

NATIONAL Assessment Centre Services **SN08223A0005**

Date In: 21/03/2022 19:32	Job Description	Date & Time Completed	Done by
Ref No: NBA/LPC220026017	SAS e-filing		
Veh No: YQ 2305	E-mail (within 2hrs. After 2hrs)		
DDA: 22/03/2022 18:05	i-Motor Claim Form		
TP Reporting Only	i-Motor W/O (Within 01 hr. 15 mins)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **SHD 1647L** 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 (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF: 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			
Cat 1:	For claiming against INC Only (wef 10 Jan 2019)			
Cat 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idue DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	*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: Blue Mobile \$0			
	Invoice dated	Fee Charge		
	Invoice dated	Fee Charge		



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	21/03/2022 19:32 (SGT)
Date of Accident	22/02/2022 18:05 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	VIADUCT INTO PIE/CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ230S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FUSION CONTRACTORS PTE. LTD.
Company Reg No	2XXXXX066Z
Email Address	admin@fusionconceptinterior.com
Mobile Phone No	(Phone) +65-82601423
Alternative Phone No	+65-83767802

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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
Transmission	Manual
CC	2977

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/21/VC00/111339
Cover Note Number	-

DRIVER

Name of Driver	HASAN MD NAZMUL
Passport No/FIN	GXXXX901P

Date Of Birth	10/08/1980
Occupation	Outdoor
Date Of Driving Pass	19/01/2016
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83767802
Alt. Phone Number	-
Email Address	admin@fusionconceptinterior.com
Address	39 WOODLANDS CLOSE #04-31
Address complement	MEGA @ WOODLANDS
Postcode	737856
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	COLLEQUE
Gender	Male

PASSENGER 2

Name	COLLEQUE
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	SHD1647L
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	HAR SAI CHEONG
NRIC No	SXXXX810B
Contact Number	(Phone) +65-91859107
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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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

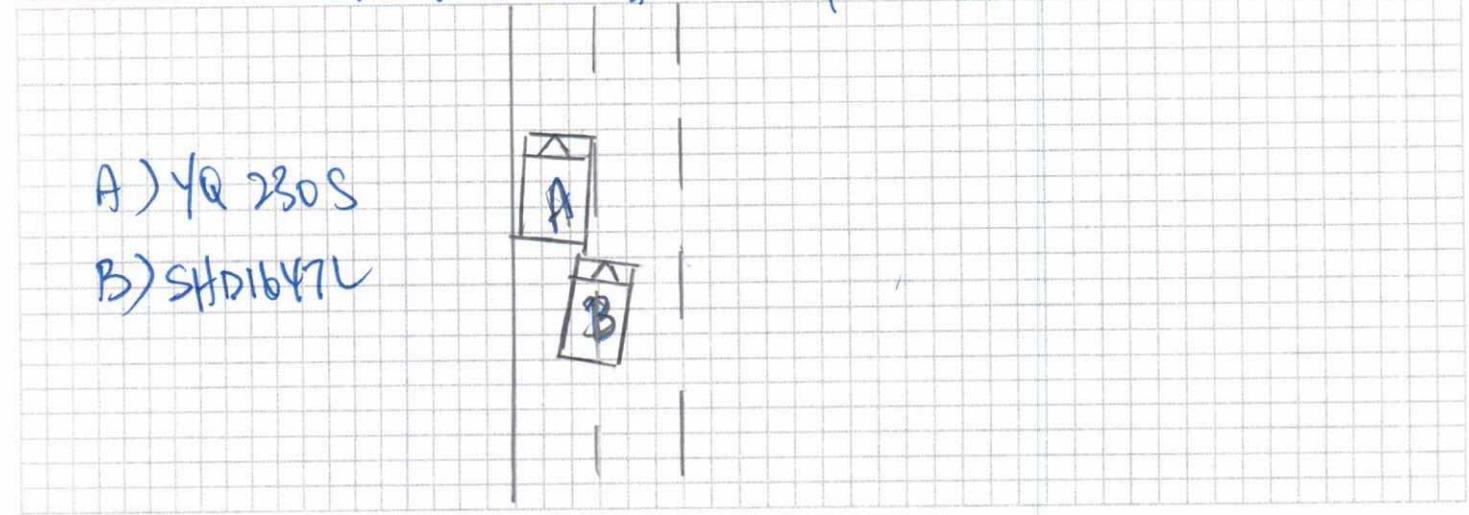
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X _____
Policyholder's Signature / Date & Time

AD 10/03/2022
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 21/03/2022
Witnessed by Reporting Centre Personnel

Sketch Plan CTE VIADUCT JALAN PIE/CHANGI



Describe Circumstances of the Accident

On 22/03/2022 at about 18:05hrs I was at CTE
VIADUCT INTO P15 (CANTON) ON THE LEFT BANK OF 2 LOCK
ROAD. WHEN I WANTED TO CANTON BANK
I SAW A TAXI ALSO WANTED TO OVERTAKE ME BUT HIS
FRONT LEFT BUMPER DROPPED OFF AFTER HIS MISJUDGEMENT OF
WORK TAKING ME. WHEN I SAW THAT I STOP MY LORRY
AT THE ROAD SIDE & WERE EXCHANGING PARTICULARS.

Declaration

We declare the foregoing particulars are true in every respect.

X _____
Policyholder's Signature / Date &
Time

AD 10/03/2022
Driver's Signature (if driver is not the policyholder) / Date
& Time

AD 21/03/2022
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 22/02/2022 (DD/MM/YYYY), TIME: 18:05 (HH:MM)
LOCATION: CRK to R/E CANTON

1. DETAILS OF VEHICLE YD 2305
a) VEHICLE NUMBER: YD 2305
b) INSURANCE COMPANY: Lowpac
c) POLICY NUMBER: 2121/1000/111332
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MITSUBISHI COACH
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2 Lowpac (M)

2. INSURED / POLICY HOLDER
a) NAME: FUSION CONCEPTS Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201602066Z CONTACT: 82601423 ABBY
c) ADDRESS: _____

* No of passenger
(including driver)
(3)

- * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
DRIVER
a) NAME: HASAN MD. NAZMUL 67814901P (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 39 WOODLANDS CONTACT: 83767802
c) ADDRESS: 39 WOODLANDS CLAY HOV-31 WILLET WOODLANDS

- *d) DATE OF BIRTH: 10/08/1985 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 19/01/2016
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: _____

* No of passenger
(including driver)
()

8. THIRD PARTY VEHICLE
a) VEHICLE NUMBER: SHD 1647L MODEL: TAXI
b) DRIVER'S NAME: HAN SHI CHONG
c) NRIC/FIN/PASSPORT: S1608810B CONTACT: 91859107

* No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE
d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Admin @ fusionconcept7.hk@airtel.com

email = ADD
VIDEO

