

# NATIONAL Assessment-Centre Services

(wef 1 Jan'06)

SM09237K0003

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 14/07/2023 12:37 | Job description                          | Date & Time Completed | Done by |
| Ref No: N/A/12800729/4    | SAS e-filing                             |                       |         |
| Veh No: YP 2884 Y         | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 25/06/2023 19:08   | i-Motor Claim Form                       |                       |         |
| OD / TP / Reporting Only  | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                           | i-Photo Uploaded                         |                       |         |
| TP Insurer:               | Assessment/Survey Report                 |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

|                               |  |                       |
|-------------------------------|--|-----------------------|
| TP Particulars:               | Veh No: SKU 8132   | INC ( ) / Non-INC ( ) |
| Owner / Driver: (             |  | Tel: ( )              |
| Policy No: ( )                | Period: ( )  | Cover Type: ( )       |
| 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: (INC hotline: 6788 6616)                       | 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                   | Am't (\$)   | Am't |
|---------------------------|---|-------------|------|
| Driver/Owner:             | 1) AR : Accident Reporting (\$30);              |             |      |
| Contact No:               | 2) DA : Damage Assessment (\$100); INC (\$80)   |             |      |
| Damaged Portion:          | 3) TF : Towing Fee \$40/\$45                    |             |      |
|                           | 4) FT : Follow-Through Survey \$120             |             |      |
|                           | 5) FT : Follow-Through Survey (Resurvey) \$30   |             |      |
|                           | For claiming against INC Only (wef 10 Jan 2005) |             |      |
|                           | 6) TR : Re-inspection \$75                      |             |      |
|                           | 7) N1 : Idao 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: Idno Mobile \$0                         |             |      |
|                           | 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              | 14/07/2023 12:37 (SGT)                              |
| Reported by                     | Actual Driver                                       |
| Date of Accident                | 25/06/2023 19:08 (SGT)                              |
| Exact Location of Accident      | E Coast Park Service Rd, East Coast Park, Singapore |
| Additional Location Information | CARPARK F2  |
| Country/State of Loss           | Singapore   |

## DETAILS OF OWN VEHICLE

|                             |   |
|-----------------------------|---|
| Vehicle Registration Number | YP2884Y                                     |
| INSURED/POLICYHOLDER        |   |
| Is company?                 | Yes   |
| Name of Registered Owner    | LPJ ENGINEERING & GENERAL SERVICES PTE. LTD |
| Company Reg No              | 2XXXXX845C                                  |
| Email Address               | lpjjiva@gmail.com                           |
| Mobile Phone No             | (Phone) +65-63975780                        |
| Alternative Phone No        | +65-96863337                                |

## VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer   | Mitsubishi          |
| Model  | FEB21ER4SDEB        |
| 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 | Z23VC05017730        |

## DRIVER

|                 |                         |
|-----------------|-------------------------|
| Name of Driver  | SATHYAMOORTHY RAJENDRAN |
| Passport No/FIN | GXXXX524Q               |
| Date Of Birth   | 11/11/1983              |
| Occupation      | Outdoor                 |

|  |                                 |
|--|---------------------------------|
| Date Of Driving Pass   | 02/09/2008                      |
| Driving experience   | 14 YEARS AND 9 MONTHS           |
| Gender   | Male                            |
| Mobile Number  | (Phone) +65-81190846            |
| Alt. Phone Number  | -                               |
| Email Address  | lpjjiva@gmail.com               |
| Address  | BLK 142 MARSILING ROAD #05-2092 |
| Address complement   | -                               |
| Postcode   | 730142                          |
| 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   | No 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   | 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?  | Yes                                     |
| Police Station Name                       | Jurong West Neighbourhood Police Centre |
| Police Station Phone No                   | (Phone) +65-18002689999                 |
| Alt. Police Station Phone No              | (Fax) +65-62672438                      |
| Police Station Address                    | 700 Corporation Road Singapore 649818   |
| Was notice of intended Prosecution given? | No                                      |
| If yes, against whom?                     | -                                       |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230714/2032

#### 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 | SKN3132D |
| Vehicle Manufacturer        | -        |
| Vehicle Model               | -        |
| Vehicle Variant             | -        |

|   |             |
|---|-------------|
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| 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) .....     | -           |



## 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

*S. P. Ricca* 14/07/23

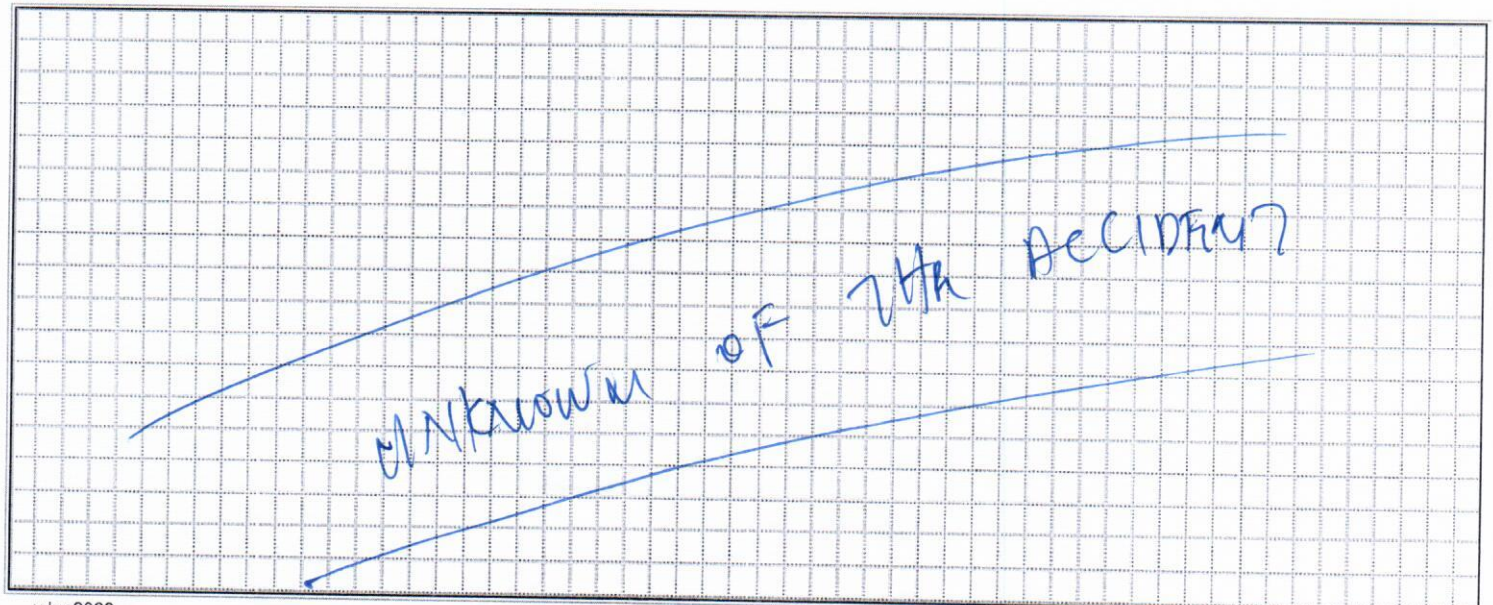
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

10:30am

*[Signature]* 14/07/2023

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

Sketch Plan



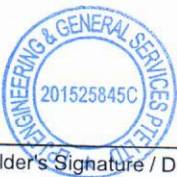


Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20230714/2032

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]* 14/07/23  
Actual Driver's Signature (if driver is not the policyholder)  
/ Date & Time

10.30am

*[Signature]* 14/07/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



T/20230714/2032

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20230714/2032

**REPORT OF A TRAFFIC ACCIDENT**

|   |            |                              |  |                          |  |
|---|------------|------------------------------|--|--------------------------|--|
| Date/Time Report Made:<br>14/07/2023 11:37    |            | Vide Report No.:             |  | Station Diary No.:<br>53 |  |
| <b>Informant's Particulars</b>                |            |                              |  |                          |  |
| Name of Informant:<br>SATHYAMOORTHY RAJENDRAN |            |                              | Address:<br>APT BLK 142 MARSILING ROAD #05-2092 SINGAPORE<br>730142      |                          |  |
| ID Type / ID No.:<br>FIN NO / G7988524Q       |            |                              | Contact No.:<br>Home/Office: Mobile: 81190846                            |                          |  |
| Nationality:<br>INDIAN                        |            |                              | Email:   |                          |  |
| Sex:<br>Male                                  | Age:<br>39 | Date of Birth:<br>11/11/1983 | Type of Informant:<br>Driver   |                          |  |
| Race:<br>Indian                               |            |                              | Language:  |                          |  |
| Occupation:<br>Lorry driver                   |            |                              | Driving Licence Information:<br>Class: 2B,3,4 Date of Expiry: 29/10/2023 |                          |  |

**General Information of the Accident**

|   |                           |                                    |  |                                     |
|---|---------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:   | Non-Injury<br>Hit and Run | Drink Drive:<br>No                 | Date/Time of Accident:<br>25/06/2023 19:05 | Type of Location:<br>Car Park       |
| Location:<br><br>EAST COAST PARK SERVICE ROAD                 |                           |                                    |  |                                     |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry               |  |                                     |
| Traffic Flow:<br>One Way                                      |                           | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Light            |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                           |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make       | Model  | Color | Condition | No of Passenger |
|-------------|-------|------------|--------|-------|-----------|-----------------|
| SKN3132D    | Car   |            |        |       |           | 0               |
| YP2884Y     | Lorry | MITSUBISHI | CANTER | White |           | 0               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





**SINGAPORE  
POLICE FORCE**



T/20230714/2032

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 3  
Report No. T/20230714/2032

**CONTINUATION OF REPORT**

| Driver                            |                         |  |  |
|-----------------------------------|-------------------------|--|--|
| Name                              | SATHYAMOORTHY RAJENDRAN | ID No.                                 | G7988524Q                                      |
| Related Vehicle                   | YP2884Y (Lorry)         | Contact No.                            | 81190846                                       |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: 2B,3,4<br>Date of Expiry:<br>29/10/2023 |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL  |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL  |

**Brief Details.**

On 25/06/2023 at about 1908hrs, I was driving my company vehicle YP2884Y and was along East Coast Parkway, right outside of Carpark F2. At that point, I remembered that I was doing a parallel parking right outside of the said carpark. As my vehicle is not fitted with reversed parking camera, I am unsure whether did I hit onto anything or vehicle. I wish to state that at that point, I do not heard or saw anything indicated that a collision had occurred.

On 14/07/2023 at about 0800hrs, my company passed me a letter from TP (Ref: TP/IP/18640/2023) and was instructed to lodge a traffic accident report.





**SINGAPORE  
POLICE FORCE**



T/20230714/2032

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20230714/2032

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
J/  
SGT 2 ALDON CHUA JUN WEI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
STAFF SGT SUFIYAN BIN KHAIRI  
Contact No.: 65476148

Signature Of Informant:

Date/Time:  
14/07/2023 11:37

Classification Of Case:

NP168

# VISION LAW LLC

Advocates & Solicitors – Notary Public – Commissioner for Oaths  
(Incorporated with limited liability)

ERIC NG CHING BOON  
WONG KENG LEONG RAYNEY  
AUDREY WONG SU-HSIEN  
PAUL YAP TAI SAN  
ANJALLI D/O MUNIANDY  
ANG KIM NOI DIANE  
RAVENDRA KRISHNASAMY  
BATES STEFANIE YOLANDA  
TAN SIEW CHERN AGNES  
MUHAMMAD SHEREFUDIN BIN JAMAL

Unique Entity Number: 200721148H

133 New Bridge Road  
#25-03/04/05 Chinatown Point  
Singapore 059413

**Main**  
TEL : (65) 6534 2811  
FAX : (65) 6535 6802  
E-MAIL : ct-admin@visionlawllc.com

**Conveyancing & Family Law Practices**  
TEL : (65) 6358 0703  
FAX : (65) 6358 0448  
E-MAIL : admin\_tp@visionlawllc.com

WHEN REPLYING, PLEASE QUOTE OUR REFERENCE.

Our Ref : AM-atv-INS-E35-SKN3132D-23

11 July 2023

**LPJ ENGINEERING & GENERAL SERVICES**  
7, SOON LEE STREET,  
#03-43, ISPACE,  
SINGAPORE 627608

BY POST

## Our Email Addresses

Lawyer : anjalli@visionlawllc.com  
Secretary : annatan@visionlawllc.com

Dear Sir,

**CLAIMANT : GUAN ZHIGONG GEORGE**  
**ACCIDENT INVOLVING SKN 3132 D AND YP 2884 Y ON 25 JUNE 2023 ALONG EAST COAST PARK CARPARK F2 AT ABOUT 1900HOURS**

We act for **GUAN ZHIGONG GEORGE** the owner of motor vehicle no. **SKN 3132 D**.

Our investigation reveals that you were the owners of motor vehicle **YP 2884 Y** at the time of the accident. Kindly confirm.

Please let us have the following particulars:-

- (a) the name, address and NRIC No. of the driver;
- (b) whether the said motor vehicle was at the time of the accident covered by a policy of insurance, if so, the particulars thereof;
- (c) whether the driver was at the time of the accident driving as your servant or agent;
- (d) whether the driver was an authorised driver and covered by the policy of insurance.

Please take notice that there is a presumption in law that the said driver was driving as your servant or agent and if we do not hear from you within seven (7) days from the date hereof, we shall commence action against you as a Defendant.

**If the information requested above are not provided within 14 days, any amendments are to be made thereafter to the Writ of Summons and / or any Pleadings, you will be responsible for the costs and disbursements incurred.**

We would advise that upon receipt of this letter, you report the above accident to your insurers immediately together with your Certificate of Insurance to enable them to assist you.

If you fail to do so, your said insurers may exercise their right not to cover you against our clients' claim. In such event, our clients will have to look towards you for their claim and if you are found liable, you will have to pay our clients' damages out of your own pocket.

Yours faithfully

**Vision Law LLC**

**CONFIDENTIALITY**  
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# IDAC ACCIDENT STATEMENT

|   |   |
|---|---|
| DATE OF ACCIDENT : 25/06/2023   | TIME OF ACCIDENT : 19.08  |
| VEHICLE NO : YP2884Y  | TRANSMISSION : AUTO / <u>MANUAL</u>   |
| MAKE & MODEL : <u>MITSUBISHI</u>  | LOCATION : <u>EAST COAST PARK CAR PARK F2</u>   |
| EXACT PURPOSE USE DURING ACCIDENT : <u>EMPLOYMENT</u><br>/ PRIVATE USE / PRIVATE HIRE | CLAIM TYPE :<br>OD / <u>THIRD PARTY</u> / REPORTING ONLY                                      |
| INSURANCE COMPANY : <u>LOW PAC INSURANCE BHD</u>                                      | POLICY NO : <u>223VL05017730</u>  |
| TYPE OF COVERAGE :<br><u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT        | VEHICLE TYPE :<br>( SALOON / <u>COUPE/MPV/VAN/LORRY</u> / MOTORCYCLE )                        |
| NAME OF OWNER :<br><u>LPJ ENGINEERING &amp; GENERAL SERVICES</u>                      | NRIC : <u>201525845C</u>  |
| ADDRESS : <u>7500N LEE STREET 1 SPACE #03/43 S-627608</u>                             | CONTACT NO : <u>63975780/96863337</u>   |
| EMAIL ADDRESS : <u>LPJJiva@gmail.com</u>  | VIDEO RECORDING : YES / NO  |
| NAME OF DRIVER : AS ABOVE / IF NO :<br><u>SATHYAMOORTHY RASENDRA N</u>                | NRIC : <u>A7988524</u> CONTACT NO : <u>81190846</u>   |
| DRIVER OWNER RELATIONSHIP : <u>Employee</u>   | PASSENGER : MALE ( <u>✓</u> ) FEMALE ( )  |
| DATE OF BIRTH : <u>11 / 11 / 1983</u>   | DRIVING PASSING DATE : <u>02/09 / 2008</u>  |
| OCCUPATION : <u>INDOOR</u> / <u>OUTDOOR</u>   | ADDRESS : <u>142 MARSLING ROAD #05-2092 S-730142</u>  |
| ANY INJURIES : <u>NO</u> , IF YES : _____   | POLICE REPORT : NO / IF YES WHERE ? _____   |
| WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS                                   | ROAD SURFACE : <u>DRY</u> / WET / OTHERS  |
| VEHICLE B REG NO : <u>SKN 3132D</u>   | VEHICLE C REG NO : _____  |
| DRIVER NAME : _____   | DRIVER NAME : _____   |
| NRIC : _____  | NRIC : _____  |
| CONTACT : _____   | CONTACT : _____   |
| VEHICLE D REG NO : _____  | ANY WITNESS ? NO, IF YES :  |
| DRIVER NAME : _____   | NAME : _____  |
| NRIC : _____  | CONTACT : _____   |
| CONTACT : _____   |   |
| WAS NOTICE OF PROSECUTION GIVEN? ( YES / <u>NO</u> )<br>IF YES, AGAINST WHOM : _____  | WERE SEAT BELTS WORN ? <u>YES</u> / NO<br>WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u> |

**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.: Z23VC05017730

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI FEB21ER4SDEB  
- YP2884Y

2. Name of Policy Holder

LPJ ENGINEERING &amp; GENERAL SERVICES PTE LTD

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

14/06/2023

4. Date of Expiry of the Insurance

13/06/2024

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 WHILEST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: S\$ 1,400.00 (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: GOLDBELL FINANCIAL SERVICES PTE LTD

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: JOEY TAN

Date Issued: 09/05/2023