

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date In	10/05/2023		
Ref No	NA/PC23004806/d4		
Veh No	YQ 2438Y		
DOA	10/05/2023 10:15		
OD/TP/Reporting Only			
TP Insurer:			
Job description			
SAS e-filing			
E-mail (within 2hrs, Aft 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: PC 4177S.

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

Cover Type: (

Policy No: (

Period: (

Date:

Time:

Confirmed by: (

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; 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 repaler.

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

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

Remarks: (INC Hotline: 6788 6616)

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/Repairation Checklist	Amc (\$)	Est. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idau Mobile \$10		
	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	10/05/2023 15:53 (SGT)
Reported by	Actual Driver
Date of Accident	10/05/2023 10:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF SUNGEI KADUT LOOP
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ2438Y

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MEIDA CONSTRUCTION PTE LTD
Company Reg No	2XXXXX153D
Email Address	kim@meida.com.sg
Mobile Phone No	(Phone) +65-96346716
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NNR85UH4A AMT
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	2999

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05016262

#### DRIVER

Name of Driver	NATESAN DHINAKARAN
Passport No/FIN	GXXXX330K
Date Of Birth	13/04/1984
Occupation	Outdoor



Date Of Driving Pass .....	26/02/2019
Driving experience .....	4 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82049021
Alt. Phone Number .....	-
Email Address .....	kim@meida.com.sg
Address .....	266 SERANGOON CENTRAL DRIVE
Address complement .....	# 05-255
Postcode .....	550266
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) .....	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 .....	PC4177S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	CHINNAPPAN UTHIRAPATHI
Passport No/FIN .....	GXXXX553U

Contact Number	.....	(Phone) +65-98684523
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 ~~fill~~ 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 ~~is~~ ~~is~~ and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any ~~else~~ 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~~ ~~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.

### B. 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

Slip road of Sungei Kadut Jamb

A-40 2438Y

B-DC 4171S

Please Refer to the attached



# Google Maps Sungei Kadut Loop



Image capture: Aug 2022 © 2023 Google

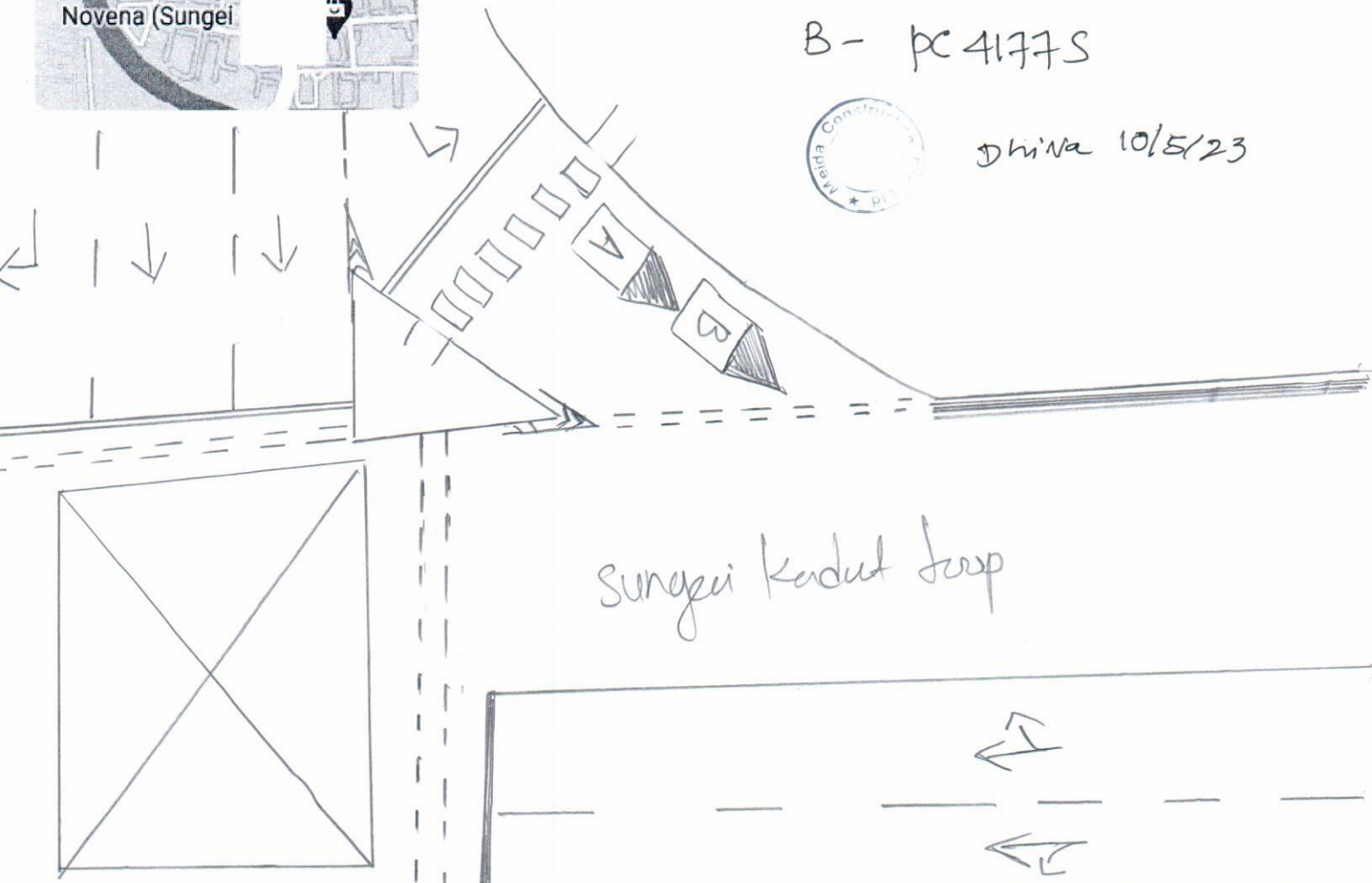


A- YQ 2438Y

B- PC 4177S



Dina 10/5/23





Describe Circumstance of the Accident

On the above stated date and time, I was driving along Sungai Kerudut road and I was at the slip road of Sungai Kerudut road. Vehicle B was in front of me. Then I saw vehicle B start to move off and I also follow suit, but suddenly there was an oncoming vehicle on the right hand side of the road and after seeing the vehicle vehicle B, suddenly I brake and I follow suit and I hit the rear portion of vehicle B.

Declaration

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



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)

Dhina 10/5/23

James 10/5/2023



# ACCIDENT STATEMENT

ACCIDENT DATE: 10/05/2023 (DD/MM/YYYY), TIME: 10:15 (HH:MM)

LOCATION: Slip road of Sungai Kadut loop

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: YQ 2438 Y

b) INSURANCE COMPANY: Ionipal

c) POLICY NUMBER: Z23 VC 05016262

d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT

e) MAKE & MODEL: SUZUKI

AUTO / MANUAL

f) TYPE: SALEEN / 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: Meida Construction pte ltd

(MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 200819153D

CONTACT: 96346716

c) ADDRESS: \_\_\_\_\_

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

DRIVER

a) NAME: Nafesan Dhinekaran

(MALE / FEMALE)

b) NRIC/FIN/PASSPORT: G7719330K

CONTACT: 82049021

c) ADDRESS: 286 Senggaran Carpal Drive #05-255

d) DATE OF BIRTH: 13/04/1984 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 26/02/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITIONS: 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: PC 4177S

MODEL: \_\_\_\_\_

b) DRIVER'S NAME: Chinnappan Uthirapathi

c) NRIC/FIN/PASSPORT: G7769553U

CONTACT: 9868-4823

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_

MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_

CONTACT: \_\_\_\_\_

dhirananadasan@gmail.com

kim@meida.com.sg

Email = meida@singnet.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

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 1980 (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. : Z23VC05016262

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

ISUZU NNR85UH4A AMT  
- YQ2438Y

2. Name of Policy Holder

MEIDA CONSTRUCTION PTE LTD

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

18/03/2023

4. Date of Expiry of the Insurance

17/03/2024

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\$ 700.00 (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 : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

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CHIEF EXECUTIVE  
(Singapore Branch)

陳保險經紀私營有限公司  
TAN INSURANCE BROKERS PTE LTD  
3A/5A Aliwal Street, Chenn Leonn Building  
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