

9001 1 2207501

W08281-0000

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Yell No: GBM 936H INC( ) / Non-INC( )

Owner / Driver: (

Policy No: (

Confirmed by : C

Date: \_\_\_\_\_

Time:

Insured/Driver Liability: (	%) (Note-Best Status (WO): N: 0-20%, P: 21-79%, F: 80-100%)
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Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / 52,000 ( )

## General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repeller.

( ) Total Loss Case : (o e-mail Insurer URGENTLY.

Drive-In( ) / Towed-In( ) ; Invoice: YES( ) / NO( ) ; Towing Co: ( )

Rem: Please call JUNG Tooling: 6788-6616

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

2) QC Check / Post Repair Inspection ( )

3) 'Updated Resurvey Photo [Repair Cost > \$3000] ( )

*Injury :*

Discrete Actions

[illegible]

## Invoice Preparation Checklist

1) AR: Accident Report	(\$300)	
2) DA: Damage Assessment	(\$1000)	INC (\$58)
3) TP: Towing Fee		\$10/\$42
4) PT: Follow-Through Survey		\$125
5) FT: Follow-Through Survey (Resurvey)		\$50
Excluding repair INC Only Aug 14 to 2018		
6) TR: Re/Superior		\$75
7) NI: New DA + SMRT Survey		\$140
8) NTUC Additional Fee:		
SD		\$5
*NG: Courtesy Car / Tot Allowance		\$10
*NG: Repair Coordination		\$125
*NT: Post Repair Inspection		\$5
*NG: DV / Collect excess Coordination		\$10
TP (NI) : TP (Non INC) replaces INC		10
9) Mileage Mobile		
Invoice filed	Fee Charged	
Insurance denied	due returned	

Checked by (Engr-In-Charge):

THE LOAN COMMITTEE

5. 1.

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	30/01/2023 17:59 (SGT)
Reported by	Driver
Date of Accident	30/01/2023 11:50 (SGT)
Exact Location of Accident	Tuas, Singapore
Additional Location Information	TOWARDS PIE CHANGI
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4681H
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	K & T AIR-CON ENGINEERING ENTERPRISE
Company Reg No	5XXXX924M
Email Address	kntaircon1995@gmail.com
Mobile Phone No	(Phone) +65-96884562
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	Auto
CC	2488

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05015181

#### DRIVER

Name of Driver	RAHAMAN MD RAHIFUR
Passport No/FIN	GXXXX025R
Date Of Birth	01/01/1993
Occupation	Outdoor

Date Of Driving Pass .....	22/02/2022
Driving experience .....	11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85437845
Alt. Phone Number .....	-
Email Address .....	kntaircon1995@gmail.com
Address .....	172A YIO CHU KANG ROAD
Address complement .....	-
Postcode .....	545624
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 .....	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? .....	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 .....	RAHMAN ASHRAFUR
Gender .....	Male

#### PASSENGER 2

Name .....	SIKDER JYOTIRMOY
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	GBM936H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HOSSAIN MOHAMMAD SHAHADAT
Contact Number	(Phone) +65-82316680
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### SKETCH PLAN

## IMPORTANT NOTICE

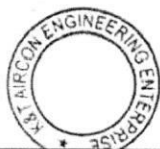
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies 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' 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' 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

A = GBE 4681H  
B = GBM 936FH



**Describe Circumstances of the Accident**

On 30.01.23 at about 11:50 am. I was travelling along  
I was slow down due to the front traffic.  
towards PIE Changi. Suddenly, I felt an impact. Vehicle B (GBM936H)  
hit onto rear portion of my vehicle (GBE 4681H)

**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

30/01/2023  
05:00 PM

30/01/2023

Date of Accident : 30-01-23 Accident Time : 11:30 am (24-HR-Format)

Who reported the accident? : Owner / (Driver) / Both

Accident Place : tuas towards PIE changi

Vehicle No (Car Plate No) : GBE 4681 H Make/Model: Nissan NV350 Panel Van

Insurance Company : Lompac insurance Policy No: 222VC05015181

Fleet Policy : YES / (NO)

Type of Coverage : (Comprehensive) / Third Party / Third Party Fire & Theft

Name of Owner / IC No : K & T Air-con Engineering Enterprise

Owner Contact No : - Owner's Hp 9688 4562 Company Tel

Driver Name / IC No : Rahaman MD Arifur (G 6869025R)

Driver's Date of Birth : 01-01-1993 Driver's License Pass Date : 22-02-2022

Relationship of Driver : Spouse / Parents / Children / Sibling / (Employee) / Other: \_\_\_\_\_

Driver's Address : 172A YIO CHU KANG ROAD, SINGAPORE 545624

Driver's Contact No : 1) 8543 7845 2) -

Driver's Occupation : INDOOR / (OUTDOOR) (e.g. working inside or outside office)

Email Address : Kntaircon 1995 @ gmail .com

Weather & Road Surface : CLEAR & DRY / (RAINING & WET) / AFTER RAIN & WET

Reporting Type : Reporting Only / (Claim Third Party) / Claim Own Insurance

Number of Passenger(include Driver) : 3 person (1 driver, 2 Passenger)

Was ther any video footage? : YES / (NO)

Exact purpose used at time of accident : Private Use / Private Hire / (Work Purpose)

Any injury (If Yes, Pls State) : No

Other Party Driver's Particular (if any)

VEH B : GBM 936 H (Chia Ping) Name & Contact No: Hossain Mohammad Shahadat

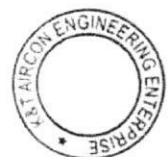
VEH C : \_\_\_\_\_ Name & Contact No: 8231 6680

VEH D : \_\_\_\_\_ Name & Contact No: \_\_\_\_\_

VEH E : \_\_\_\_\_ Name & Contact No: \_\_\_\_\_

\*NEW - Passenger's Name & Gender:

M : RAHMAN ASHRAFUR  
M : SIKDER JYOTIRMOY





# 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.: Z22VC05015181

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN NV350 PANEL VAN  
- GBE4681H

2. Name of Policy Holder

K & T AIR-CON ENGINEERING ENTERPRISE

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

18/12/2022

4. Date of Expiry of the Insurance

17/12/2023

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\$ 600.00 (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 OR DISTRIBUTOR-OWNED MOTOR WORKSHOP

\* 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.

H.P. Owner: ABWIN PTE LTD

*Amel*

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: EMOTORPAM

Date Issued: 29/11/2022