

NATIONAL Assessment Centre Services

Date In: 13/10/22	Job description	Date & Time Completed	Done by
Ref No: NALPC22010104/13	SAS e-filing		
Veh No: X8928SE	E-mail (within 8hrs. AIC 2hrs)		
DOA 26/09/22 1624	i-Motor Claim Form		
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (11654 MID) Tel: Fax:

TP Particulars: Veh No: INC () / Non-INC () Tel: ()

Owner / Driver: ()

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	
	Ant (\$) 1st Bill	Ant (\$) 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	
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 2005)	
Cat. 2 / 3:	6) TR : Re-inspection \$75	
	7) NI : Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON*	
	*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

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	13/10/2022 12:07 (SGT)
Reported by	Driver
Date of Accident	26/09/2022 16:24 (SGT)
Exact Location of Accident	Eunos Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9285E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KEEHANS PTE LTD
Company Reg No	2XXXXX984C
Email Address	keehanspl@gmail.com
Mobile Phone No	(Phone) +65-97799144
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Fmx410
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	Auto
CC	10837

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05011386

DRIVER

Name of Driver	SHIVAJI SATHISH
Passport No/FIN	GXXXXX513Q
Date Of Birth	30/06/1987
Occupation	Outdoor

Date Of Driving Pass	24/11/2016
Driving experience	5 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98109510
Alt. Phone Number	-
Email Address	keehanspl@gmail.com
Address	7 MANDAI LINK
Address complement	#07-07
Postcode	728653
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)	2
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	WORKER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20221013/2024

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	11654MID
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
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

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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.

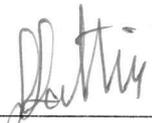
(collectively the "Purposes")

(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

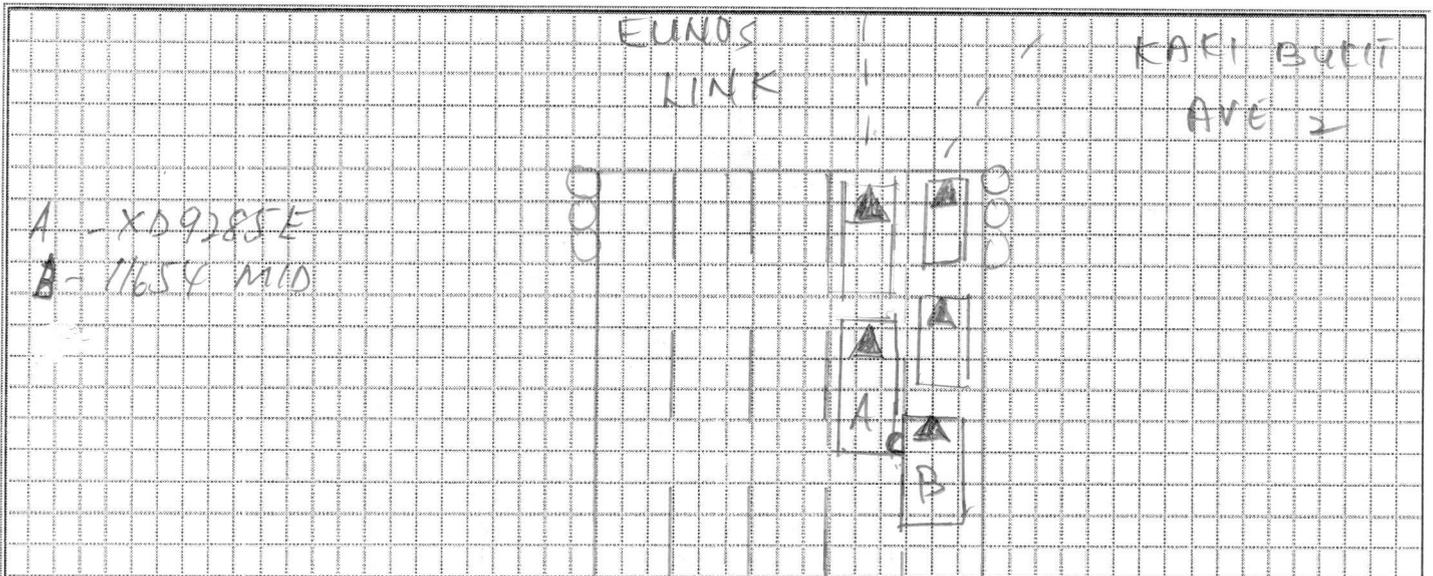
 12/10/2022

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

 13/10/22

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

Sketch Plan



SKETCH PLAN

IMPORTANT NOTICE

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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.
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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20221013/2024

2 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20221013/2024

CONTINUATION OF REPORT

Brief Details.

On 26.09.2022 at about 1624hrs, I was driving my company's lorry XD9285E along Eunos Link. At the junction of Eunos Link and Kaki Bukit Ave 2, the traffic light was red as such I stopped my vehicle at the junction. Shortly after I saw from my right side mirror that there was an army lorry behind me. The lorry was trying to go to the lane on my right as it wanted to make a right turn. Suddenly the person on the army lorry's passenger side waved at me. I then got off my vehicle and turns out that the army lorry's small side mirror had hit onto my lorry's rear. I do not have any footage of the incident only the army lorry has a footage of it. No one was injured at scene. The driver of the lorry is a trainee driver and the contact number I got from them is 96729955, I did not get his name. That is all.



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

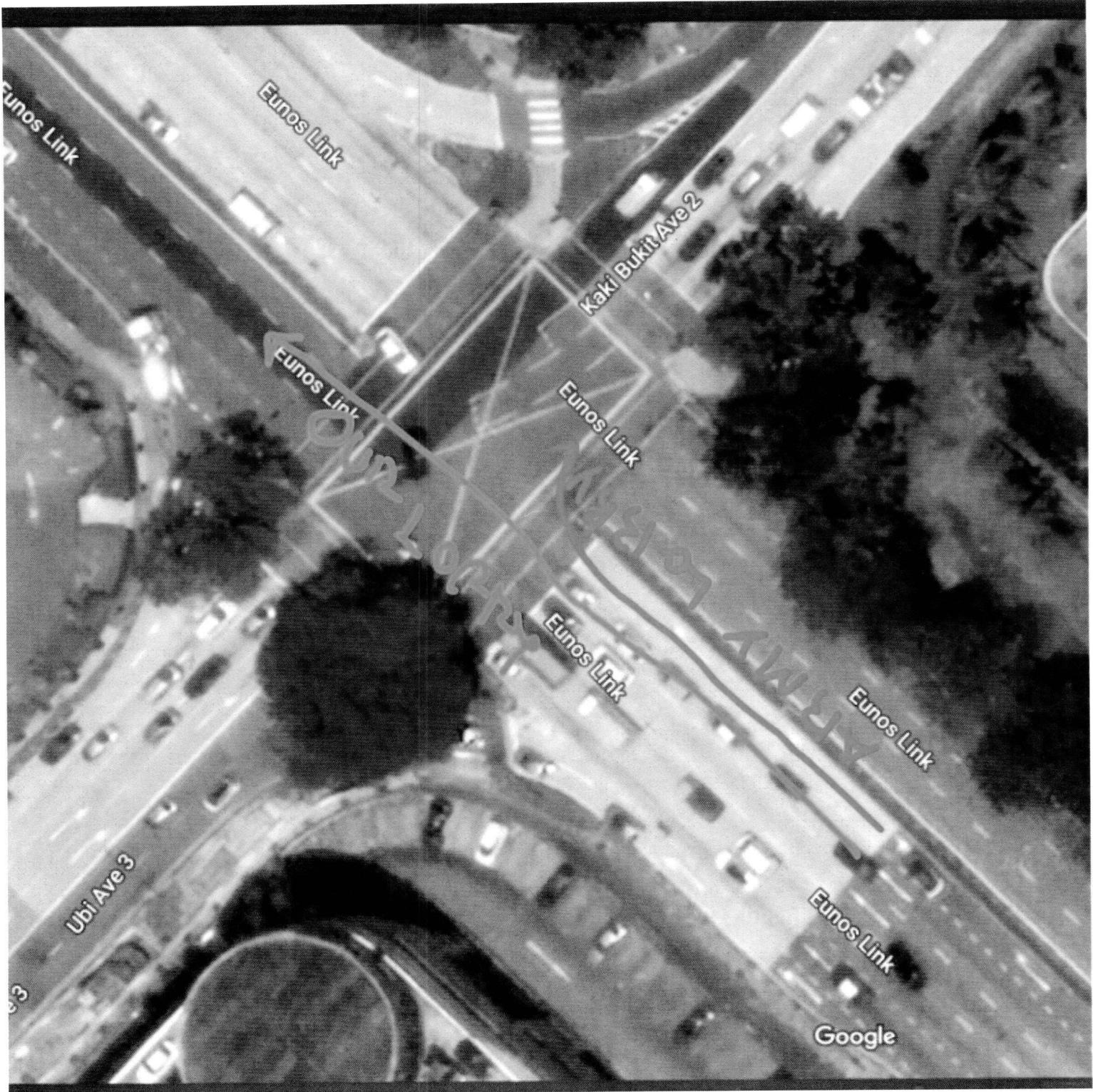
CONTINUATION OF REPORT

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.

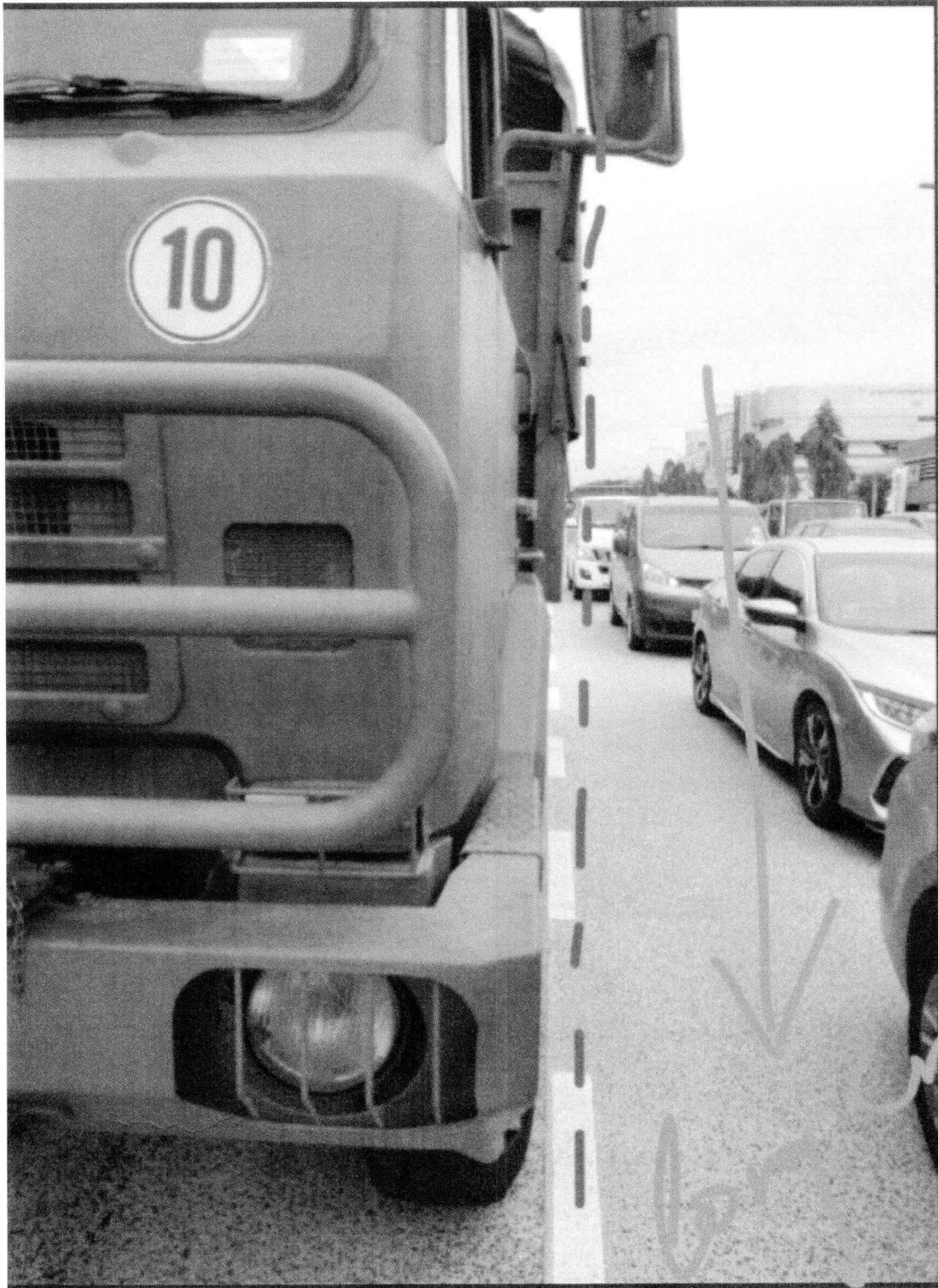
Signature of Officer Recording The Report: F / SR STAFF SGT NORHAFIZAH BTE KAMALUDIN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/10/2022 10:05
Officer In Charge Of Case: TP / GIA / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:





select





ACCIDENT STATEMENT

ACCIDENT DATE: (26/09/22) (DD/MM/YYYY), TIME: (16:24) (HH:MM)

LOCATION: EUNOS LINK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD9285E
b) INSURANCE COMPANY: LONPAC
c) POLICY NUMBER: 222VC05011386
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: VOLVO FRK410 (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)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: KEEHANS PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 97799144
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SHIVAJI SATHISH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 98125513Q CONTACT: 98109510
c) ADDRESS: 7 MANAAI LINK #07-07 (728633)
d) DATE OF BIRTH: (30/06/1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 24/11/2016

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 11654 MID MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

No of passengers

(including driver)

(2)

WORKER (M)

No of passenger

(including driver)

()

No of passenger

(including driver)

()

12/10/22

police report ✓

company stamp

at shekh ✓

plan

Email = keehansp1@gmail.com

Fax =

VIDEO = NO



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. : Z22VC05011386

Type of Cover : COMPREHENSIVE

- | | |
|--|---------------------------|
| 1. Index Mark and Vehicle Registration Number | VOLVO FMX410
- XD9285E |
| 2. Name of Policy Holder | KEEHANS PTE LTD |
| 3. Effective Date of the Commencement of Insurance for the purpose of the Act | 25/04/2022 |
| 4. Date of Expiry of the Insurance | 24/04/2023 |
| 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\$ 1,500.00 (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.

CHIEF EXECUTIVE
(Singapore Branch)

User ID: QHCHIA
Date Issued: 20/04/2022



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(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

Class of Policy : COMMERCIAL VEHICLE

Policy No. : Z22VC05011386

Named Drivers : 1. ALL AUTHORISED DRIVER

This Policy is subject to the following endorsements, clauses, warranties, and/or Special Exclusion(s) as printed in this Policy or added thereon or attached thereto and forming part of this Policy.

AUTHORISED WORKSHOP WARRANTY

=====

IT IS HEREBY WARRANTED THAT IT SHALL BE A CONDITION PRECEDENT TO LIABILITY THAT ALL REPAIRS TO THE INSURED VEHICLE MUST BE CARRIED OUT BY AN AUTHORISED WORKSHOP OF LONPAC INSURANCE BHD. OTHERWISE THERE WILL BE NO PAYMENT UNDER SECTION 1.

- 1) ACCESSORIES
- 2) CLAIMS OPTION
- 3) ENDORSEMENT NO. 30 - REPLACEMENT PARTS
- 4) ENDORSEMENT NO. 72 - LEGAL LIABILITY OF PASSENGERS FOR ACTS NEGLIGENCE
- 5) EXCESS CLAUSE (DAMAGE CLAIMS)
- 6) EXCESS CLAUSE - YOUNG &/OR INEXPERIENCED DRIVERS (DAMAGE CLAIMS)
- 7) THIRD PARTY WORKING RISK (EXCESS: S\$1,000.00)
- 8) CRANE EXCLUSION - IT IS HEREBY DECLARED AND AGREED THAT THE POLICY EXCLUDES COVER FOR CRANE

LONPAC INSURANCE BHD

CHIEF EXECUTIVE
(Singapore Branch)

User ID : QHCHIA

Date Issued : 2022-04-20 13:49:35.137

PRIVACY POLICY

For information on our privacy policy, please visit our website
<https://www.lonpac.com.sg/home/privacy-policy>

**LONPAC INSURANCE BHD** (S98FC5635C)

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Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

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GST Reg No.: F0-0005635-C

TAX INVOICE

Name : KEEHANS PTE LTD Date : 20/04/2022

Address : 7 MANDAI LINK
#07-07
SINGAPORE 728653

Account No : Z10474

Class of Policy : COMMERCIAL VEHICLE

Invoice No./Policy No. : Z22VC05011386

Sum Insured : MARKET VALUE

Vehicle Number : XD9285E

Period of Insurance : 25/04/2022 To 24/04/2023

		S\$
(a)	Gross Premium	2,223.56
(b)	Goods and Services Tax 7.00%	155.65
(c)	Total Due	2,379.21

*Amele*CHIEF EXECUTIVE
(Singapore Branch)**IMPORTANT NOTE**

CASH BEFORE COVER REGULATION (MOTOR) SECTION 141 OF THE INSURANCE ACT 1996 WHERE NO COVER CAN BE GRANTED UNTIL THE PREMIUM HAD BEEN PAID IN ACCORDANCE WITH THE REGULATION ISSUED UNDER THE SECTION.

PAYMENT MODE**PayNow**

Please scan QR code with your mobile Banking App.

Please indicate your name and policy number(s) or quotation number in the Bill/Reference field

Bank Transfer

Beneficiary Name/Bank : Lonpac Insurance Bhd / UOB Ltd Bank/Branch code : 7375 / 016

Swift code : UOVBSGSG Account No : SGD 116-305-693-9

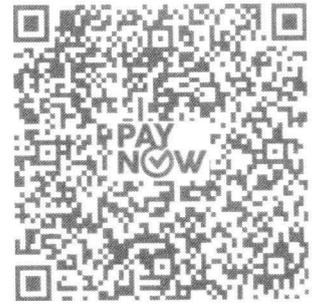
Please indicate your policy number(s) in the bank payment field.

ChequePlease issue cheque to **Lonpac Insurance Bhd**

Please indicate your Policy number(s), name and contact number behind the cheque

Credit Card

To complete the credit card deduction form

**SCAN TO PAY**



LONPAC INSURANCE BHD (S98FC5635C)

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GST Reg No.: F0-0005635-C

THE SCHEDULE

Class of Policy	: COMMERCIAL VEHICLE	Policy No.	: Z22VC05011386
Insured	: KEEHANS PTE LTD	Type of Cover	: COMPREHENSIVE
Address	: 7 MANDAI LINK #07-07 SINGAPORE 728653	Replacing CN/Policy No.	: -
Nature of Business	: OTHERS - GENERAL CONTRACTORS	Account No	: Z10474

Period of Insurance

(a) From 25/04/2022 To 24/04/2023 (both dates inclusive)

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

Description of Vehicle		The Policy's Premium			
		Premium Component	%	Amount (\$\$)	Total (\$\$)
Vehicle/Trailer Regn. No	: XD9285E	Basic Premium			1,998.56
Make & Model of Vehicle	: VOLVO FMX410	NCD	0.00%	0.00	
Type of Body	: LORRY WITH CRANE	Premium After Discount			1,998.56
Engine No	: D11319464	Additional Benefits			
Chassis No	: YV2X1F1GXEA762222	Third Party Working Risk		225.00	
Year of Registration	: 2014	Gross Premium			2,223.56
Tonnage	: 14.31	Actual Gross Premium			2,223.56
Seating Capacity	: 2	GST	7.00%	155.65	
Sum Insured	: MARKET VALUE	Total Premium Payable			2,379.21
Excess	: S\$ 1,500.00 (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				