

NATIONAL Assessment Centre Services

Date In: 31/03/22	Job description	Date & Time Completed	Done by
Ref No: NA/LPL22002974/12	SAS e-filing		
Veh No: XD 38276	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/03/22 1130	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: SMH2231R	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

	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
Contact No:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QB*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (N-n INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	31/03/2022 10:14 (SGT)
Date of Accident	26/03/2022 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GAMBAS AVE L/P 81
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD3827G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HANAKO CONSTRUCTION PTE LTD
Company Reg No	2XXXXX516K
Email Address	admin@hanakoconstruction.com.sg
Mobile Phone No	(Phone) +65-84367463
Alternative Phone No	+65-84444710

VEHICLE PARTICULARS

Manufacturer	Hino
Model	Fs1etka
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	12913

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z22VC05010100
Cover Note Number	-

DRIVER

Name of Driver	CHANDRAN TAMIZHARASU
Passport No/FIN	GXXXX055T

Date Of Birth	01/03/1982
Occupation	Outdoor
Date Of Driving Pass	19/10/2015
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92217462
Alt. Phone Number	-
Email Address	admin@hanakoconstruction.com.sg
Address	BLK 665 CCK CRESCENT
Address complement	#20-275
Postcode	680665
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?	Yes
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	COLLEAGUE
Gender	Male

PASSENGER 2

Name	COLLEAGUE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220326/2050

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH2231R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA AH YONG
NRIC No	SXXXX281Z
Contact Number	(Phone) +65-97556909
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	SARASWATHY D/O KALIAPERMAL
Gender	Female
Phone No	(Phone) +65-98110265
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	GIDDINESS & NECK PAIN
Injured person in which vehicle?	SMH2231R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - XD3827G
B - SMH2231R

Describe Circumstances of the Accident

P/s refer to the police report: T/20220326/2050

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Carlynn
30/3/22

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

Shym 31/03/22

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220326/2050

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20220326/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2022 15:42	Vide Report No.: L/20220326/0073	Station Diary No.: 64
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Informant's Particulars

Name of Informant: CHANDRAN TAMIZHARASU			Address: APT BLK 665 CHOA CHU KANG CRESCENT #20-275 SINGAPORE 680665		
ID Type / ID No.: FIN NO / G8029055T			Contact No.: Home/Office: Mobile: 92217462		
Nationality: INDIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 01/03/1982	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/03/2022 11:30	Type of Location: Bend
Location: GAMBAS AVENUE				
Lamp Post Number: 81				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH2231R	Car	TOYOTA	PRIUS HYBRID 1.8S CVT	Grey	Slightly Damaged	1
XD3827G	Lorry	HINO	FS1ETKA	Red	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20220326/2050

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20220326/2050

CONTINUATION OF REPORT

Brief Details.

On 26/03/2022 at 1130hrs, I was driving the company lorry (XD3827G) together with two of my colleague along Gambas Avenue. While driving, the car in front of me SMH2231R suddenly stop, I then applied my brakes but unable to stop on time which cause an accident with the car in front of me. My lorry then hit the car, i then checked with my passengers and they were ok.

I then alighted from my vehicle to make a check on the driver namely Chua Ah Yong (S1769281Z, hp:97556909)) and the passenger namely Saraswathy D/O Kaliapermal(HP:98110265). The driver was ok but the passenger was complaining of giddiness and neck pain. Subsequently the driver of the car called for police assistance.

While waiting i made a check on both vehicles, my lorry suffered dents on the front side while the car that i hit suffered dents on the rear. The ambulance came together with the traffic police. The police officer then advised me to lodge a report and gave me an incident number L/20220326/0073. The car passenger was then conveyed to the nearest hospital due to her injuries. I then came to Choa Chu Kang NPC to lodge a report. I would like to state that I have footage of the accident in my in vehicle camera.



**SINGAPORE
POLICE FORCE**



T/20220326/2050

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20220326/2050

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.



SINGAPORE
POLICE FORCE

Signature of Officer Recording The Report:
J / SGT 2 MUHAMMAD 'AQIB
BIN SHUKOR

SIGNATURE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT QHAIRIL BIN ZULKEFLEE
Contact No.: 65476187

Signature Of Informant:

Confly
26/03/2022

Date/Time:
26/03/2022 15:42

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 26/03/22 (DD/MM/YYYY), TIME: 11:30 (HH:MM)

LOCATION: GAMBAS AVE L/P 81

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD3827G
 b) INSURANCE COMPANY: CONPAT
 c) POLICY NUMBER: 222VC05010100
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HINO FS1ETRA AUTO MANUAL
 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) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: HANAKO CONSTRUCTION PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 84367463 CONTACT: 62662664 / 84444710
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHANDRAN TAMIZHARASU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G8029055T CONTACT: 92217462
 c) ADDRESS: BLK 665 CCK CREP
#20-275 (680665)

* d) DATE OF BIRTH: 01/03/1982 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 19/10/2015

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) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMH2231R MODEL:
 b) DRIVER'S NAME: CHUA AM YONG
 c) NRIC/FIN/PASSPORT: S17692812 CONTACT: 97556909

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)
(3)

colleague (m)
 colleague (m)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

30/03/22

waiting for
 veh.

Email = admin@hanakoconstruction.com.sg

fax =

video = yes with driver.

**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 3787 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-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 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. : Z22VC05010100

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HINO FS1ETKA
- XD3827G

2. Name of Policy Holder

HANAKO CONSTRUCTION PTE LTD

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

08/02/2022

4. Date of Expiry of the Insurance

07/02/2023

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.

Excess

: S\$ 1,000.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 200.00 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 : HITACHI CAPITAL ASIA PACIFIC PTE LTD

CHIEF EXECUTIVE
(Singapore Branch)User ID: ONGYEELENG
Date Issued: 26/01/2022

**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

THE SCHEDULE

Class of Policy	: COMMERCIAL VEHICLE	Policy No.	: Z22VC05010100
Insured	: HANAKO CONSTRUCTION PTE LTD	Type of Cover	: COMPREHENSIVE
Address	: 31 WOODLANDS CLOSE WOODLANDS HORIZON #08-32 SINGAPORE 737855	Replacing CN/Policy No.	: Z21VC00109856
Nature of Business	: CONSTRUCTION	Account No	: Z10634

Period of Insurance

(a) From 08/02/2022 To 07/02/2023 (both dates inclusive)

(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

H.P. Owner : HITACHI CAPITAL ASIA PACIFIC PTE LTD

Description of Vehicle	The Policy's Premium																																								
Vehicle/Trailer Regn. No : XD3827G	<table border="1"> <thead> <tr> <th>Premium Component</th> <th>%</th> <th>Amount (\$\$)</th> <th>Total (\$\$)</th> </tr> </thead> <tbody> <tr> <td>Basic Premium</td> <td></td> <td></td> <td>1,961.71</td> </tr> <tr> <td>NCD</td> <td>15.00%</td> <td>-294.26</td> <td></td> </tr> <tr> <td>Premium After Discount</td> <td></td> <td></td> <td>1,667.45</td> </tr> <tr> <td colspan="4">Additional Benefits</td> </tr> <tr> <td>Third Party Working Risk</td> <td></td> <td>225.00</td> <td></td> </tr> <tr> <td>Gross Premium</td> <td></td> <td></td> <td>1,892.45</td> </tr> <tr> <td>Actual Gross Premium</td> <td></td> <td></td> <td>1,892.45</td> </tr> <tr> <td>GST</td> <td>7.00%</td> <td>132.47</td> <td></td> </tr> <tr> <td>Total Premium Payable</td> <td></td> <td></td> <td>2,024.92</td> </tr> </tbody> </table>	Premium Component	%	Amount (\$\$)	Total (\$\$)	Basic Premium			1,961.71	NCD	15.00%	-294.26		Premium After Discount			1,667.45	Additional Benefits				Third Party Working Risk		225.00		Gross Premium			1,892.45	Actual Gross Premium			1,892.45	GST	7.00%	132.47		Total Premium Payable			2,024.92
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Type of Body : LORRY WITH CRANE																																									
Engine No : E13CUN15154																																									
Chassis No : JHDFS1ETKXXX12034																																									
Year of Registration : 2010																																									
Tonnage : 10.43																																									
Seating Capacity : 2																																									
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