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Date In: 2710712014 15:1	Job description	Date & Time Completed	Done by	
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Veh No GBE 2849E	E-mail (without 8hrs., ABC 2hrs			
D.O.A. 76107/2018 15:15	i-Motor Claim Form			
OD Reporting Only	i-Motor W/O (Within: OD	2hrs. TP 4hrs)		33 3
Ob :: Reporting Only	i-Photo Uploaded		3.00.000.00	
TDB	Assessment/Survey Repor	t i i		
TP hisurer	Ass't Report by Fax / Har	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	( 177 22	Tel: Fax		
TP Particulars: Veh No:	(G 1610P . INC	C( )/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No. ( )	Period: (	) Cover Type: (	)	
Confirmed by : (	Date:	Time:	J	
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:-		A STATE OF A LAND		
( ) Walk-In Customer: Customer's	information strictly Confidential &	Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail In	The state of the s			
		; Towing Co. (		)
##			Done b	1/
Remarks:- (INC hotline: 6788 6616		Date&Time Completed	Lione o	y
	) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ( )			
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Date/Time Actions  Claimant's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:  OC Checked by (Engr-In-Charge):  Auditors' Comments:-	1) AR : Acc 2) DA : Dar 3) TF : Tow 4) FT : Foll 5) FT : Foll For claim 6) TR : Re- 7) N1 : Idac 8) NTUC A OD: *N5: Co *N6: Re- *N7: Foll *N8: DV	ident Reporting (\$30); nage Assessment (\$100); INC (\$80) ing Fee \$40/5 ow-Through Survey (Resurvey) \$1 ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 2005) inspection \$ o DA + SMRT Survey \$1 idditional Services:  ortesy Car / Tpt Allowanice opeir Co-ordination at Repair Inspection / Collect Excess Coordination ): TP (Non INC) against INC in Mobile	1st Bill  445 20 330 .75 60  \$55 510 525 \$5	Sitter

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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,
- 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

	ACCIDENT STATEMENT	
Date Of Report	27/07/2018 15:11	
Date Of Accident	26/07/2018 15:15	
Exact Location Of Accident	SPOONER ROAD OUTDOOR CARPARK	
Country/State of Loss	SINGAPORE	
TO AN I DAY TO KNOW PRICE OF MERCEN POR	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE2849E	
Insured/Policyholder		
Name Of Registered Owner	TREESCAPES PTE LTD	
Co Reg No	200209425K	
Email Address	TREESCAPES@SINGNET.COM.SG	
Mobile Phone No	(LOCAL) +65-97886130	
Alternative Phone No	OFFICE-82675867	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	CABSTAR	
Exact Purpose for which vehicle was being used at time of accident	t DOING DELIVERY	
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/17/VC00/100748	
Cover Note Number		
Driver		
Name of Driver	ONG CHAY TIAM	
NRIC No	S0179026I	
Date Of Birth	23/04/1953	
Occupation	OUTDOOR	
Date Of Driving Pass	14/04/1982	
Driving Experience	36 YEARS AND 3 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97886130	
Fax Number		

OTHERS-82675867

TREESCAPES@SINGNET.COM.SG

Address

BLK 146 BISHAN STREET 11

#05-65

Postcode

570146

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

1

Insurance Company of Driver's Own Vehicle

+

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLOUDY

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2 NO

Was any body injured in the Accident?

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

PLEASE REFER TO SKETCH PLAN

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

SLG7610P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- By the lodgment 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:
  - 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;
  - 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.

Policyholder's Signature

Date & Time: 27 7V

APM1.

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17 MUST &

J-PM.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

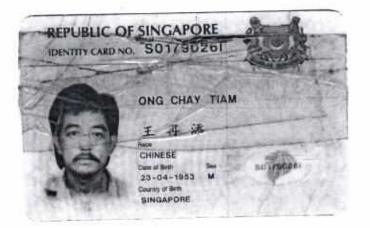
GUNERAL SECTION FOR THE OWNER.

# ACCIDENT STATEMENT

(1 (4)
LOCATION: . SPOONER ROAD OUTDOOR CHRPARK.
LOCATION: SPOONER ROAD OUTDOOR CATKANTER.
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: GBE 2849 E
BINSURANCE COMPANY: LONGPAC INSURANCE BHD
C)POLICY NUMBER: 2/17 / VCOD / 100748
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEF
OMAKE & MODEL: NISSAN CARSTAR 305
TITYPE: (SALOON / COUPE / MPY /VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES AND)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
AINAME: TREESCAPES PTE LTD (MALE / FEMALE)
b)NRIC/FIN/PASSPORT: 10009425 CONTACT: 97886180
CLADDRESS: BLOCK TO UPLYAN EUROH # 01-53 8(162010)
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Ho of passong DRIVER
MALE IN CONTRACT CONTRACT CONTRACT CONTRACT
(Michaling diviser) HINDIC/FIN/PASSPORT SOL790261 CONTACT: 8267 586
(_) CIADDRESS: BIK 146 BISHAN STREET II # 05-65
SIN GMPORE 570146
*d)DATE OF BIRTH: ( 23 / 04/ (953 )(DD/MM/YYYY)
e)OCCUPATION: (INDØOR / OUTDOOR)
HOME OF DRIVING PASS . 14 APR 1982
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 CLOODY
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
8. THIRD PARTY VEHICLE SLG 7610 P MODEL:
nduding dispera b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT:CONTACT:
9. THIRD PARTY VEHICLE
d) VEHICLE NUMBER:MODEL:
DRIVER'S NAME:
Including driver Dr) NRIC/FIN/PASSPORT:CONTACT:



email = TREESCAPES & SINGNA? . Com. SG









# LONPAC INSURANCE BHD (S98FC5635C)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555. Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

#### CERTIFICATE OF INSURANCE

Insured's Copy

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) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.

: Z/17/VC00/100748

Type of Cover

: COMPREHENSIVE

Index Mark and Vehicle Registration Number

NISSAN CABSTAR 3.0 5 M/T ABS 2DR

2WD EURO 5 - GBE 2849E

2. Name of Policy Holder TREESCAPES PTE LTD

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

02/11/2017

4. Date of Expiry of the Insurance 01/11/2018

5. 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.

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) ALL EMPLOYEES S\$1400.00 (SECTION 1) NON EMPLOYEES

\$\$3000.00 (EACH FOR SECTION 1 AND 2) ADDITIONAL EXCESS FOR ELDERLY

OR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$100.00 WINDSCREEN EXCESS

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

. ABWIN PTE LTD

CHIEF EXECUTIVE (Singapore Branch)

ambika / hazechen

Date Issued

28-09-2017

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