

NATIONAL Assessment Centre Services:

(with 1 Jan 2022)

SN0822940005

At: 23/09/2022 16:52

Ref: NBS/LPC 2000939174

Ch No: YN 763R

Q.A: 22/09/2022 14:00

D: TP / Reporting Only

P Insurer:

Referral Wksp / INC Assign Wksp / QW: (

P Particulars: Yeh No: SHD 28596

Owner / Driver: (

Policy No: (

Confirmed by: (

Insured/Driver Liability: (

Year of Registration: (

Excess: (\$

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: YBS () / NO () ; Towing Co: (

Remarks: (info hotline: 6788 5616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Repair Photo (Repair Cost > \$3000) ()

Injury: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

Remarks: (

Time: (

Action: (

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 Actual 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	23/09/2022 16:52 (SGT)
Reported by	Driver
Date of Accident	22/09/2022 14:00 (SGT)
Exact Location of Accident	Opp Blk 305, Singapore
Additional Location Information	UBI AVENUE 1 CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7763R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	STAR ENVIRONMENTAL SERVICES PTE. LTD.
Company Reg No	2XXXXX264G
Email Address	star.envi81@gmail.com
Mobile Phone No	(Phone) +65-66831125
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	UDTrucks
Model	PKC8ELN5EP
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	7013

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05012866

DRIVER

Name of Driver	MARIMUTHU VARATHARAJ
NRIC No	SXXXX724H
Date Of Birth	10/08/1969
Occupation	Outdoor

Date Of Driving Pass	29/09/2017
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-98004032
Alt. Phone Number	-
Email Address	star.envi81@gmail.com
Address	BLK 162 JALAN TECK WHYE #16-208
Address complement	-
Postcode	680162
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	Side Swipe
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ANBU
Gender	Male

PASSENGER 2

Name	DELLIP
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2459G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NG BOON CHONG
NRIC No	SXXXX898J
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

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

M. R. N. 23/09/2022

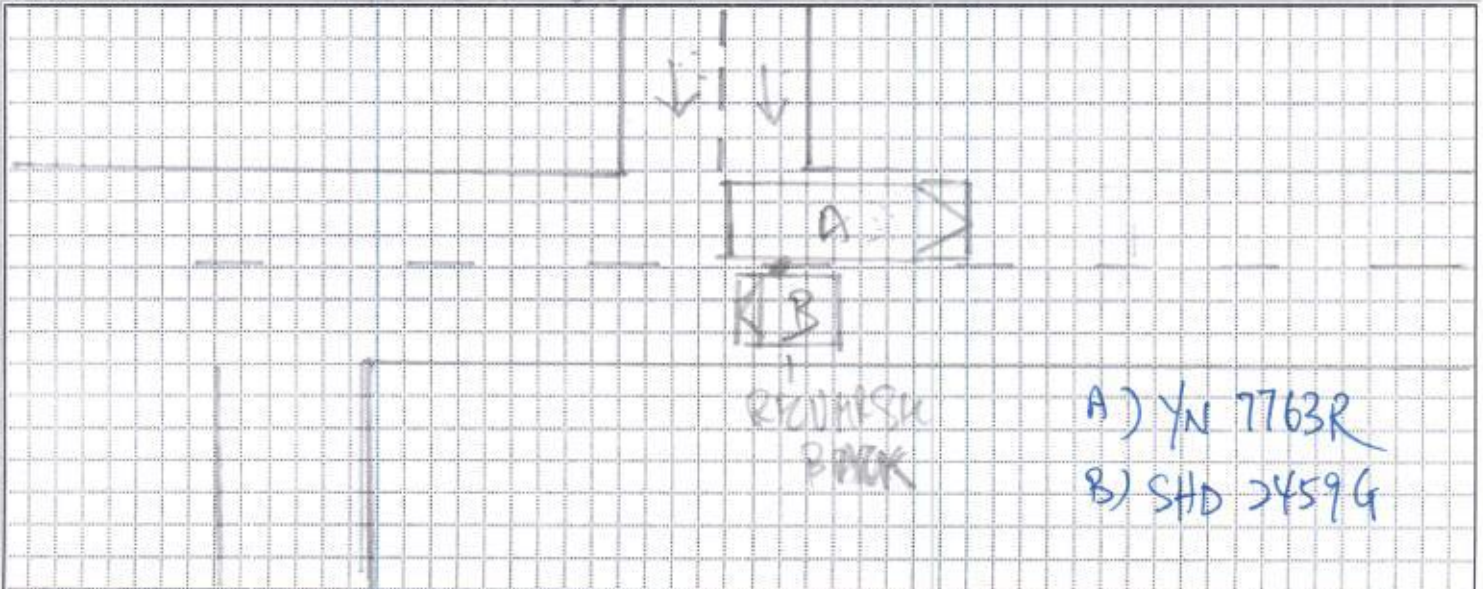
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

23/09/2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

BK 305 UBI AVENUE 1



Describe Circumstance of the Accident

ON 22/09/2022 AT ABOUT 14:00 HRS I WAS AT
PK 305 UBI AVENUE 1. TRAFFIC WAS HEAVY ~~AND~~ DURING
AFTER SCHOOL TIME. I STOP MY LORRY YN17763R
SUDDENLY A TAXI STD 2459G BESIDE ME TRY TO
REVERSE & BRUSH AGAINST MY ~~LEFT~~ RIGHT ROAD TYRE
THAT'S ALL

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

M. [Signature] 23/09/2022 [Signature] 23/09/2022

ACCIDENT STATEMENT

ACCIDENT DATE: 22/09/2024 (DD/MM/YYYY), TIME: 2:PM (HH:MM)

LOCATION: BCK 305 UB1 AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 7763-R
 b) INSURANCE COMPANY: LOAI PAC INSURANCE
 c) POLICY NUMBER: Z22VCO5012866
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: UP TRUCKS PKC8EUN5EP
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 2:PM
 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: STAR ENVIRONMENTAL SER (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 66831125
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: M. VARATHARAJ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S69637416 CONTACT: 98004032
 c) ADDRESS: BCK-167, TAJAN TECH WAY
16-208 SINGAPORE 680162

* d) DATE OF BIRTH: 10/08/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 2459G MODEL: _____
 b) DRIVER'S NAME: NG BOON CHONG
 c) NRIC/FIN/PASSPORT: S-1607898 CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = STAR ENVIR @ GMAIL. COM
 VIDEO

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/06, 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.: Z22VC05012866

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

UD TRUCKS PKC8ELN5EP
- YN7763R

2. Name of Policy Holder

STAR ENVIRONMENTAL SERVICES PTE LTD

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

18/07/2022

4. Date of Expiry of the Insurance

17/07/2023

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\$ 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: LEROI

Date issued: 18/07/2022