

NATIONAL Assessment Centre Services

Date In 16/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/LPC23000523/d4	SAS e-filing		
Veh No YN 6012 G	E-mail (within 8hrs. APT 2hrs)		
DOA 15/01/2023 1715	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: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **XD 7284X** 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	
	Amnt (\$) 1st Bill	Amnt (\$) 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	
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
	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	

# 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 .....	16/01/2023 19:45 (SGT)
Reported by .....	Driver
Date of Accident .....	15/01/2023 17:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TUAS WEST ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YN6012G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	EVEREST E&C PTE. LTD.
Company Reg No .....	2XXXXX221N
Email Address .....	jmartauto@gmail.com
Mobile Phone No .....	(Phone) +65-85544276
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 - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2998

### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Policy Number / Cover Note Number .....	Z22VC05013098

### DRIVER

Name of Driver .....	JAYA RAJ SUSAI AROCKIYA RAJ
Passport No/FIN .....	GXXXX366R

Date Of Driving Pass .....	02/04/2019
Driving experience .....	3 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85544276
Alt. Phone Number .....	-
Email Address .....	jmartauto@gmail.com
Address .....	500 OLD CHUA CHU KNG ROAD,SUNGEI TENGAH LODGE
Address complement .....	# 07-76
Postcode .....	698924
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) .....	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 .....	VELU ELAKKUMANAN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT

#### 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 .....	XD7284X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	VELU ELAKKUMANAN
Gender .....	Male
Phone No .....	(Phone) +65-84222966
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	INJURED AND BLEEDING FROM HEAD
Injured person in which vehicle? .....	YN6012G
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 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:

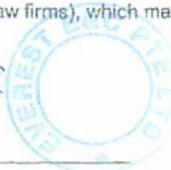
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

*J. Z...*  
16/1/23



*J. Z...*  
16/1/23

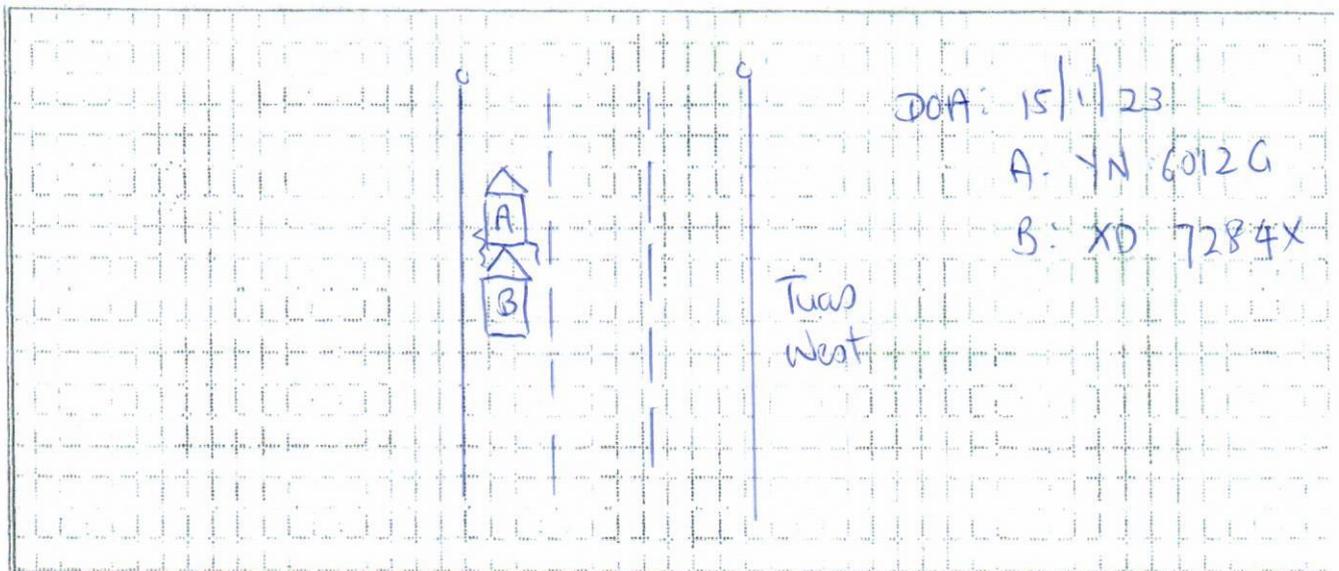
*June 16/1/23*

Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



Describe Circumstance of the Accident

Refer to Police Report

Declaration

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

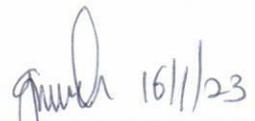
  
16/10/23



  
16/10/23

Policyholder's Signature / Date & Time

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

  
16/11/23

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



**SINGAPORE  
POLICE FORCE**



T/20230115/2068

1 of 4

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20230115/2068

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/01/2023 20:33		Vide Report No.: J/20230115/0133		Station Diary No.: 106	
<b>Informant's Particulars</b>					
Name of Informant: JAYA RAJ SUSAI AROCKIYA RAJ			Address: 500 OLD CHOACHU KANG ROAD #07-76 SUNGEI TENGAH LODGE SINGAPORE 698924		
ID Type / ID No.: FIN NO / G8554366R			Contact No.: Home/Office: Mobile: 85544276		
Nationality: INDIAN			Email: susaroraj95@gmail.com		
Sex: Male	Age: 27	Date of Birth: 09/03/1995	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 2B,3 Date of Expiry: 20/08/2023		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/01/2023 17:15	Type of Location: Straight Road
Location:  TUAS WEST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD7284X	TRAILER	SCANIA		Multi-Colored	No Damage	0
YN6012G	Lorry	MITSUBISHI		White	Seriously Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230115/2068

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20230115/2068

**CONTINUATION OF REPORT**

Driver			
Name	SIAN BOON	ID No.	S8287750I
Related Vehicle	XD7284X (TRAILER)	Contact No.	86615904
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	JAYA RAJ SUSAI AROCKIYA RAJ	ID No.	G8554366R
Related Vehicle	YN6012G (Lorry)	Contact No.	85544276
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 20/08/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	VELU ELAKKUMANAN	ID No.	G8463138N
Related Vehicle	YN6012G (Lorry)	Contact No.	84222966
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	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	Slight

**Brief Details.**

On 15/01/2023 at about 1717hrs, I was driving my company's lorry V1) YN6012G along Tuas West Road (heading towards the direction of Jalan Ahmad Ibrahim). I had one passenger namely Velu Elakkumanan G8463138N (A1) seated at the back of V1. I was driving V1 and had subsequently stopped at the traffic light junction as the traffic light had turned red. Shortly after stopping V1, I felt a great impact coming from the rear of V1. The impact had caused V1 to surge forward. I managed to regain control over V1 and immediately stopped V1.

After stopping V1, I alighted to make a check when I discovered that V2) XD7284X had collided into the rear of V1. The collision had caused a serious dent on the rear of V1. I also discovered that A1 was injured and was bleeding from his head. I had then called the ambulance for assistance.



**SINGAPORE  
POLICE FORCE**



T/20230115/2068

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20230115/2068

**CONTINUATION OF REPORT**

The ambulance arrived shortly after and had conveyed A1 to Ng Teng Fong General Hospital. A1 was conveyed in a conscious state. Shortly after that, the traffic police also arrived at scene and conducted their preliminary investigation at scene. I was then instructed by the police officer to lodge a police report reference to J/20230115/0133.

I wish to state that I am not injured in the accident. V1 is also not equipped with any in-built vehicle camera.



**SINGAPORE  
POLICE FORCE**



T/20230115/2068

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Report No. T/20230115/2068

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

**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/

STAFF SGT SARIFFAH  
MIRDAWATI BINTE  
ZULAKIRUDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /  
SGT 3 INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476415

Signature Of Informant:

Date/Time:  
15/01/2023 20:33

Classification Of Case:

NP168

Pte Car / Commercial Vehicle / Pte Hire

Date of Accident : 15/1/23		Time of Accident : 1715 hrs	
Exact Location of Accident : Tuas West Rd			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : <input checked="" type="radio"/> Clear / Raining		<input checked="" type="radio"/> Dry / Wet	
Owner's Name : Everest E & C Pte Ltd		NRIC :	HP :
Driver's Name : Jaya Raj Suxai Arockiya Raj		NRIC : G8554366R	HP : 85544276
DOB : 9/3/1995	Driving Licence Passing Date : 2/4/2019		Occupation : Indoor / Outdoor
Address : 500 Old Choa Chu Keng Rd #07-76 Sungai Tengah Lodge (698924)			
Relationship Of Driver with Insured : Employee		Email : jmartauto@gmail.com	
Vehicle Number : Longpac		Make & Model : Mit	
Insurance Company : YN 60126		Policy No : Z22VCO5013098	Coverage :
Any passengers inside vehicle involved ( YES / NO ) If yes, Vehicle Number & How many pax			
A : 1+1	B : 1+0	C :	D :
Vehicle A Passenger Name :			<input checked="" type="radio"/> Male / Female
Anyone Injured :		Convey By Ambulance: Yes / No	
<input type="radio"/> NO	<input checked="" type="radio"/> YES	Name / NRIC / Which Vehicle : Velu Elakkumaran (malt) 84222966	
Was The Accident Reported To The Police ?			
<input type="radio"/> NO	<input checked="" type="radio"/> YES Which Police Station :		
Does The Driver Own Any Other Vehicle ?			
<input checked="" type="radio"/> NO	<input type="radio"/> YES	Vehicle Number :	Insurer :
Was Any Foreign Vehicle Involved ?			
<input checked="" type="radio"/> NO	<input type="radio"/> YES Vehicle Number & Category :		
Was There Any Video Captured By Car Camera ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES	

Third Party's Particular

Vehicle B's Number : XD 7284X		Make & Model :	
Driver's Name :		NRIC :	HP :
Vehicle C's Number :		Make & Model :	
Driver's Name :		NRIC :	HP :

Witness's Particular

Name :		NRIC :	HP :
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**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. : Z22VC05013098

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI CANTER FEB21ER4SDEB  
 - YN6012G

2. Name of Policy Holder

EVEREST E&amp;C PTE. LTD.

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

25/08/2022

4. Date of Expiry of the Insurance

24/08/2023

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: HSLIM

Date Issued: 01/08/2022