

NATIONAL Assessment Centre Services

(Print & Stamp)

SN0822360001

Date In: 16/01/2022 12:57	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: 138/UPC200142514	E-mail (within 3hrs, A/C 2hrs)		
Veh No: YC/8091-G	I-Motor Claim Form		
D.O.A: 16/11/2022 09:57	I-Motor W/O (within 30 mins, 15 mins)		
TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/W/Rep		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SXLG 6657M	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 repeller.

() 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: _____

Infomant's Particulars:	Invoice Preparation Checklist:
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion: _____	3) TP: Towing Fee \$40/\$45
C. Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$130
Comments:	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Resurvey \$75
	7) NI: New DA + SMRT Survey \$160
	8) NTUC Additional Services:
	9) NI: Courtesy Car / Trip Allowance \$5
	10) NI: Repair Coordination \$10
	11) NI: Post Repair Inspection \$25
	12) NI: DV / Collect Excess Coordination \$1
	13) TP (NI) / TP (Non-INC) against INC \$30
	14) TP (NI) / TP (Non-INC) against INC \$30
	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 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	16/11/2022 12:51 (SGT)
Reported by	Driver
Date of Accident	16/11/2022 09:55 (SGT)
Exact Location of Accident	MacPherson Rd, Singapore
Additional Location Information	TOWARDS TUAS UNDER WOODSVILLE FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ3091G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KWAN YONG CONSTRUCTION PTE LTD
Company Reg No	1XXXXX800E
Email Address	selim@kwanyong.com.sg
Mobile Phone No	(Phone) +65-68982323
Alternative Phone No	-

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	2998

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05009496

DRIVER

Name of Driver	JAYABARATHI VINOTHKUMAR
Passport No/FIN	GXXXX806N
Date Of Birth	01/03/1991
Occupation	Outdoor

Date Of Driving Pass	10/01/2019
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92425460
Alt. Phone Number	-
Email Address	selim@kwanyong.com.sg
Address	11 JOO KOON CRESCENT
Address complement	-
Postcode	609022
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)	1
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	-

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

ON 16/11/2022 AT ABOUT 09:55HRS I WAS DRIVING ALONG MACPERSON ROAD .WHEN I REACH UNDER WOODVILLE FLYOVER JUST BEFORE THE MERGING LANE A CAR (SNG6657M) FROM THE RIGHT SIDE TYRING TO CUT INTO MY LANE AND BRUSH AGAINST THE FRONT OF MY LORRY THAT ALL.

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	SNG6657M
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	-
Contact Number	-
Address	(Phone) +65-88311685
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.



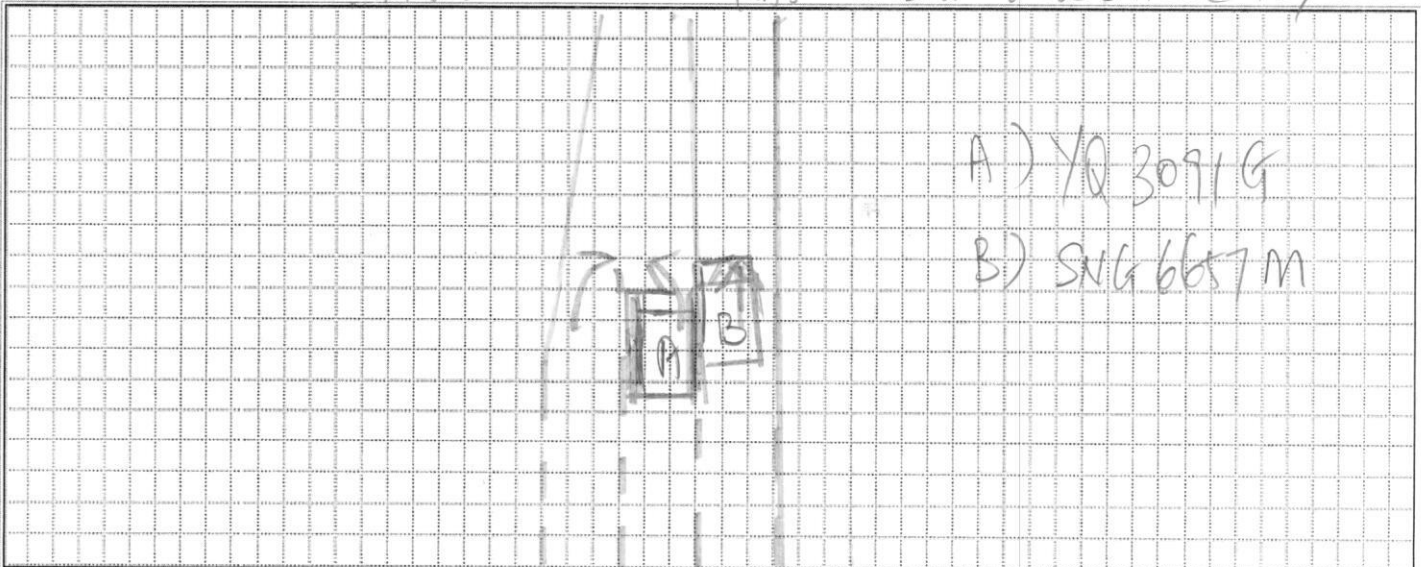
Policyholder's Signature / Date & Time

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

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

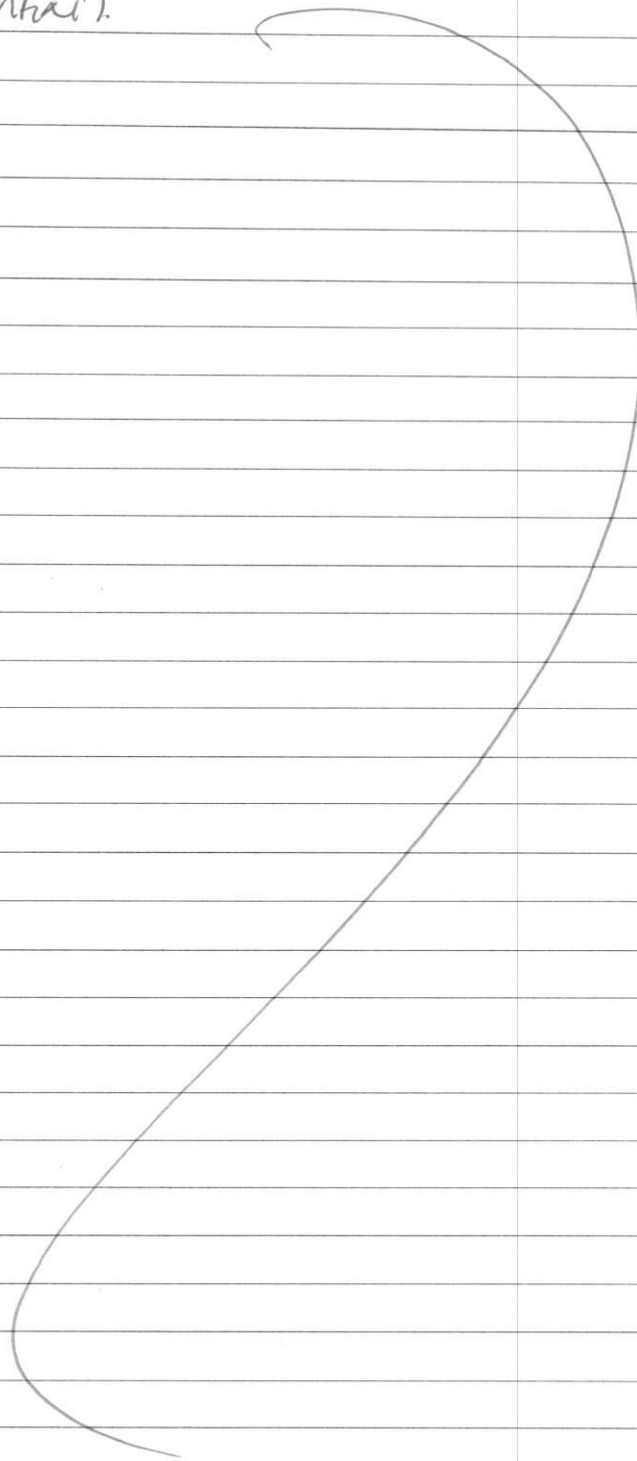
Sketch Plan

MACPHERSON TOWARDS TUAJ UNDER WOODSVILLE FLYOVER



Describe Circumstance of the Accident

Reffer to Statement.



Declaration

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



Policyholder's Signature / Date & Time

J. Vinodh Kumar
16-11-22
(12:28 PM)

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

[Signature] 16/11/2022

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

ACCIDENT STATEMENT

ACCIDENT DATE: (16/11/2022) (DD/MM/YYYY), TIME: (09:55) (HH:MM)

LOCATION: MACPARKWAY UNDER WOODVILLE FLYOVER

1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: YQ 3091 G
 - b) INSURANCE COMPANY: LONPA Insurance BHD
 - c) POLICY NUMBER: Z22VC05009496
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: Mitsubishi Canter
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: ~~work~~ working
 - 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: KWAN YONG construction PEE LTD
 - b) NRIC/FIN/PASSPORT: 1984018005 CONTACT: _____
 - c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

- DRIVER
- a) NAME: J. VINOTH KUMAR (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: 912826806N CONTACT: 92425460
 - c) ADDRESS: 11, JOO KOON Crescent, JOO KOON

* d) DATE OF BIRTH: (01/03/1991) (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

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: SNG6657M MODEL: HUNDAI
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: 98311685

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

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

Email: = selim @ kwan yong . com . sg
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. : Z22VC05009496

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI CANTER FEB21ER4SDEN (CBU)
- YQ3091G

2. Name of Policy Holder

KWAN YONG CONSTRUCTION PTE LTD

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

11/01/2022

4. Date of Expiry of the Insurance

10/01/2023

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\$ 1,400.00 (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.

Anele

CHIEF EXECUTIVE
(Singapore Branch)

User ID: WJCHAN

Date Issued: 13/12/2021

Vehicle Registration Details

Vehicle No. YQ3091G	Make/ Model MITSUBISHI/CANTER FEB21ER4SDEN (CBU)	Vehicle Scheme -
Current Propellant Diesel	Chassis No. FEB21EA35220	Vehicle Type Goods (Open) Lorry (Metal Body)/Pickup

Owner's Details

Owner Name:
KWAN YONG CONSTRUCTION PTE LTD

Owner ID Type:
Company

NRIC/Passport/Company Cert No.:
198401800E

Registered Address
**11 JOO KOON CRESCENT SINGAPORE
629022**

Mailing Address:
-

Birth Date
-

Registration Details

Previous Vehicle No.:
-

Effective Date of Ownership:
11 Jan 2021

Original Registration Date:
11 Jan 2021

Registration Date:
11 Jan 2021

No. of Transfers:
0

IU Label No.:
-

Vehicle Specifications

Engine No.:
4P10E43720

Chassis No.:
FEB21EA35220

Year of Manufacture:
2020

Primary Colour:
White

Secondary Colour:

-

Passenger Capacity:

2

Engine Capacity / Power Rating:

2998 cc / -

Maximum Power Output:

-

Max Unladen Weight:

2220 kg

Maximum Laden Weight:

5000 kg

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$36,285.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$1,815.00

Vehicle Lifespan Expiry Date:

10 Jan 2041

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$35,201.00

COE No.:

2021010105000480C

COE Expiry Date:

10 Jan 2031

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium:

\$35,201.00 / -

Actual QP Paid

\$35,201.00

QP (Regn Cat):

\$35,201.00

PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

Vehicle Emissions Details