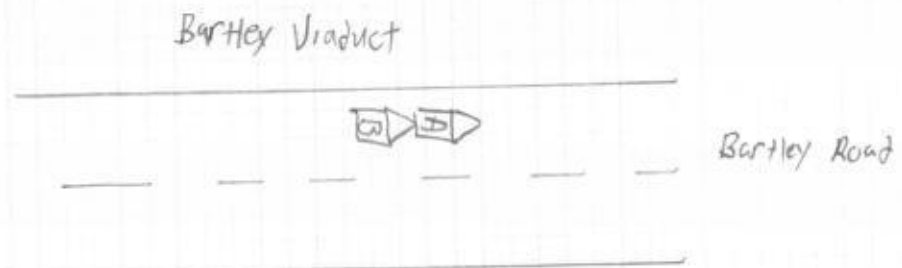

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: GBD 5130 E

Vehicle B: G0J 8785 P

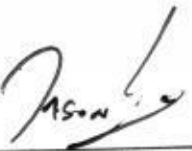


Describe Circumstances of the Accident


Refer to the attached statement.


Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
03/09/21




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


Witnessed by Reporting Centre Personnel
06/09/21

NOTICE OF REPORTING

This is to confirm that Rengasamy Vinoth, G3159455W, NRIC/FIN
H/P:91090465, has reported to the Police a non-injury traffic accident which
occurred at Bartley Rd East

on 03/09/2021 at 0830hrs am/pm involving the following vehicles:

2 If this accident was reported to the Police within 24 hours of its occurrence, then
he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

On 03/09/2021 at about 0830hour, my vehicle(GBD5130E) was travelling along Bartley Rd East.

There was a vehicle(SJV7119L) turned on its hazard light and stopped at the left side of the road.
I am unable to proceed straight, hence I signalled and filter to my right. Suddenly a vehicle (GBJ8785P) from my rear collided on to me.

Both of us then came down of our vehicles and exchanged particulars. No one was injured. My vehicle suffered damages at the rear.

I am lodging this report as informed by my company as well as for insurance claim.

Rank/Name of Issuing Officer: W/Sgt Elaine

Date: 03/09/2021 Time: 0930

S/D Ref: 21 & 22

Police Post/Unit : Ang Mo Kio South NPC



**INTEMEDICAL KOVAN**

210 Hougang S121 #01-233 530210
Tel: (65) 6243 3036 Fax: (65) 6243 3103

INTEMEDICAL**MEDICAL CERTIFICATE****MC No:** OD-KV0000150906**NAME:** MOLLA SAIDL**NRIC:** G2674051M

This is to certify that the above patient name is Unfit for Duty for a period of 2 day

from **03-09-2021** to **04-09-2021** inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

DR CHANG HUI WEN CHRISTIE
BMed/MD (Australia), GDFM (Singapore)
MCR 61301J
INTEMEDICAL KOVAN
210 HOUGANG ST 21 #01-233
SINGAPORE 530210
TEL: (65) 6243 3036 FAX: (65) 6243 3103
EMAIL: contact.kovan@intemedical.com

Christie Chang

Signature

Date

03/09/2021

M61301J

BMed/ MD (Aus)

GDFM (Singapore)

**INTEMEDICAL KOVAN**

210 Hougang S121 #01-233 530210
Tel: (65) 6243 3036 Fax: (65) 6243 3103

INTEMEDICAL**MEDICAL CERTIFICATE****MC No:** OD-KV0000150913**NAME:** RENGASAMY VINOTH**NRIC:** G3159459W

This is to certify that the above patient name is Unfit for Duty for a period of 2 day

from **03-09-2021** to **04-09-2021** inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

DR CHANG HUI WEN CHRISTIE
BMed/MD (Australia), GDFM (Singapore)
MCR 61301J
INTEMEDICAL KOVAN
210 HOUGANG ST 21 #01-233
SINGAPORE 530210
TEL: (65) 6243 3036 FAX: (65) 6243 3103
EMAIL: contact.kovan@intemedical.com

Christie Chang

Signature

Date

03/09/2021

M61301J

BMed/ MD (Aus)

GDFM (Singapore)

Date of Accident : 03/09/2021 Accident Time: 0830 (24-HR-Format)
 Accident Place : BARTLEY VIADUCT toward BARTLEY ROAD
 Vehicle No. (Car Plate No.) : GBD 5130 E Make/Model: TOYOTA DYNA
 Insurance Company : LONPAC Policy No: Z/21/UC00/110884
 Owner or Company Name /IC No. : MJL DESIGN & BUILD PTE LTD
 Owner or Company Contact No. : 9001 7754 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : RENGASAMY VINUTH
 DRIVER'S Date Of Birth : 22/04/1991 DRIVER'S License Pass Date 26/11/2015
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 444 Ang Mo Kio Ave 10 #08-1599
 DRIVER'S Contact No./ Alt No. : 1) 9109 0465 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : tanlekkeeng@outlook.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 2
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle. No: <u>GRT 8785 P</u>	Vehicle. No: _____
Vehicle Make \Model: <u>RENAULT TRAFIC</u>	Vehicle Make \Model: _____
Name Driver: <u>ONG JUN GUO</u>	Name Driver: _____
IC No. Driver/Contact: <u>5944 2621 I</u>	IC No. Driver/Contact: _____

• **NEW – Passenger's name & gender:**

MOLLA SAIDUL (MALE)

mjl/design @ singtel-com.sg



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

Insured's Copy

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. : Z/21/VC00/110884

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA DYNA 1.5T SINGLE CAB
- GBD 5130E

2. Name of Policy Holder

MJL DESIGN & BUILD PTE LTD

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

12/05/2021

4. Date of Expiry of the Insurance

11/05/2022

5. Persons or Classes of Persons entitled 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.

Excess : S\$ 600.00 (SECTION 1)

S\$ 2500.00 (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.

Amek

CHIEF EXECUTIVE
(Singapore Branch)

User ID : eslinayo / mhchan
Date Issued : 28-04-2021



**TIMES INSURANCE
BROKERS PTE LTD**
时代保险经纪私人有限公司

Blk 2 Balestier Road #03-659 to 663
Balestier Hill Shopping Centre S (320002)
T 6252 8888 F 6253 3230 / 6250 9133
W timesinsurance.com.sg

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