| Duta Incard / /a | e Services poet 1 Janios | | E-S-00102-1-00111-1-11-1-11-1-1-1-1-1-1-1-1 |
|--|--|---|---|
| Date In: 04/10/18 | Jcb description | Date &Time Completed | Done by |
| Re[No: NA/LACIBO18000/13 | SAS e-filing | | |
| Veh No: 4308941L | E-mail (within Shrs, AIC 2hrs) | | |
| D.O.A: 02/10/18 1345 | i-Motor Claim Form | | |
| OD / TP / Reporting Only | i-Motor W/O (Within: OD 2 | hrs, 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: Fa | v:) |
| TP Particulars: Veh No: | PILLAR INC | ()/Non-INC() | 4 |
| Owner / Driver: (| | Tel: |) |
| Policy No: () Per | riod: (| Cover Type: (|) |
| Confirmed by : (| Date: | Time: |) |
| Insured/Driver Liability: (%) [N | Note-Est. Status (WO): N: 0- | 20%; P: 21-79%. F: 80-10 | 00%] |
| Year of Registration: () V | Varranty: YES () / NO (|) | |
| | 00()/\$2,000() | | |
| General Remarks; | | | 3. S |
| () Walk-In Customer: Customer's inform | | | |
| () Total Loss Case : to e-mail Insure | r URGENTLY. | * 44 C 3 | 4 |
| Drive-In ()/ Towed-In (); Invoice: | YES()/NO(); | Towing Co: (| ·) |
| | | | PARTAGRAMICA TONIO |
| Remarks: (INC hotline) 6788 6616) | Martin Committee Com | Date&Time Completed * | Done by |
| 1) Apply for Transport Allowance ()/Co | ourtesy Car () | 1 | |
| | | | |
| 2) QC Check / Post Repair Inspection | () | | |
| | () | | |
| 2) QC Check / Post Repair Inspection | () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30] | () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions | () | | Anil |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | eparation Checklist. | Amt(5) Amt(5) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time: Actions N91806312 | () 000] () Invoice Pr | nt Reporting (\$30); | he Bill Add Bill |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Mais 63/2 Injury: | () 000] () Invoice Pc 1) AR: Accide 2) DA: Damag | nt Reporting (\$30); c Assessment (\$100); INC (\$80 | Add Bill |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time: Actions N91806312 | Invoice Pr Invoice Pr 1) AR : Accide 2) DA : Darnag 3) TF : Towing 4) FT : Follow- | nt Reporting (\$30); c Assessment (\$100); INC (\$80 Fee \$40/ Through Survey \$ | 16 Bill Add Bill) 145 120 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Mais 63/2 Injury: | Invoice Pr Invoice Pr 1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Fullow- | nt Reporting (\$30); c Assessment (\$100); INC (\$80 Fee \$40/ Through Survey \$ Through Survey (Resurvey) | ficBill Add Bill |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Claimant's Particulars: Oriver/Owner: | Invoice Pr Invoice Pr 1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp | nt Reporting (\$30); c Assessment (\$100); INC (\$80 Fee \$40/ Through Survey \$ Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) ection | 16 Bill Add Bill) 545 120 130 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Claimant's Particulars: | Invoice Pr 1) AR: Accide 2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA | nt Reporting (\$30); c Assessment (\$100); INC (\$80 Fee \$400 Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) ection t + SMRT Survey \$ | 16 Bill Add Bill) 545 120 130 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Particulars: Oriver/Owner: ontact No: amaged Portion: | Invoice Pr Invoice Pr 1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae DA 8) NTUC Addi | nt Reporting (\$30); c Assessment (\$100); INC (\$80 Fee \$400 Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) ection t + SMRT Survey Sional Services:- | 16 Bill Add Bill) 545 120 130 175 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Claimant's Particulars: Oriver/Owner: | Invoice Pr 1) AR: Accide 2) DA: Darneg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi QD* *N5: Courter *N5: Courter | nt Reporting (\$30); c Assessment (\$100); INC (\$80) Fee \$400 Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) action t + SMRT Survey stional Services:- | 16 Bill Add Bill) 545 120 130 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Particulars: Oriver/Owner: Ontact No: armaged Portion: C Checked by (Engr-In-Charge): | Invoice Pr Invoice Pr 1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae DA 8) NTUC Addi QD.* N5: Courter N6: Repair N7: Fost Re-insp N7: Fo | nt Reporting (\$30); c Assessment (\$100); INC (\$80 Fee \$400 Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) cetion t + SMRT Survey tional Services: cy Car / Tpt Allowance Co-ordination cpair Inspection | 16 Bill Add Bill 1 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Particulars: Oriver/Owner: Ontact No: armaged Portion: C Checked by (Engr-In-Charge): uditors! Comments:- | () | nt Reporting (\$30); c Assessment (\$100); INC (\$80 Fee \$400 Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) cetion t + SMRT Survey \$ tional Services:- cy Car / Tpt Allowance Co-ordination collect Excess Coordination | 15 Bill Add Bill) 545 120 130 1575 160 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Particulars: Oriver/Owner: Ontact No: armaged Portion: C Checked by (Engr-In-Charge): | () | nt Reporting (\$30); c Assessment (\$100); INC (\$80) Fee \$40.7 Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) ection t + SMRT Survey \$ tional Services:- by Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC | 15: Bill Add Bill 545 120 130 1575 160 153 10 1525 153 |

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 04/10/2018 12:35

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 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.
- 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 | 04/10/2018 12:06 | |
| Date Of Accident | 02/10/2018 13:45 | |
| Exact Location Of Accident | 1 GREENWICH V BASEMENT CARPARK | |
| Country/State of Loss | SINGAPORE | |
| Design the second secon | ETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | GBD8941L | |
| Insured/Policyholder | | |
| Name Of Registered Owner | DALE ENTERPRISE | |
| Co Reg No | The second of th | |
| Email Address | NOEMAIL | |
| Mobile Phone No | | |
| Alternative Phone No | OFFICE-82829397 | |
| Vehicle Particulars | | |
| Manufacturer | NISSAN | |
| Model | NV350 | |
| Exact Purpose for which vehicle was being used at time of accident | WORKING | |
| 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 | Z18VC05000169 | |
| Cover Note Number | | |
| Driver | | |
| Name of Driver | AZNAN BIN HASSAN | |
| NRIC No | S1769449I | |
| Date Of Birth | 23/07/1966 | |
| Occupation | OUTDOOR | |
| Date Of Driving Pass | 28/08/2002 | |
| Driving Experience | 16 YEARS AND 1 MONTH | |
| Gender | MALE | |
| Mobile Number | (LOCAL) +65-87491963 | |
| Fax Number | | |
| Contact Number | | |
| EMail Address | NOEMAIL | |

Address

BLK 308 HOUGANG AVE 5

#09-327

Postcode

530308

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

HIT BY FALLEN TREE / OTHER OBJECTS

Weather Conditions

CLEAR

Road Surface

DRY

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)

NO

soliciting/offering accident claims assistance.

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

I MET AT ACCIDENT AT 1 GREENWICH V AT SELETAR RD AT 13:45.I WAS REVERSING MY VEH AND COULDN'T SEE A PILLAR ON THE RIGHT HAND SIDE AND ACCIDENTALLY HIT IT AND THE BACK OF MY VAN'S GLASS WERE BROKEN.

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

Vehicle Make/Model/Colour

Details Of Properties

PILLAR

Vehicle Category

NA/UNKNOWN

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

- 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.
- 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: Driver's Senature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

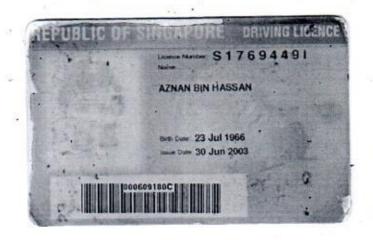
(If driver is not the policyholder)

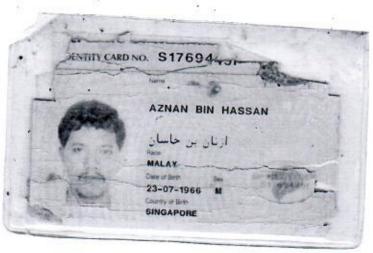
Date & Time:

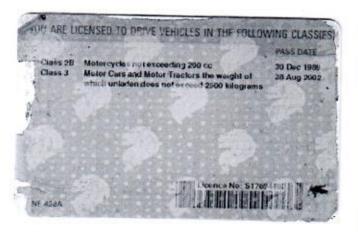
Name:

NRIC/FIN No.:

Date & Time IN











Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555. Tel: (65) 6250 7366 Fax: (65) 6296 3767 Website: www.lonpac.com.sg GST Reg No.: F9-0005635-C

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

Certificate No.: Z18VC05000169

Type of Cover: COMPREHENSIVE

1. Indax Mark and Vehicle Registration Number

NISSAN NV350 - GBD8941L

2. Name of Policy Holder

DALE ENTERPRISE

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

09/07/2018

4. Date of Expiry of the Insurance

08/07/2019

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.

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 TRIALOR SPEED TESTING

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

Excess

: S\$ 2,200.00 (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 (Walaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

IWE 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: MAYBANK

CHEF EXECUTIVE (Singapore Branch)

User ID: PI2046 Data Issued: 05/07/2018