

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date In	28/03/2023		
Ref No	NA/LPC23003223/d4		
Veh No	PC 588R		
DOA	27/03/2023		
OD / (TP) Reporting Only			
TP Insurer:			
Job description			
SAS e-filing			
E-mail (within 3hrs, APT 2hrs)			
i-Motor Claim Form			
i-Motor W/O (Within: OD 2hrs, TP 4hrs)			
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:	Veh No: GBL 846P.	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: (Cover Type: (
Period: (
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	Amt (\$)	
		1st Bill	Add
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Call 1:	For claiming against INC Only (wef 10 Jan 2005)		
Call 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idm 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		
	9) N12: Idm Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	28/03/2023 16:45 (SGT)
Reported by	Actual Driver
Date of Accident	27/03/2023 17:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORNIE HIGHWAY TOWARDS BRADDELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC588R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CKR CONTRACT SERVICES PTE LTD
Company Reg No	2XXXXX739G
Email Address	s.ritesh@ckrgroup.com.sg
Mobile Phone No	(Phone) +65-63089309
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	2953

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC30113367

DRIVER

Name of Driver	PATHIE BIN ABDUL GHANI
NRIC No	SXXXX828B
Date Of Birth	07/12/1959
Occupation	Outdoor

Date Of Driving Pass	02/01/2001
Driving experience	22 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85692839
Alt. Phone Number	-
Email Address	s.ritesh@ckrgroup.com.sg
Address	APT BLK 705 JURONG WEST STREET 71
Address complement	# 07-74
Postcode	640705
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	3
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

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	GBL846P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD FAHVILI BIN MUHAMMAD ASMARAK
NRIC No	SXXX187J

Contact Number	(Phone) +65-88513680
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	YN5043Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	BODDU MAHESH
Passport No/FIN	GXXXX864N
Contact Number	(Phone) +65-81479195
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

SKETCH PLAN

1. Please ~~report~~ report correctly the details of the accident to speed up the claims process.
2. This ~~form~~ 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 ~~is~~ use 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~~ 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~~ 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.

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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



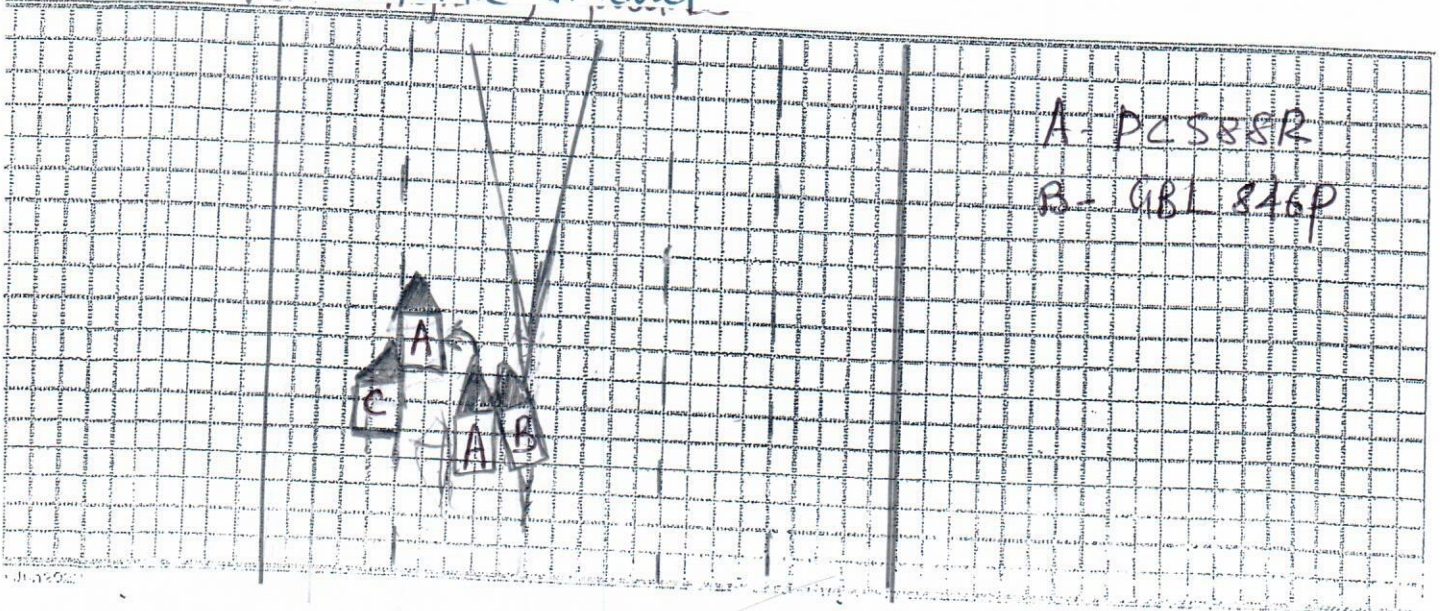
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Mac Ritchie Viaduct



Describe Circumstance of the Accident

On the above stated date and time, I was driving along Macritchie Viaduct road and it was a 5 lane Road, two turning left to for payoh. I was on the fourth lane and while heading straight, suddenly vehicle B hit the right side portion of my vehicle and due to the impact, my vehicle move to a little left which caused vehicle C to hit the left side of my vehicle.

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 28/3/23

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

[Signature] 28/3/23

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

ACCIDENT STATEMENT

ACCIDENT DATE: 27/03/2023 (DD/MM/YYYY), TIME: 17:05 (HHMM)

LOCATION: lonie highway towards Braddell

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: PC 588R
 b) INSURANCE COMPANY: tonpaul
 c) POLICY NUMBER: 222 VC 30113367
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Nissan unvan microbus AUTO / MANUAL
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working time
 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: CLR Contract Services pte ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200416739G CONTACT: 63089309
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER
 a) NAME: Pathie Bin Abdul Ghani (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1392828B CONTACT: 85692839
 c) ADDRESS: Apt BIK 705 Surong West Street # 07-74
8640705

d) DATE OF BIRTH: 07/12/1959 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 02/01/2001

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

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

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBL 846P MODEL: _____
 b) DRIVER'S NAME: Muhammad Fahlivi Bin Muhammad Asmarak
 c) NRIC/FIN/PASSPORT: 88017187J CONTACT: 88513680

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: YN 5043Z MODEL: _____
 e) DRIVER'S NAME: Boddu Mahesh
 f) NRIC/FIN/PASSPORT: G2464864N CONTACT: 81479195

Email = S.Ritesh @ ckr group.com.sg

Phone = _____

Address = No



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

CONFIDENTIAL

MZ600

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No. : Z22VC30113367

Type of Cover : THIRD PARTY FIRE AND
THEFT

1. Index Mark and Vehicle Registration Number

NISSAN URVAN MICROBUS
3.0 4DR 5MT ABS AIRBAG
- PC 588R

2. Name of Policy Holder

CKR CONTRACT SERVICES PTE LTD

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

01/07/2022

4. Date of Expiry of the Insurance

30/06/2023

5. Persons or Classes of Persons entitled to drive.

(A) THE POLICYHOLDER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER
OR WITH HIS/HER 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 ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S
BUSINESS. THE POLICY DOES NOT COVER:- (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL
OR SPEED-TESTING. (2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR
REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE. Geographical Area: Within
the Republic of Singapore only.

Excess : S\$1500.00 (SECTION 2)
S\$2500.00 (SECTION 2) ADDITIONAL EXCESS FOR
YOUNG &/OR INEXPERIENCED DRIVERS

* 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 to be 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)