

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date In: 07/06/2023 10:14	Job Description: SAS e-Mailing		
Ref No: NBA/LPC28005724/4	E-mail (attach form, AIC 2013)		
Val No: YP-8710B	1-Motor Claim Form		
D.O.A: 06/06/2023 16:15	1-Motor W/O (White: OD form, TP form)		
OD: TP: Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		
Preferred Wksp / INC Assgn Wksp / OW: ()		Tel:	Fax:
TP Particulars:	Yell No: SLX 469TA	INC () / Non-INC ()	
Owner / Driver: ()	Period: ()	Cover Type: ()	
Policy No: ()	Confirmed by: ()	Date:	Time:
Insured/Driver Liability: ()	95) (Note: Hsc Status (WO): 10: 0-20%, P: 21-70%, P: 80-100%)		
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()		
Center Remarks:			
() Walk-In Customer / Customer's Information strictly Confidential & Supply NO info of repeller.			
() Total Loss Case : to e-mail Insurer URGENTLY.			
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()			
Remarks: (INC 1001110788-0014)			
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo [Repair Cost > \$3000] ()			
Injury: ()			
Date of Loss: ()			
Time of Loss: ()			
Location: ()			
Weather: ()			
Road Conditions: ()			
Vehicle Condition: ()			
Driver's License: ()			
Insurance Policy: ()			
Assessment/Repair: ()			
Checked by (Engr-In-Charge): ()			
Comments: ()			
Signature: ()			
Date: ()			
Time: ()			
Location: ()			
Weather: ()			
Road Conditions: ()			
Vehicle Condition: ()			
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Checked by (Engr-In-Charge): ()			
Comments: ()			

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	07/06/2023 10:14 (SGT)
Reported by	Actual Driver
Date of Accident	06/06/2023 16:15 (SGT)
Exact Location of Accident	Upper Changi Rd N, Singapore
Additional Location Information	TURNING LEFT INTO UPPER CHANGI ROAD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8710B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	STAR ENVIRONMENTAL SERVICES PTE. LTD.
Company Reg No	2XXXXX264G
Email Address	star.envi18@gmail.com
Mobile Phone No	(Phone) +65-97784889
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2998

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05017476

DRIVER

Name of Driver	SANGAR MADHANRAJ
Passport No/FIN	GXXXX267X
Date Of Birth	24/06/1991
Occupation	Outdoor

Date Of Driving Pass	25/11/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83122141
Alt. Phone Number	-
Email Address	star.envi18@gmail.com
Address	9 TRACTOR ROAD
Address complement	-
Postcode	627970
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)	2
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	R.RAMKUMAR
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
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX4695A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WILSON TAN QIU YUN
NRIC No	SXXXX168J
Contact Number	(Phone) +65-91544484
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.

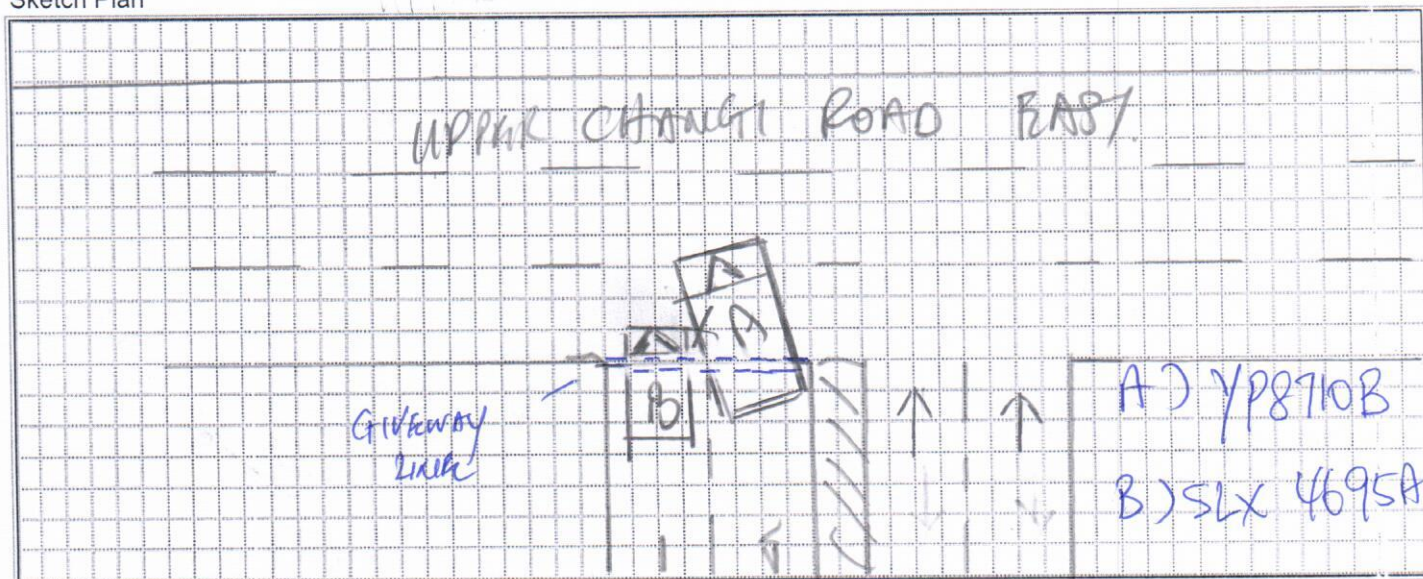


Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident

ON 06/06/2023 AT ABOUT 16:15HRS I WAS AT UPPER
CHANGI ROAD NORTH & WANTED TO TURN LEFT INTO
UPPER CHANGI ROAD EAST. STOP AT THE JUNCTION FOR
THE GREEN LIGHT. WHEN IT TURN GREEN I MAKE
A LEFT TURN & SUDDENLY I FELT A BUMP ON
MY LEFT THERE IS A CAR SLX4675A WAS AT
THE LEFT SIDE WHICH I DID NOT NOTICE HE WAS
THERE MY LEFT SIDE BUSH AGAINST THE FRONT OF
THE CAR THAT ALL.

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)

2. Mohamed 07.06.2023 9.5 AM

07/06/2023

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 06-06-2023	TIME OF ACCIDENT : 11.15 PM
VEHICLE NO : 7P 8710 B	TRANSMISSION : AUTO / MANUAL <input checked="" type="checkbox"/>
MAKE & MODEL : MITSUBISHI	LOCATION : UPPAR Changi Road North
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : <input checked="" type="radio"/> OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : LON PAC INSURANCE LTD	POLICY NO : Z23VC05017476
TYPE OF COVERAGE : <input checked="" type="radio"/> COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : <input checked="" type="radio"/> (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : M. VARTHAPADAN	NRIC : G16962267X
ADDRESS : 05 Coleman Street #02-17 Peninsula Excelsior Hotel (S) 179805	CONTACT NO : 97784889
EMAIL ADDRESS : SSAP star.envij8@gmail.com	VIDEO RECORDING : YES / NO <input checked="" type="checkbox"/>
NAME OF DRIVER : AS ABOVE / IF NO : S. MADHANRAJ	NRIC : _____ CONTACT NO : 83122141
DRIVER OWNER RELATIONSHIP : _____	PASSENGER : _____ MALE (<input checked="" type="checkbox"/>) FEMALE () R. RAMKUMAR
DATE OF BIRTH : 24 / 06 / 1991	DRIVING PASSING DATE : 25 / 11 / 2021
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : 9, Tractor Road 627970
ANY INJURIES : NO, IF YES : NO	POLICE REPORT : NO / IF YES WHERE ? _____
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : SIX 4695A	VEHICLE C REG NO : _____
DRIVER NAME : WILSON TAN QIU YUN	DRIVER NAME : _____
NRIC : S7314168J	NRIC : _____
CONTACT : 91544484	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES : _____
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) <input checked="" type="radio"/>	WERE SEAT BELTS WORN ? : YES / NO <input checked="" type="radio"/>
IF YES, AGAINST WHOM : _____	WERE INJURY CONVEYED BY AMBULANCE : YES / NO <input checked="" type="radio"/>

**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

M/Z300

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. : Z23VC05017476

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI CANTER FEB71ER4SDEN
- YP8710B

2. Name of Policy Holder

STAR ENVIRONMENTAL SERVICES PTE LTD

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

14/05/2023

4. Date of Expiry of the Insurance

13/05/2024

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.

CHIEF EXECUTIVE
(Singapore Branch)

User ID: LEROI

Date Issued: 24/04/2023