

NATIONAL Assessment Centre Services: [ver 1 Jan 08] *20082260004*

Date In: <i>22/06/2022 15:55</i>	Job description	Date & Time Completed	Done by
Ref No: <i>N38/4C22004755/4</i>	SAS e-filing		
Veh No: <i>YQ 2862B</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>21/06/2022 19:15</i>	i-Motor Claim Form		
OD: <i>TP</i> / Reporting Only	i-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: *Ym 6476G* 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	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	Bill	Lead Bi
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
C Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
t. 1:	7) N1: Idac DA + SMRT Survey \$160		
t. 2 / 3:	8) NTUC Additional Services:		
	OD*		
	*N3: 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	Fees Charged	
	Invoice dated	Fees 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 22/06/2022 15:55 (SGT)
Date of Accident 21/06/2022 19:15 (SGT)
Exact Location of Accident Penjuru PI, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ2462B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MEISEI INTERNATIONAL PRIVATE LIMITED
Company Reg No 1XXXXX827W
Email Address ashjuv@hotmail.com
Mobile Phone No (Phone) +65-96182474
Alternative Phone No +65-84242327

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU710R
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 4009

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z22VC05010524
Cover Note Number -

DRIVER

Name of Driver MOHAMED ASHRAQ BIN PEER MOHAMUD
NRIC No SXXXX473Z

Date Of Birth	01/06/1978
Occupation	Outdoor
Date Of Driving Pass	05/08/2015
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84242327
Alt. Phone Number	-
Email Address	ashjuv@hotmail.com
Address	BLK 20 TEBAN GARDENS ROAD #13-99
Address complement	-
Postcode	600020
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)	14
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNNIKRISHNAN NAIR LEELA DEEPU
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
Gender	Male

PASSENGER 5

Name	WORKER
Gender	Male

PASSENGER 6

Name	WORKER
Gender	Male

PASSENGER 7

Name	WORKER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Jurong Neighbourhood Police Post
 Police Station Phone No (Phone) +65-18002659999
 Alt. Police Station Phone No (Fax) +65-62664987
 Police Station Address Blk 158 Yung Loh Road #01-58 Singapore 610158
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220622/2028

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident WITH OWNER ONLY FRONT VIEW
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YM6476G
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver VEERAPPAN PARTHIPAN
 Passport No/FIN GXXXX873N
 Contact Number (Phone) +65-96120829
 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 UNNIKRISHNAN NAIR LEELA DEEPU
 Gender Male
 Phone No (Phone) +65-84242327
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? YQ2462B
 Were seat belts worn? No
 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 willful 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

[Handwritten Signature] 22/06/2022

[Handwritten Signature] 22/06/2022

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20220622/2028

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 22/06/2022.

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

 22/06/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220622/2028

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

1 of 4

Report No. T/20220622/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2022 12:39	Vide Report No.:	Station Diary No.: 8
--	------------------	-------------------------

Informant's Particulars

Name of Informant: MOHAMED ASHFAQ BIN PEER MOHAMUD		Address: APT BLK 20 TEBAN GARDENS ROAD #13-99 SINGAPORE 600020	
ID Type / ID No.: NRIC NO / S7815473Z		Contact No.:	Mobile: 84242327
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 01/06/1978	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/06/2022 19:15	Type of Location: Straight Road
Location: PENJURU PLACE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YM6476G	Lorry					0
YQ2462B	Lorry	HINO		White	Slightly Damaged	13

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220622/2028

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

2 of 4
Report No. T/20220622/2028

CONTINUATION OF REPORT

Driver			
Name	VEERAPPAN PARTHIPAN	ID No.	G8928873N
Related Vehicle	YM6476G (Lorry)	Contact No.	96120829
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMED ASHFAQ BIN PEER MOHAMUD	ID No.	S7815473Z
Related Vehicle	YQ2462B (Lorry)	Contact No.	84242327
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	UNNIKRISHNAN NAIR LEELA DEEPU	ID No.	G2430018N
Related Vehicle	YQ2462B (Lorry)	Contact No.	98868830
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/06/2022 at about 1915hrs, I stopped and parked my vehicle along the road at Penjuru Place, in front of Penjuru Dormitory 2. There were 13 passengers at the rear of my lorry and they were alighting to go back to their dormitory.

While the passengers were alighting from the rear of the lorry, another lorry collided onto the rear right of my lorry. As such, one of the passenger who was coming down from the lorry lost his balance and hit onto the back door of my lorry. The collision caused him to loose balance. The passenger claimed that he was fine and did not require medical attention.

On 22/06/2022 at about 0700hrs, the passenger informed me that he feels pain and that his leg is swollen. I then went down and brought him tot he hospital at St Andrew's Community Hospital, No. 27



**SINGAPORE
POLICE FORCE**



T/20220622/2028

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

CONTINUATION OF REPORT

3 of 4

Report No. T/20220622/2028

Penjuru Walk. Currently he is under observation in the hospital.

I only have front view camera in my lorry.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999



T/20220622/2028

4 of 4

Report No. T/20220622/2028

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.

Signature of Officer Recording The Report: J/ SGT 3 GUNASEELAN RAVESADRAN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	

Signature Of Informant:	
Date/Time: 22/06/2022 12:39	
Classification Of Case:	

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 06 / 2022) (DD/MM/YYYY), TIME: (19 : 15) (HH:MM)

LOCATION: PENJURU PLACE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ 2462 B
b) INSURANCE COMPANY: LONPAC
c) POLICY NUMBER: 222UC05010524
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HINO X2UT1QR 14FT W/CAB ST MT
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: SENDING WORKERS
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: MEISE INTERNATIONAL P/L (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96182474
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHAMED ASHVAAD BIN PER MOHD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 37815473/2 CONTACT: 84242327
c) ADDRESS: BUKU BO TEBAN GARDENS RD. #13-99
3 600020

*d) DATE OF BIRTH: (01 / 06 / 1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05/08/2015

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: JURONG NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YM 6476 G MODEL: _____
b) DRIVER'S NAME: VEERAPPAN PARTHIPAN
c) NRIC/FIN/PASSPORT: 98928873 N CONTACT: 96120829

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(14)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = ashjuv@hotmail.com

VIDEO



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

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. : Z22VC05010524

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HINO XZU710R 14FT WID CAB 5T MT
- YQ2462B

2. Name of Policy Holder

MEISEI INTERNATIONAL PRIVATE LIMITED

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

31/03/2022

4. Date of Expiry of the Insurance

30/03/2023

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

Excess

: S\$ 700.00 (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.

CHIEF EXECUTIVE
(Singapore Branch)

User ID: HSLIM

Date Issued: 28/02/2022

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

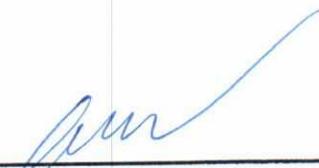
Original Report No: SN08226M0004 Vehicle Registration No: YQ 2462B
 Name (as shown in NRIC): MOHAMED ASHRAQ Bin Amir NRIC/FIN/Passport No: XXXXX4732
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: _____ Time of Accident: _____
 Place of Accident: PEARLERS ROCK
 Insurance Company: LOMPAC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To Insure Policy number 222VC05010520

 Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name: Roshni
 NRIC/FIN No.: XXXXXXXX
 Date: