

**NATIONAL Assessment Centre Services** (Call 1-800-555-1234) **510823A0003**

Date In: <b>13/03/2023 09:30</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/LPC23002568/Y</b>	SAS e-filing		
Yeh No: <b>Y8 6858H</b>	E-mail (with this, AIC this)		
D.O.A: <b>10/03/2023 11:30</b>	1-Motor Claim Form		
OD: <b>(TP) Reporting Only</b>	1-Motor W/O (with: od this, TP this)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp (INC Assign Wksp / OW: ( ) ) Tel: ( ) Fax: ( )

TP Particulars: Yeh No: **Y8 6858H** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) (Note: Hst Status (W/O): 1: 0-30%, 2: 31-70%, 3: 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 info of repair.

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

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

Remarks: **TP INC Towing Co: 6018**

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Other: ( )

Invoice Preparation Charge	Class	Std
1) AR: Accident Package (\$300)		
2) DA: Damage Assessment (\$1000)	INC (\$50)	
3) TP: Towing Fee	\$100/\$45	
4) PT: Follow-Through Survey	\$110	
5) PT: Follow-Through Survey (Battery)	\$30	
6) TR: Reformation	\$75	
7) NI: New DA + SMRT Survey	\$140	
8) NTUC Additional Services		
9) GP		
10) NI: Courtesy Car / Tel Allowance	\$5	
11) NI: Repair Coordination	\$10	
12) NI: Post Repair Inspection	\$25	
13) NI: DV / Collect Excess Coordination	\$1	
14) TP (H1) TP (H1) INC (H1) INC (H1)	\$10	
15) NI: Motor		
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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	13/03/2023 09:32 (SGT)
Reported by	Driver
Date of Accident	10/03/2023 11:30 (SGT)
Exact Location of Accident	Jln. Ahmad Ibrahim, Singapore
Additional Location Information	BEFORE PIONEER CIRCUS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6858H
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GALAXY LOGISTICS PTE LTD
Company Reg No	1XXXXX446Z
Email Address	arasan1109@gmail.com
Mobile Phone No	(Phone) +65-96146543
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NNR85UH4A
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	2999

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC5014603

#### DRIVER

Name of Driver	LAKSHMIKANDHAN ASOKAN
Passport No/FIN	GXXXXX811U
Date Of Birth	20/05/1981
Occupation	Outdoor

Date Of Driving Pass .....	22/07/2019
Driving experience .....	3 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96146543
Alt. Phone Number .....	-
Email Address .....	arasan1109@gmail.com
Address .....	9 DAIRY FARM HEIGHTS #06-22
Address complement .....	THE SKYWOODS
Postcode .....	677670
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20230310/7054

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBF4181D
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	XD3469B
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 .....	LAKSHMIKANDHAN ASOKAN
Gender .....	Male
Phone No .....	(Phone) +65-96146543
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YN6858H
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.

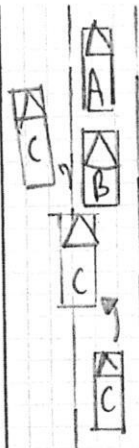


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Jalan Ahmad  
Ibrahim b4  
Prancis Circus

- (A) YN 6858H
- (B) 6BF 4181D
- (C) XE 3469B



Describe Circumstances of the Accident

On 10-03-2023 at about 11:30hrs, I was travelling along Jalan Ahmad Ibrahim before Pioneer Circus. Ahead of me, there is a vehicle slow down and stop, I follow suit. While waiting, all of a sudden I felt an hard impact from the rear. Then I realised a lorry 6BF 4191D had collided onto my rear. I felt pain on back and neck. Total 3 vehicles involved into accident.

POLICE REPORT 7/20230310/7054

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 13/03/2023  
Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20230310/7054

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20230310/7054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/03/2023 16:49		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LAKSHMIKANDHAN ASOKAN		Address: APT BLK 11 KIAN TECK LANE #03-38 BLUE STARS DORMITORY SINGAPORE 627848			
ID Type / ID No.: FIN NO / G6573811U		Contact No.: Home/Office:		Mobile: 96146543	
Nationality: INDIAN		Email: aasokan758@gmail.com			
Sex: Male	Age: 41	Date of Birth: 20/05/1981	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: Driver		Driving Licence Information: Class:		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/03/2023 11:30	Type of Location: Straight Road
Location:  JALAN AHMAD IBRAHIM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF4181D	Lorry					0
XE3469B	Lorry					0
YN6858H	Lorry					0



**SINGAPORE  
POLICE FORCE**



T/20230310/7054

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20230310/7054

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF4181D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LAKSHMIKANDHAN ASOKAN		ID No.	G6573811U
Related Vehicle	YN6858H (Lorry)		Contact No.	96146543
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Slight

**Brief Details.**

on 10.03.2023 at about 11.30hrs, I was traveling along Jalan Ahmad Ibrahim before Pioneer Circus. Ahead of me there's vehicle slow down and stop, I follow suit. While waiting, all of a sudden I felt an hard impact from the rear. Then I realized a vehicle GBF 4181D had collided onto my vehicle. The impact was hard and felt pain on my back and neck. I consult doctor and was given 3 days of mc. Total 3 vehicles involve in the accident. That's all.





**SINGAPORE  
POLICE FORCE**



T/20230310/7054

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20230310/7054

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
10/03/2023 16:49

Classification Of Case:

Date of Accident : 10.0323 Accident Time: 11:30hrs (24-HR-Format)  
 Accident Place : Jalan Ahmad Ibrahim B4 Pioneer Cirau  
 Vehicle. No. (Car Plate No.) : YN 6958H Make/Model: 1842U NNR954H4A  
 Insurance Company : Lonpac Policy No: 222VC05014603  
 Owner or Company Name /IC No. : Galaxy Logistics Pte Ltd (1998024462)  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : LakshmiKandhan Asokan (665738114)  
 DRIVER'S Date Of Birth : 20.05.1981 DRIVER'S License Pass Date 22.07.2019  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: ☒ Others:  
 DRIVER'S Address : 9 Dairy Farm Heights #06-22 The Skywoods S(677670)  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) 96146543  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : arasan1109@gmail.com  
 Weather & Road Surface : ☒ CLEAR & DRY \ ☐ RAINING & WET \ ☐ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance ☒ Claim Other Party  
 Number of Passengers (Including Driver): Driver only  
 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

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>6BF 4181D (China)</u>	Vehicle. No: <u>XE 3A69B</u>
Vehicle Make\Model: _____	Vehicle Make\Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

**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. : Z22VC05014603

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

ISUZU NNR85UH4A  
- YN6858H

2. Name of Policy Holder

GALAXY LOGISTICS PTE LTD

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

06/11/2022

4. Date of Expiry of the Insurance

05/11/2023

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.

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: EMOTORHAZE  
Date Issued: 25/10/2022

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	446Z

### Vehicle Details

Vehicle No.:	YN6858H
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Apr 2023
Vehicle Make:	ISUZU
Vehicle Model:	NNR85UH4A
Primary Colour:	Blue
Manufacturing Year:	2014
Engine No.:	4JJ11J9935
Chassis No.:	JAANNR85HE7100150
Maximum Power Output:	-
Open Market Value:	\$30,103.00
Original Registration Date:	06 Nov 2014
First Registration Date:	06 Nov 2014
Transfer Count:	0
Actual ARF Paid:	\$1,506.00

### Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Expiry Date:	05 Nov 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$27,216.00
COE Rebate Amount:	\$4,288.00
<b>Total Rebate Amount:</b>	<b>\$4,288.00</b>

The information contained herein is correct as at 10 Mar 2023

OK