

NATIONAL Assessment Centre Services (Unit 1, 2000)

Date In: 21/05/2018 14:47
 Ref No: NA/LPC18009261.R4
 Vch No: GBC 854M
 D.O.A: 18/05/2018 16:30
 OD / TP / Reporting Only
 TP Insured:

Job description	Date & Time Completed	Done by
SAS e-thing		
Brinall (with 3hrs, 1103hrs)		
1-Motor Claim Form		
1-Motor VVO (with 1100 hrs, 1103 hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Box/Hand to Owner/Whse		

Performed Wksp / INC Assign Wksp / OVI: ()
 TP Particulars: Ych No: GBB 37 2.2X, INC () / Non-INC ()
 Owner / Driver: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: ()
 Insured/Driver Liability: () % (Note: BSL Stand (WO); NI 0-20%; P: 21.79%; P: 30-110%)
 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 repair.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Cost: ()

Remarks: ()
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check/Post Repair Inspection ()
 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time	Action

	Invoice Preparation/Check/Nil		
Insured/Driver/Owner:	1) AR: Accidental Repairing (\$20)	1%	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)	
Insured Portion:	3) TP: Towing Fee	\$10/10	
Checked by (Engin-Charge):	4) PT: Follow Through Survey	\$120	
	5) PT: Follow Through Survey (Recovery)	\$120	
	6) TR: As-Inspection	\$15	
	7) HIL: DA + SMRT Survey	\$110	
	8) NTUC Additional \$110000		
	9) Nil		
	10) Nil: Courtesy Car / Tpl Allowance	\$1	
	11) Nil: Repair Coordination	\$10	
	12) Nil: Post Repair Inspection	\$15	
	13) Nil: DV / Callout/Assess Coordination	\$1	
	14) ZP (Nil) / TP (Nil) / INC (Nil) / Total INC	\$20	
	15) NTUC Mobile	\$0	
	Invoiced Total	\$110	

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 Authorised 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 ability.
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 Report	21/05/2018 14:47
Date Of Accident	18/05/2018 16:30
Exact Location Of Accident	CTE TOWARDS EXIT OF PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC854M
Insured/Policyholder	
Name Of Registered Owner	JIA MEI TRADING (S) PTE LTD
Co Reg No	-
Email Address	CRYSTAL@JIAMEI.COM
Mobile Phone No	(LOCAL) +65-94554944
Alternative Phone No	OFFICE-94554944

Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC00/101526
Cover Note Number	

Driver

Name of Driver	GOH SIEW ENG DAVID (WU XIURONG DAVID)
NRIC No	S7411404J
Date Of Birth	11/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	04/07/1998
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94554944
Fax Number	
Contact Number	OTHERS-94554944
EMail Address	CRYSTAL@JIAMEI.COM

Address	BLK 31 EUNOS CRESCENT #12-206
Postcode	400031
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB3722X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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8. Consent under the **Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

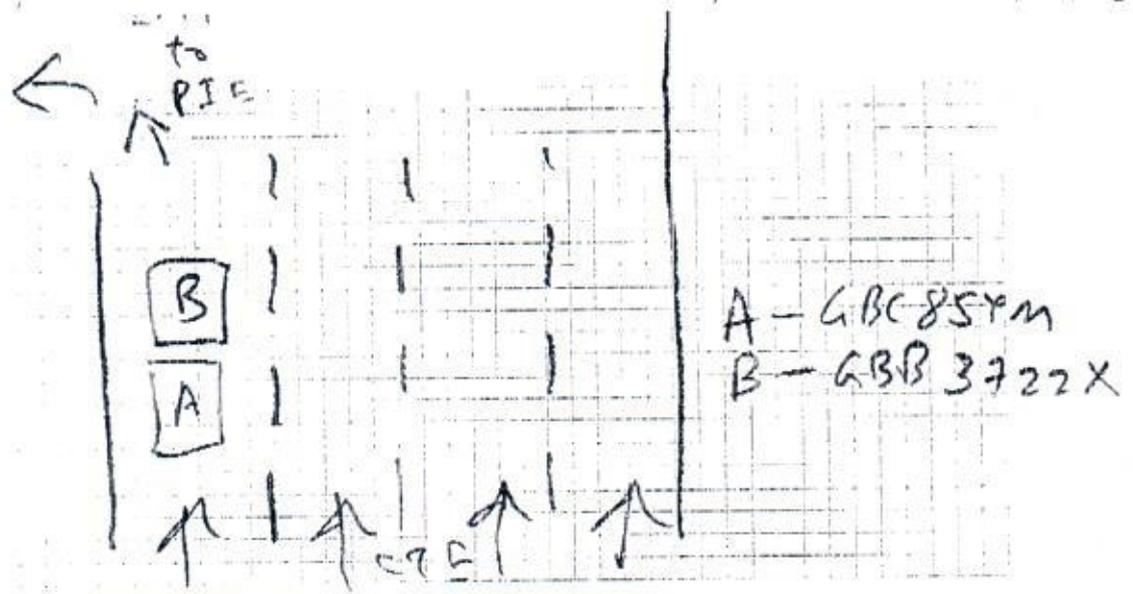
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

XUJIA MEI TRADING
 POLICYHOLDER'S SIGNATURE
 DATE & TIME: 22/5/18

[Handwritten Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

[Handwritten Signature] 22/5/2018
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN



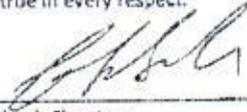
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

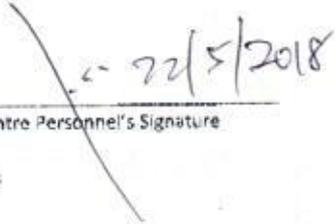
Vehicle A was travel along CTE toward Exit of PTE. Front vehicle Jam Brake and vehicle B stop and vehicle could not on time to stop and hit on Vehicle B Rear Bumper. Vehicle A damaged front Bumper slight dent.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 21/5/18


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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Reported on 21/5/2018 @ 1425HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: 18, 5, 2018 (DD/MM/YYYY), TIME: 16:30 (HH:MM)

LOCATION: CTE Towards Exit of PIE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 854M
- b) INSURANCE COMPANY: _____
- 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: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

- DRIVER
- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 9455 4914
- c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: _____
- 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: GBB 3722X MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
(including driver)

9. THIRD PARTY VEHICLE

- c) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
(including driver)

Email = crystal@jiamai.com.sg

Fax = crystal@jiamai.com.sg

Waiting for Company Chop?

RÉPUBLIQUE DE SINGAPORE
 REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7411404J



Name
GOH SIEW ENG DAVID
(WU XIURONG DAVID)
吴秀荣

Race
CHINESE

Date of birth Sex
11-04-1974 M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE
 DRIVER LICENSE



Licence Number **S7411404J**
 Name
GOH SIEW ENG DAVID
(WU XIURONG DAVID)

Birth Date **11 Apr 1974**
 Issue Date **12 Jun 2003**

000566173F

3523712



NRIC No. S7411404J



Date of issue
29-04-2004

APT BLK 31 EUNOS CRESCENT #12-206
 SINGAPORE 400031
 NRIC No: S7411404J Date: 29-04-2006 No: 5389702

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Jul 1998

Licence No: S7411404J
 NP 428A





LONPAC INSURANCE BHD

(S98FC5635C)

CERTIFICATE OF INSURANCE

MZ300

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No. **Z/18/VC00/101526** CI No. **18107642**

Excess : **AS STATED IN POLICY SCHEDULE.**

- Index Mark and Registration **NISSAN NV200 VAN**
Number of Vehicle / Chassis **GBC 854M / JN1YBAM20U0003278**
- Name of Policy Holder **JIA MEI TRADING (S) PTE LTD**
- Period of Insurance **29/04/2018 To 28/04/2019 (Midnight)**
- Persons or Classes of Persons entitled 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 and provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

- 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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

HP Co. : ABWIN PTE LTD (COVER: COMPREHENSIVE)

LONPAC INSURANCE BHD



Authorised Signatory

PENSLEY ALLIANCE PTE LTD/AI
TEL: 65326722

Serial No: 201023