

**NATIONAL Assessment Centre Services** (Print & Submit) **SM10823/0000**

Date In: <b>26/01/2023 16:31</b>	Job description	Date & Time Completed	Done by
Ref No: <b>X/BA/PC23000190/Y</b>	SAS e-filing		
Veh No: <b>YP-4570P</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>20/01/2023 14:31</b>	I-Motor Claim Form		
<b>OD</b> <b>TP</b> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 3hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Vch No: **SFT 39R** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( )

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: **URGENTLY: 0783-0019** 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: ( )

Action: ( )

Invoice Preparation Checklist	Amount	Remarks
1) AR: Accident Reporting (130)		
2) DA: Damage Assessment (1000)	INC (150)	
3) TP: Towing Fee	\$10/\$40	
4) PT: Follow-Through Survey	\$150	
5) PT: Follow-Through Survey (Resurvey)	\$30	
Excluding repair (Not Only Cover 12 hrs 2023)		
6) TR: Re/Superior	\$75	
7) NI: NI/DA + SMPT Survey	\$140	
8) NIUC Additional Referral		
QD:		
*NI: Courtesy Car / Tot Allowance	\$5	
*NI: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$15	
*NI: DV / Collect Excess Coordination	\$1	
TP (NI): TP (Non-INC) against INC	\$10	
5) NI/Inc Month		
Invoice Total		
Fee Charged		
Due Charge		

Checked by (Engr-In-Charge): ( )

Signature: ( )

Date: **12/3**

## 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	26/01/2023 16:51 (SGT)
Reported by	Driver
Date of Accident	20/01/2023 14:31 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS BISHAN
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4570P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALIFF KHAN BIN ALI HASSAN
NRIC No	SXXXX293E
Email Address	reeshankhan987@gmail.com
Mobile Phone No	(Phone) +65-87512486
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR85UH5A
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	2999

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05014126

#### DRIVER

Name of Driver	REESHAN KHAN BIN ALI KHAN
NRIC No	SXXXX523I
Date Of Birth	21/11/1997
Occupation	Outdoor

Date Of Driving Pass .....	28/04/2016
Driving experience .....	6 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87512486
Alt. Phone Number .....	-
Email Address .....	reeshankhan987@gmail.com
Address .....	BLK 547C SEGAR ROAD #13-17
Address complement .....	-
Postcode .....	673547
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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 .....	Raining
Road Surface .....	Wet

#### 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) .....	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 .....	TIMOTHY
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 .....	SFJ39R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	REESHAN KHAN BIN ALI KHAN
Gender .....	Male
Phone No .....	(Phone) +65-87512486
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YP4570P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	TIMOTHY
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YP4570P
Were seat belts worn? .....	Yes
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 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. 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' law yers/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' law yers/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 law yers/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

Sketch Plan

CTE TOWARDS BUHAN

The sketch plan is drawn on a grid. It shows a road layout with two vertical lanes. The left lane is labeled 'A' and the right lane is labeled 'B'. Above the lanes, there are two points of interest labeled 'A' and 'B'. To the right of the lanes, there are two points of interest labeled 'A' and 'B'. The text 'CTE TOWARDS BUHAN' is written above the lanes. To the right of the lanes, there are two points of interest labeled 'A' and 'B'. The text 'A) VP 4570P' and 'B) SFG 39R' is written to the right of the lanes.

**Describe Circumstances of the Accident**

On 20.01.2023 at about 1431hrs, I was travelling along CTE towards Bishan. The traffic was on slow move. Ahead of me there's a vehicle slow down and I follow suit. While heading straight, all of sudden I felt an hard impact from the rear. Then I realised a vehicle SFJ 39R had collided onto my rear. That's all.

**Declaration**

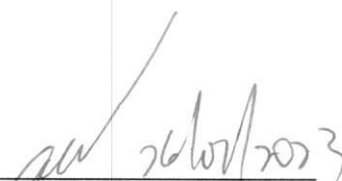
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



Date of Accident : 20.01.2023 Accident Time: 1431HRS (24-HR-Format)  
Accident Place : CTE Towards Bistan  
Vehicle. No. (Car Plate No.) : YP4570P Make/Model: ISUZU NPR85UH5A  
Insurance Company : KONRAC Policy No: Z22V05014126  
Owner or Company Name /IC No. : ALIFF KHAN BIN ALI HASSAN (8930293E)  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Reeshan Khan Bin Ali Hassan (897405231)  
DRIVER'S Date Of Birth : 21.11.1997 DRIVER'S License Pass Date 28.04.2016  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 547C Segar Rd #13-17 S(673547)  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) 87512486  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : reeshankhan987@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 2 Pax  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): Yes both

Other Party Driver's Particular (if any)

Vehicle. No: SFJ 39R	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

① - Timothy ② M

REPUBLIC OF SINGAPORE  
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

339441G

DECEASED	Death registered at NG TENG FONG GENERAL HOSPITAL, SINGAPORE					
	Full name of deceased ALIFI KHAN BIN ALI HASSAN					
	NRIC/Identification Document No S8930293E	Sex MALE	Date of birth 11/09/1992			
	Race/Dialect Group INDIAN/MALAY	Nationality SINGAPORE CITIZEN	Country/Place of birth SINGAPORE			
CAUSE OF DEATH BY CERTIFIER	Home Address APT BLK 811B CHOA CHU KANG AVENUE 7 #08-605 SINGAPORE 682811		Date and hour of death 21/05/2021 0134			
	Place of Address where death occurred NG TENG FONG GENERAL HOSPITAL		Approximate interval between onset and death			
			Years	Months	Days	Hours
	I (a) AORTIC ANEURYSM AND DISSECTION Disease or Condition leading to death  (b) Antecedent Causes  (c)  II Other Significant conditions					
Name and official status of person certifying cause of death DR SONG MAJINYANG, MEDICAL PRACTITIONER		Certificate of Cause of Death Reference No: COD-2021-NT-005581 Date: 21/05/2021				
INFORMANT	Name REESHAN KHAN BIN ALI HASSAN		I certify that the above information given by me is correct			
	Address APT BLK 547C SEGAR ROAD #13-17 SINGAPORE 673547		21 MAY 2021			
	NRIC/Identification Document No S97405231		Informant's Signature/ Date			
	Relationship BROTHER		Thumb impression			
REGISTRATION OFFICER	Name of Registration Officer MOHAMED KHAIRIL DANISH BIN MOHAMED KHALIP		Emergency Medicine Department Ng Teng Fong General Hospital 1 Jurong East Street 21, Singapore 609606			
	Designation REGISTRATION OFFICER					
	Date 21/05/2021					

DISPOSITION	PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]	
	Place of Burial or Place of Cremation CHUA CHU KANG GOVERNMENT CEMETERY	Religious type MUSLIM
INFORMANT MAKING APPLICATION	I REESHAN KHAN BIN ALI HASSAN NRIC/Identification Document No S97405231 apply for a permit to <input checked="" type="checkbox"/> bury <input type="checkbox"/> cremate <b>339441G</b> the deceased referred to in the Death Certificate No. For application to cremate only <input type="checkbox"/> I certify that to the best of my knowledge, the deceased has no written direction that he/she should not be cremated.	21 MAY 2021 Informant's Signature/ Date Thumb impression
	The Certificate of Cause of Death certified that there is <input checked="" type="checkbox"/> No evidence of poxmark or in the body of the deceased. <input type="checkbox"/> Evidence of poxmark/descent removed from the body of the deceased. Permit is approved 21 MAY 2021 Date	Emergency Medicine Department Ng Teng Fong General Hospital 1 Jurong East Street 21, Singapore 609606 Public Health





**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/06, The Concourse, Singapore 199555.

Tel: (65) 6250 7386 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. : Z22VC05014126

Type of Cover : THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

ISUZU NPR85UH5A  
- YP4570P

2. Name of Policy Holder

ALIFF KHAN BIN ALI HASSAN

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

07/10/2022

4. Date of Expiry of the Insurance

06/10/2023

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.

\* 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.

*Onele*

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: T12009

Date Issued: 27/09/2022

陳保險經紀私營有限公司  
TAN INSURANCE BROKERS PTE LTD  
3A/5A Aliwal Street, Chenn Leonn Building  
Singapore 199896  
www.tib.com.sg  
Tel: (65) 6742 6766 Fax: (65) 6742 6669

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	293E
<b>Vehicle Details</b>	
Vehicle No.:	YP4570P
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Mar 2023
Vehicle Make:	ISUZU
Vehicle Model:	NPR85UH5A
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	4JJ12S9871
Chassis No.:	JAANPR85HG7100510
Maximum Power Output:	-
Open Market Value:	\$32,961.00
Original Registration Date:	07 Oct 2016
First Registration Date:	07 Oct 2016
Transfer Count:	1
Actual ARF Paid:	\$1,649.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	06 Oct 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$17,832.00
COE Rebate Amount:	\$6,364.00
<b>Total Rebate Amount:</b>	<b>\$6,364.00</b>

The information contained herein is correct as at 26 Jan 2023

OK