

NATIONAL Assessment Centre Services (Ref: 12/000)		8N0828/V000	
Date In: 31/01/2023 12:02	Job Description	Date & Time Completed	Done by
Ref No: 130/CP230009331/	SAS e-filing		
Veh No: G6F 24132	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 23/01/2023 04:40	I-Motor Claim Form		
OD: <del>TP</del> / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Veh No: 8ND 8519D	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( %)	(Note: Est Status (WO): N: 0-30%, P: 21-79%, P: 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 repater.  
 ( ) Total Loss Case: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( ) (INC 16/line: 6788-0016)	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

Incident Particulars: Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Comments: L2/3:	<b>Invoice Preparation Checklist</b> 1) AR: Accident Reporting (\$30) 2) DA: Damage Assessment (\$100) INC (\$50) 3) TF: Towing Fee \$40/\$45 4) PT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 *Excluding against INC Only (wef 12 Jan 2023) 6) TR: Re-inspection \$75 7) NI: New DA / EMRT Survey \$140 8) NIUC Additional Services: OD: *NI: Courtesy Car / Tpt Allowance \$5 *NI: Repair Coordination \$10 *NI: Post Repair Inspection \$25 *NI: DV / Collect Excess Coordination \$5 TP/NI: TP (Non-INC) against INC \$20 9) NI: 12hr Mobile \$10 Invoice dated _____ Fee Charged _____ Issued by _____
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## 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	31/01/2023 12:02 (SGT)
Reported by	Driver
Date of Accident	23/01/2023 04:40 (SGT)
Exact Location of Accident	Airport Blvd., Singapore Changi Airport (SIN), Singapore
Additional Location Information	T1 DEPARTURE DROP-OFF
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2413Z
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SGT SYSTEMS PTE. LTD.
Company Reg No	2XXXXX505G
Email Address	sgtsystems@yahoo.com.sg
Mobile Phone No	(Phone) +65-86790306
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05010289

#### DRIVER

Name of Driver	SIRAJ MD SIRAJUL ISLAM
Passport No/FIN	GXXXX723X
Date Of Birth	19/03/1982
Occupation	Outdoor

Date Of Driving Pass .....	15/10/2015
Driving experience .....	7 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86790306
Alt. Phone Number .....	-
Email Address .....	sgtsystems@yahoo.com.sg
Address .....	21 JALAN CHEMPAKA PUTE
Address complement .....	-
Postcode .....	489017
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? .....	Yes
Police Station Name .....	Tanah Merah Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004499999
Alt. Police Station Phone No .....	(Fax) +65-62447251
Police Station Address .....	Blk 51 New Upper Changi Road #01-1514 Singapore 461051
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 .....	SHD8579D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	LAI MENG ONG
NRIC No .....	SXXXX168H
Contact Number .....	(Phone) +65-90291664
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

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;

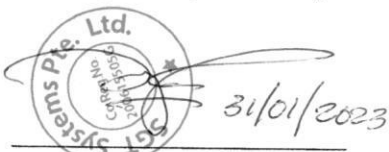
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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 31/01/2023

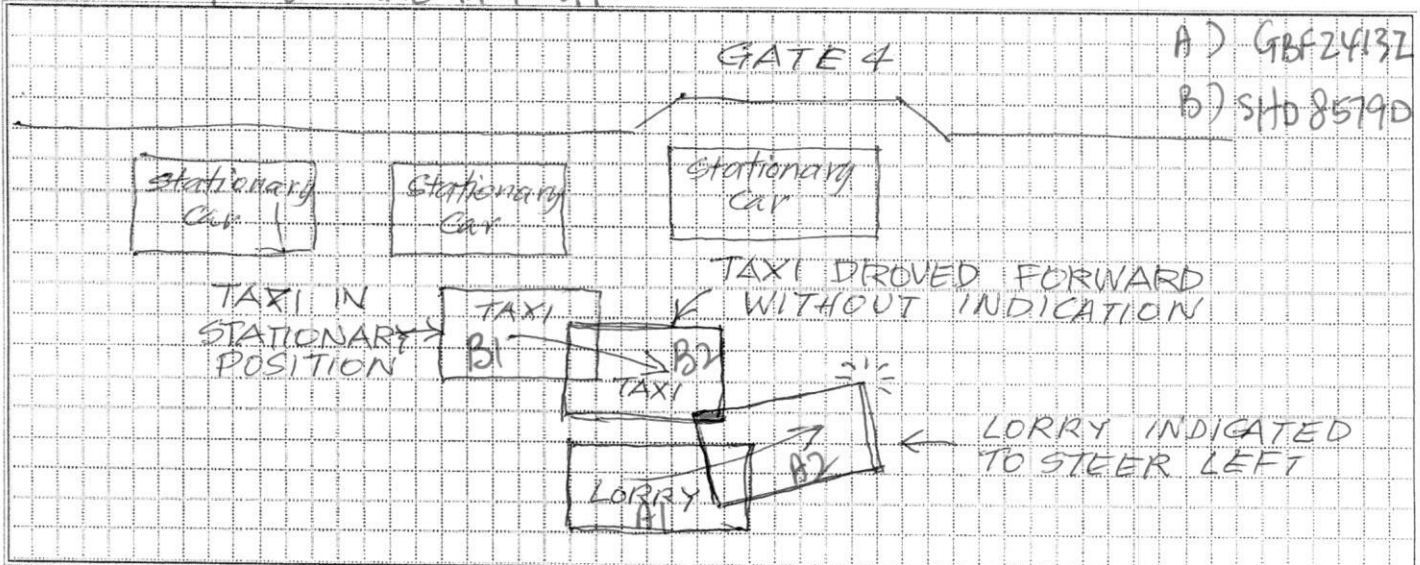
  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time 31/01/2023

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) 31/01/2023

Sketch Plan

T/I DEPARTURE DROP-OFF

11.30 am



Describe Circumstance of the Accident

Date of accident = MON, 23 JAN 2023 at 4:40AM

Location of accident = CHANGI AIRPORT TERMINAL 1, DEPARTURE

- Our lorry (GBF2413Z) was driving up to the drop-off and pick-up to pickup two arriving employee (passangers)
- There was a stationary Yellow Taxi (SHD 8579D) at 2nd lane from left.
- As our lorry was driving pass the stationary taxi on 3rd lane from left, with left indicator, preparing to stop in front of gate 4, the taxi was driving forward-right without indicator and came into contact with our lorry (Back-left)
- The taxi driver was appologetic as he approach Siraj expressing that he was not aware of our lorry approaching from his right lane.

Declaration

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



Policyholder's Signature / Date & Time

31/01/2023

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

31/01/2023 11:30am

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

31/01/2023



**CONFIDENTIAL**

**ANNEX E**

**NOTICE OF REPORTING**

This is to confirm that Siraj Md Sirajul Islam, NRIC: G7532723X, HP: 86790306 has reported to the Police a non-injury traffic accident which occurred along Changi Airport Terminal 1, Departure Hall, Drop Off Point on 23/01/2023 at 0440hrs. involving the following vehicles :-

- i) **Nissan Cabstar GBF2413Z**
- ii) **Comfortdelgro Yellow Cab SHD8579D**

2 If this accident was reported to the Police within 24 hours of its Occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276

Rank/Name of Issuing Officer: SGT (3) Teng Chee Hern

Date: 29/01/2023

Time: 2120hrs

Station Diary ref: 8

Police Post/Unit: Tanan Merah Neighbourhood Police Post

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

**CONFIDENTIAL**

version as of 15 Sep 2000

# ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 01 / 2023 (DD/MM/YYYY), TIME: 04:40 (HH:MM)  
LOCATION: CHANGI AIRPORT TERMINAL 1, DEPARTURE DROP-OFF

1. DETAILS OF VEHICLE
  - a) VEHICLE NUMBER: GBF24132
  - b) INSURANCE COMPANY: LONPAC INSURANCE BHD
  - c) POLICY NUMBER: Z22VC05010289
  - d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
  - e) MAKE & MODEL: NISSAN CABSTAR 3.0
  - f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
  - g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
  - h) PURPOSE OF USING AT ACCIDENT TIME: PICK-UP ARRIVING WORKERS
  - 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: SGT SYSTEMS PTE LTD (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: 2006195054 CONTACT: 96790306
  - c) ADDRESS: 5 SOON LEE STREET #03-24 S627607

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger  
(including driver)  
(1)

- DRIVER
  - a) NAME: SIRAJ MD, SIRAJUL ISLAM (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: G7532723X CONTACT: 96790306
  - c) ADDRESS: 21 JLN CHEMPAKA PUTEH S482017

\* d) DATE OF BIRTH: 19/03/1982 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR CLASS 3

f) DATE OF DRIVING PASS PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) EMPLOYEE
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: EMPLOYEE

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
- b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) TANAH MERAH NPD
7. a) REPORTED TO POLICE (YES/NO) TANAH MERAH NPD

IF YES, PLEASE STATE WHICH POLICE STATION: TANAH MERAH NPD

8. THIRD PARTY VEHICLE
  - a) VEHICLE NUMBER: SHD8579D MODEL: CLASS 3
  - b) DRIVER'S NAME: LAI MENG HONG
  - c) NRIC/FIN/PASSPORT: S1648168H CONTACT: 90291664

No of passenger  
(including driver)  
(1)

9. THIRD PARTY VEHICLE
  - a) VEHICLE NUMBER: SHD8579D MODEL: CLASS 3
  - b) DRIVER'S NAME: LAI MENG HONG
  - c) NRIC/FIN/PASSPORT: S1648168H CONTACT: 90291664

No of passenger  
(including driver)  
(1)

email: sgtsystems@yahoo.com.sg  
VIDEO





**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 189555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F04005635-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. : Z22VC05010289

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5  
- GBF2413Z

2. Name of Policy Holder

SGT SYSTEMS PTE LTD

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

15/02/2022

4. Date of Expiry of the Insurance

14/02/2023

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

\* 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 : ETHOZ GROUP LTD

*Onele*

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: EMOTORHAZE

Date Issued: 14/02/2022