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NATIONAL Assessment Ce.	ntre Services well Jamos N	NA11816391	
Date In: 12/12/18-13:09	Jcb description	Date &Time Completed	Done by
Ref No: Ma Jupe 180226-18 Try	SAS e-filing		
Vch No: 1pg1324	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 17/14-1500	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2)	hrs, 7°P 4hrs)	
OD : TP ! Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		name and the second
TP Insurer:	Ass't Report by Fax / Hand	1.0	
Preferred Wksp / INC Assign Wksp / QW; (
TP Particulars: Veh No:	A CONTRACTOR OF THE PERSON	Tel: Fa	x:
Owner / Driver: (618496 . INC		
Policy No: (Period: (Tel: Cover Type: ()
Confirmed by : (Date:	Time:	
) [Note-Est Status (WO): N: 0-2		00/3
Year of Registration: ()		10%, P. 21-79%. P: 50-10	0%0]
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General Remarks:	THE STATE OF THE S		
() Walk-In Customer: Customer's in	Carry Cold Cold Cold Cold Cold Cold Cold Cold	Mark Freihaltschaft auf der Land	Att of Fig.
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()	/ Courtesy Car ()	Date&Time Completed	Done by
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()		
Injury:			
Date/Time Actions			
Actions			Marian
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14 1808769			Anit (S) Ami
COLD STATE OF THE		paration Checklist	fit Bill Add
numant's Particulars :-	1) AR : Accident 2) DA : Damage	Reporting (\$30); Assessment (\$100); INC (\$80)	
iver/Owner:	3) TF : Towing Fe 4) FT : Follow-Th		-
ntact No:	5) FT : Follow-Th	rough Survey (Resurvey) \$30	
maged Portion:	6) TR: Re-inspec	oinst INC Only (wef 10 Jan 2005) tion \$75	
ged 1 of dolf.	7) N1 : Idao DA +	SMRT Survey \$160	-
Cheeked by (6 - Y C)	8) NTUC Addition	nal Services:-	
*NS: Courtesy Cor / Tpt Allowance			
ditors! Comments :-	No: Repair Co No: Fost Repair		
1:		set Excess Coordination 33 Non INC) against INC \$20	
2/3	9) N12: Idac Mobi	le 30	Commence of the Commence of th
	Invoice dated	Fee Charged	MANUAL PARKET
27	Invoice dated	Fee Charged	PORTAL LAND

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.
- 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 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.

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A SELECTION AND A SECURITION OF THE SECURITION OF THE SECURITIES.	ACCIDENT STATEMENT
Date Of Report	17/12/2018 17:09
Date Of Accident	17/12/2018 11:00
Exact Location Of Accident	SLIP RD NEIL RD TWDS KAMPONG BAHRU RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP9232H
Insured/Policyholder	
Name Of Registered Owner	CHINA GOODS RESOURCE PTE LTD
Co Reg No	200305169Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64485100
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO FK62FMZ1RDEC
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 Z/18/VC00/102230

Cover Note Number

Driver

 Name of Driver
 TIEN CHIEW NAM

 NRIC No
 \$1268417G

 Date Of Birth
 10/08/1957

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/03/2009

Driving Experience 9 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96537211

Fax Number

Contact Number OFFICE-96537211

EMail Address NOEMAIL

BLK 217 BEDOK NORTH STREET 1 Address

#03-71

460217

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20181217/2144.

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 SLL1849G

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

- 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.
- 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 Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

ramping Buhru Rd.	A: 1/99232H
	A: 1/99232H B: 521/8496
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			/	

DECLARATION

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

Policyholder's Signature S

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 1 of 3 Report No. T/20181217/2144

REPORT OF A TRAFFIC ACCIDENT

17/12/2018 16:33		Vide Report No.: Station Diary A/20181217/0058 60			
Informa	nt's Partic	ulars			
	Informant: HEW NAM		Address: APT BLK 217 BEDOK SINGAPORE 460217	NORTH STREET 1 #03-71	
ID Type / ID No.: NRIC NO / S1268417G			Contact No.: Home/Office: Mobile: 96537211		
National SINGAP	ity: ORE CITIZ	'EN	Email:		
Sex: Age: Date of Birth: Male 61 10/08/1957		Type of Informant: Driver			
Race: Chinese		Language:	Institution / School Name:		
Occupation: Lorry driver		Driving Licence Information	ation:		

General Inform	mation of the Accident			
Type of Accident:	Injury Conveyed By Ambulan	Drink ce Drive: No	Date/Time of Accident: 17/12/2018 11:00	Type of Location: Bend
NEIL ROAD KAMPONG B	Traveling Toward Road 2 AHRU ROAD			
Weather: Clear		oad Surface: ry	F	Road Speed Limit:
Traffic Flow:	Т	Traffic Volume:		
Type of Collis Between Mov	ion: ing Vehicles - Head To Rear		а	Anyone conveyed by imbulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLL1849G	Car				Slightly Damaged	0
YP9232H	Lorry				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 2 of 3 Report No. T/20181217/2144

CONTINUATION OF REPORT

Driver						
Name	TIEN CHIEW NAM			ID No		S1268417G
Related Vehicle	YP9232H (Lorry)			Conta	ct No.	96537211
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 17/12/2018 at about 11am, I was driving my m/lorry YP9232H along Neil Road towards Kampong Bahru Road on the middle lane before merging into the kampong bahru road opposite SGH, the vehicle SLL1849G was in front of my vehicle in the middle lane, I thought the vehicle was moving off as there were no oncoming traffic, however the vehicle remained stationary and I collided my m/lorry into the rear of his vehicle. The driver of SLL1849G alighted from his vehicle and we both made a check on the damages, subsequently the driver informed my passenger and me that he is not feeling well, thus, we called for ambulance and he was conveyed in the ambulance. I was informed by the traffic police officer to lodge a traffic accident report. Due to the collision, the rear bumper of SLL1849G was damaged and my front mudguard of my m/lorry YP9232H was damaged as well.





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

3 of 3 Report No. T/20181217/2144

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 3 SOON CHEE HAW JEREMY			Signature Of Informant:
Signature Of Interpreter: Not applicable	J		Date/Time: 17/12/2018 16:33
Officer In Charge Of Case			Classification Of Case:
SI YEO CHUN JIAN Contact No.: 65476213	SIMBAPINE POLICE FORCE	,	
Authentication Stamp NP168	Sigyl	TJ ATURE	



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TIEN CHIEW NAM

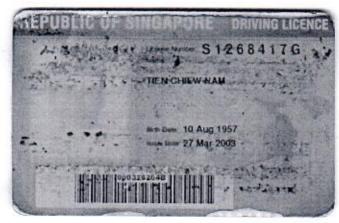
程秋响

CHINESE

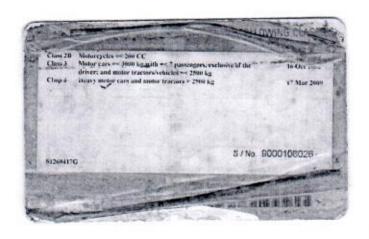
Date of birth 10-08-1957

SINGAPORE









連程 为种纪私的有限公 TAN INSURANCE BROKERS PTE LTD

3AVSA A visit Statet Ohenn Leona Building



LONPAC INSURANCE BHD (S98FC5635C)

Singapore 199896

MZ300

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555, 8742 6786 Feb. (65) 6747 6880 Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

www.tib.com.sc

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. : Z/18/VC00/102230

Type of Cover

: COMPREHENSIVE

Index Mark and Vehicle Registration Number

GST Reg No.: F0-0005635-C

MITSUBISHI FUSO FK62FMZ1RDEC

- YP 9232H

2 Name of Policy Holder

CHINA GOODS RESOURCE PTE LTD

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

07/08/2018

4 Date of Expiry of the Insurance

06/08/2019

Persons or Classes of Persons entitled to drive. 5.

(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\$600.00 (SECTION 1)

S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR

YOUNG &/OR INEXPERIENCED DRIVERS

S\$100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED

ON 2ND AND SUBSEQUENT CLAIMS

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

OR DISTRIBUTOR OWNED MOTOR WORKSHOP

* 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

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

H.P. Owner

\$ 150

CHIEF EXECUTIVE (Singapore Branch)

User ID Date Issued eslinyeo / mhchan 08-08-2018

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