

NATIONAL Assessment Centre Services

(Call 1-800-555-5555) **SN00234R0002**

Date In: 21/04/2023 11:22	Job description: SAS e-Milling	Date & Time Completed:	Done by:
Ref No: NBA/IPC 2800 43249	E-mail (include email, AIC this):		
Yeh No: GBL 32135	1-Motor Claim Form		
D.O.A: 21/04/2023 08:30	1-Motor W/O (with: QD Inq, TP Inq)		
QC TP Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VL/Inq		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars: Yeh No: GBL 10526 INC () / Non-INC ()		
Owner / Driver:	Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: () Date: Time:		
Insured/Driver Liability: () % (Note: Inc Status (WO): 1: 0-30%, F: 31-70%, F: 90-100%)		
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: **WINE TO INQ 0618:0010** Date & Time Completed: Done by:

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

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Other: ()

Invoice Particulars:	Invoice Itemization (QW/Inq/Inc)	Amount
Owner:	1) All: Accident Passport (\$300)	
Driver No:	2) DA: Damage Assessment (\$1000) INC (\$50)	
Assigned Portion: Wksp	3) TP: Towing Fee \$10/\$15	
Checked by (Eng/In-Charge):	4) PE: Yellow Through Survey \$120	
	5) PE: Yellow Through Survey (Emergency) \$50	
	6) TR: Redemption 375	
	7) NI: Blue DA + SMRT Survey \$140	
	8) NTUC Additional Services	
	QW:	
	*NI: Courtesy Car / Tel Allowance \$5	
	*NI: Repair Coordination \$15	
	*NI: Post Repair Inspection \$15	
	*NI: BY / Collect Excess Coordination \$1	
	*TP (NI) / TP (Inc/INC) / Police INC \$10	
	*NI: (NI) Move \$10	
	Invoice Total	
	Fax Charge	



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	27/04/2023 11:22 (SGT)
Reported by	Actual Driver
Date of Accident	26/04/2023 08:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BEFORE CTE (CITY) EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3213S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PROSPECT CONSTRUCTION PTE LTD
Company Reg No	2XXXXX017N
Email Address	prospectcon.office@gmail.com
Mobile Phone No	(Phone) +65-90550510
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05016551

DRIVER

Name of Driver	JAYARAMAN JAYAKRISHNAN
Passport No/FIN	GXXXX966Q
Date Of Birth	12/02/1988
Occupation	Outdoor



Date Of Driving Pass	30/01/2019
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84126131
Alt. Phone Number	-
Email Address	prospectcon.office@gmail.com
Address	21 WOODLANDS CLOSE #02-19D
Address complement	PRIMZ BIZHUB
Postcode	737854
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	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)	4
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	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
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
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL1052G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	OSMAN BIN SUJAK
NRIC No	SXXXX820B
Contact Number	(Phone) +65-87512149
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

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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 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

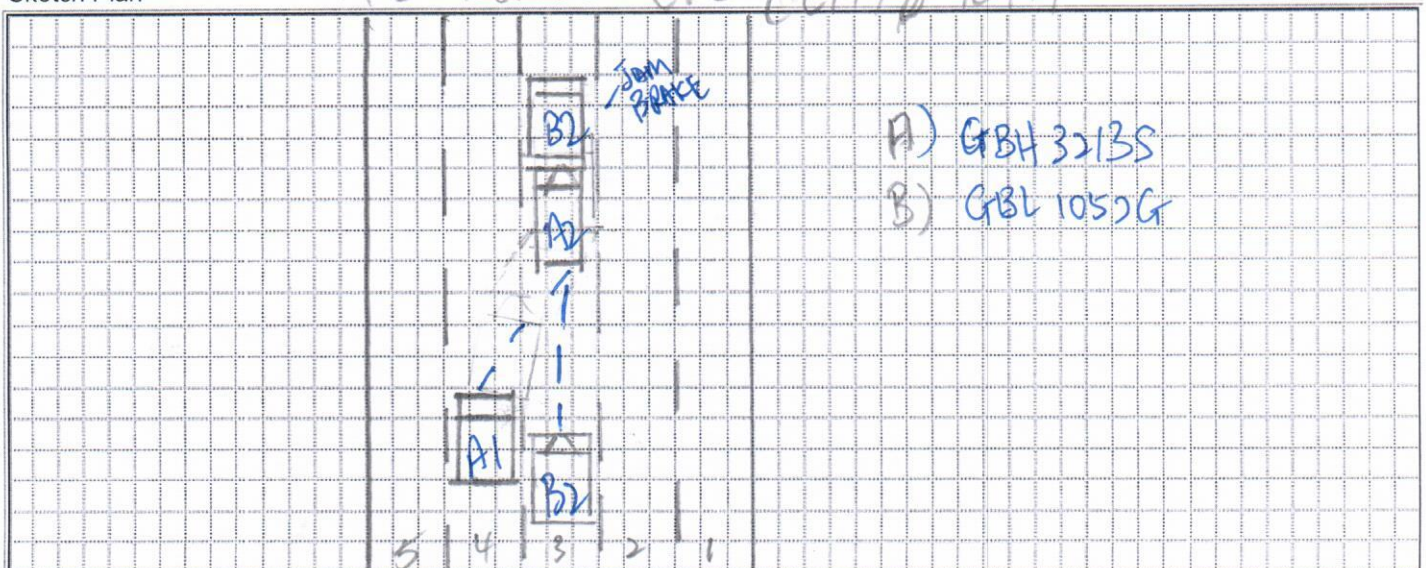
J. Jayarathna

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

27/04/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

PIIE BEFORE CTR (CITY) EXIT



Describe Circumstance of the Accident

on 26/04/2023 AT ABOUT 08:30 HRS I WAS TRAVELLING
 AHEAD TOWARDS WAS JUST BEFORE CTE (CITY) EXIT. TRAFFIC
 WAS NORMAL & I TRAVEL WITH A NORMAL SPEED ON
 LANE 2 (LEFT LANE). WHEN I WAS ABOUT TO CHANGE
 LANE I SAW A VAN GBL1052G FROM MY REAR VIEW
 MIRROR & I LET HIM PASS ME, AFTER HE PASS
 ME I START TO SWITCH LANE, AFTER MY LORRY WAS
 STRAIGHTEN, SUDDENLY I SAW THE VAN BRAKE LIGHT
 SO I GENTLYLY BRAKE BECAUSE BEHIND MY LORRY
 HAVE 2 WORKER WHICH I COULD NOT JAM BRAKE
 & HIT THE REAR OF THE VAN.

Declaration

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



J. Jayarajishan

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)

27/04/2023

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 09 / 2023) (DD/MM/YYYY), TIME: (8:30 : 8:45 AM) (HH:MM)

LOCATION: ^{KBI} GEXLANG (PTE) Lim change PIE B/F CTE (CITY) EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH3213S
 b) INSURANCE COMPANY: LONPAC INSURANCE BHD
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT 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: Prospect Construction (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2016150174 CONTACT: 90550510
 c) ADDRESS: (KINCA)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: JAYARAMAN JAYAKRISHNAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: A 8684 9669 CONTACT: 84126131
 c) ADDRESS:

* d) DATE OF BIRTH: (12 / 02 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30/01/2019

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: GB210526 MODEL:
 b) DRIVER'S NAME: Osman Bin SCITAC
 c) NRIC/FIN/PASSPORT: S17618203 CONTACT: 87572149

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

Email: Prospect.con.office@gmail.com

VIDEO



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. : Z23VC05016551

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA DYNA 150 5MT
- GBH3213S

2. Name of Policy Holder

PROSPECT CONSTRUCTION PTE LTD

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

25/04/2023

4. Date of Expiry of the Insurance

24/04/2024

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.

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CHIEF EXECUTIVE
(Singapore Branch)

User ID: EMOTORCAT
Date Issued: 28/02/2023