

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 19/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/LPC23007441/J	SAS e-filing		
Veh No: GBL 8777C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/07/2023 17:35	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: SMW 2414B	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: 6768 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	Amf (\$)	IBB
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: 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		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	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: Idao 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	19/07/2023 17:05 (SGT)
Reported by	Actual Driver
Date of Accident	16/07/2023 17:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL8777C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YMK ENGINEERING PTE LTD
Company Reg No	2XXXXX608M
Email Address	AHMEDSHAMIM1704@GMAIL.COM
Mobile Phone No	(Phone) +65-84416173
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr85aue4aa
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	Z23VC05018229

DRIVER

Name of Driver	AHMED SHAMIM
Work Permit No	GXXXX712T
Date Of Birth	05/02/1996
Occupation	Outdoor



Date Of Driving Pass	30/06/2023
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84416173
Alt. Phone Number	-
Email Address	AHMEDSHAMIM1704@GMAIL.COM
Address	TAMPINES DOMITORY
Address complement	-
Postcode	528821
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)	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	SMW2414B
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)	-

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 16/7/2023		TIME OF ACCIDENT : 535pm	
VEHICLE NO : GBL 8777C		TRANSMISSION : AUTO / MANUAL	
MAKE & MODEL : ISUZU		LOCATION : bradell Rd	
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE		CLAIM TYPE: OD / THIRD PARTY / <u>REPORTING ONLY</u>	
INSURANCE COMPANY : LonPac		POLICY NO : Z23VC05018229	
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT		VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/ <u>LORRY</u> /MOTORCYCLE)	
NAME OF OWNER : Ymk Engineering Pte Ltd		NRIC :	
ADDRESS :		CONTACT NO :	
EMAIL ADDRESS : ahmedshamim1704@gmail.com		VIDEO RECORDING : YES / <u>NO</u>	
NAME OF DRIVER : AS ABOVE / IF NO : <u>Ahmed Shamim</u>		NRIC: <u>G85207125</u> CONTACT NO: <u>8441 6173</u>	
DRIVER OWNER RELATIONSHIP:		PASSENGER: MALE (<u>6</u>) FEMALE ()	
DATE OF BIRTH : 5 / 2 / 1996		DRIVING PASSING DATE : 30 / 6 / 2023	
OCCUPATION: INDOOR / <u>OUTDOOR</u>		ADDRESS : Tampines Dormitory S(528821)	
ANY INJURIES: <u>NO</u> , IF YES :		POLICE REPORT : <u>NO</u> / IF YES WHERE ?	
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS:		ROAD SURFACE: <u>DRY</u> / WET / OTHERS	
VEHICLE B REG NO : <u>SMW2414B</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>) IF YES, AGAINST WHOM :		WERE SEAT BELTS WORN ? : <u>YES</u> / NO	
		WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>	
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <u>NO</u>			
VEHICLE NUMBER:		HANDLING INSURER:	

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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. The 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.

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.

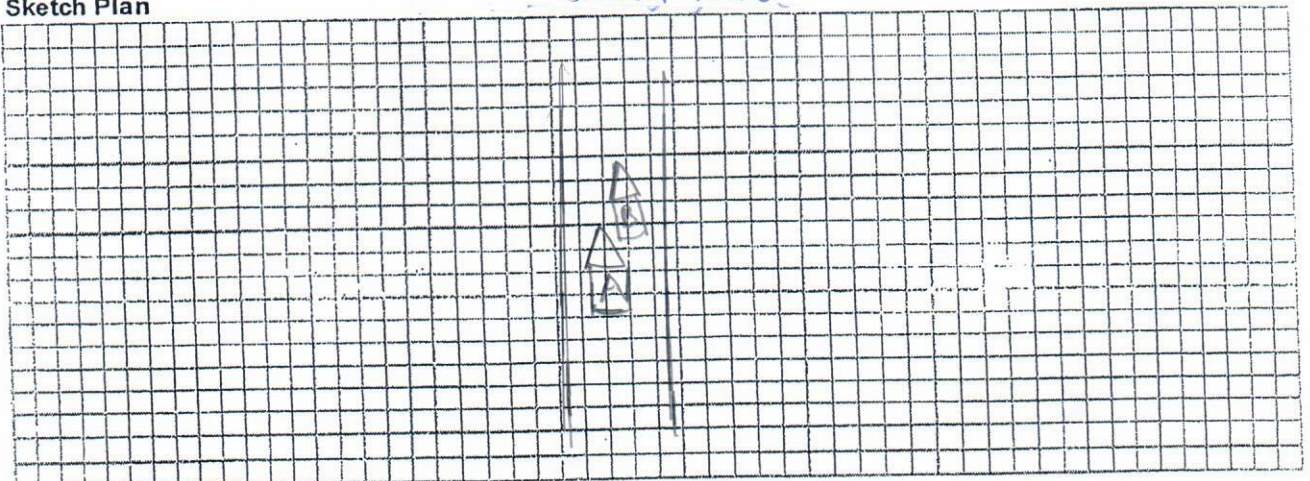


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

I was driving along braddell Rd in a merging lane
When vehicle B S From the right Side Stripped me.

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)

**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. : Z23VC05018229

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

ISUZU NHR85AUE4AA
- GBL8777C

2. Name of Policy Holder

YMK ENGINEERING PTE LTD

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

12/06/2023

4. Date of Expiry of the Insurance

11/06/2024

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 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.

H.P. Owner : THONG LEE TRADING (PTE) LTD

CHIEF EXECUTIVE
(Singapore Branch)

User ID: KYCHONG

Date Issued: 06/06/2023