NATIONAL Assessment Centre S	Services. [well sarros].	1-13411 71-16	
Dute In: 27 17 20 9 26	Jeb description	Date &Time Completee	Done by
- Colt House Cure to	SAS c-Illing		
Ref No: X(BA)/AP 48028143/9	E-mail (within thes, AIC thes)		-
Veh No: XE 8000 C	i-Motor Claim Form		1 12 2
DON: 76[7] JOHN 07.30	1-Motor W/O (Within: OD	The Tit Shra)	
OD / TP ! Reporting Only		2003, 77 40037	
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Repor		
12. C.	Ass't Report by Pax / Han		Fax:
Protorred Wksp / INC Assign Wksp / QW: (2 500011	Tel:	-
TP Particulars: Veh No: SC	ZOTIBU INC		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Owner / Driver: (Tel:	
Policy No: () Perio) Cover Type: (
Confirmed by : (· Date:	Time:	0-100%]
		0-20%; P: 21-79%. P: 8	0-10074
	arranty: YES ()/NO ()	
Execus: (\$) Londing: \$1,000)()/\$2,000()	STEED STATES OF STATES	THURS OF THE
Gone of Religious States of The States of Stat	STATE OF THE PARTY THAT IS NOT THE	Strictly NO spice of months A	Br.
() Walk-In Customer : Customer's Inform		Sincuy NO Islai of topoli	
() Total Loss Case : to e-mail Insurer		T - 1- Co. ()	
Drive-In ()/ Towed-In (); Invoice:	YES()/NO()	; Towing Co: (MINISTER PROPERTY OF THE PARTY
rannas au dicinalina casación		and phesingle complete	The Dione by
1) Apply for Transport Allowance ()/Co	urtesy Car ()		
2) QC Check / Post Repair Inspection	(-)		
3) Upload Resurvey Photo [Repair Cost>\$30	00] () ;		
Injury:			
And the second s	promote de la companya de la company		Descour.
Darle Time	ATTEMPT TO THE PARTY OF THE PAR	POWER STREET, SAN AND SHARE AND SHARE	†
THE PROPERTY OF THE PROPERTY O			
,			·
VIALBORES - III	AND SHE	nisha-dhoùghe (Olifs)	PROPERTY AND THE PROPERTY OF T
MOMAN		CREWENDER AND COURT APPROXICATION OF THE CREWEND AND AND THE WAS RECOVERED AND ADMINISTRATION OF THE CREWEND ADMINISTRATION OF THE C	A Transfer of the Parket of th
TO DESCRIPTION OF THE PROPERTY	DARIA	aldent Reporting (530);	O CHAN
ilum ant sportigulary is	PARTY AND THE TO DAID	mage Assusament (\$100); IN	G (\$50)
CHI DECEMBER PROPERTY AND A STREET AND AND A STREET AND A	3) TF: Toy	maye Assessment (\$100); IN ving Pee	\$120
Priver/Owner:	2) DA 1 Da 3) TF 1 Tov 4) FT 1 Fol 5) FT 1 Fol For what	mage Assessment (\$100); IN ving Pes low-Through Survey low-Through Survey (Resurvey) phis scainst INC Only (wel 10 Jss	\$120 \$120 \$30 12003)
river/Owner: .	2) DA : Da 3) TF : Tev 4) FT : Fel 5) FT : Fel For slair 6) TR : Re	mage Assessment (\$100); IN ving Pes low-Through Survey low-Through Survey (Resurvey) phis against INC Only (well 10 Jar larpeotion	\$120 \$30
river/Owner: .	2) DA : Da 3) TF : Tev 4) FT : Fol 5) FT : Fol For stair 6) TR : Re 7) N1 : Ida 8) NTUG	mage Assessment (\$100); IN ving Pes low-Through Survey low-Through Survey (Resurvey) phis scainst INC Only (wel 10 Jss	\$120 \$120 \$30 1200) \$75
Priver/Owner: Contact No: Parnaged Portion:	2) DA : Da 3) TF : Tev 4) FT : Fel 5) FT : Fel For stair 6) TR : Re 7) NI : Ida 3	mage Assessment (\$100); IN ving Pee low-Through Survey low-Through Survey (Resurvey) phine scainst INC Only (Mcf 10 Jar -larpeotion to DA + SMRT Survey Additional Services:- ourlesy Cef / Tpl Allowance	\$120 \$120 \$30 12003) \$75 . \$160
Priver/Owner: Contact No: Darnaged Portion:	2) DA : Da 3) TF : Tev 4) FT : Fel 5) FT : Fel For slair 6) TR : Re 7) N1 : Ida 8) NTUC / OIN: *N5: Ce	mage Assessment (\$100); IN wing Pee low-Through Survey low-Through Survey (Resurvey) mine sgainst INC Only (wef 10 Jar -larpeotion to DA + SMRT Survey Additional Services; curtesy Cef / Tpl Allowance coals Coordination	\$120 \$120 \$30 2003) \$75 . \$160
Oriver/Owner: Contact No: Darnaged Portion:	2) DA : Da 3) TF : Tev 4) FT : Fol 5) FT : Fol For stair 6) TR : Re 7) N1 : Ide 8) NTUC / OIL* *N5: Cr *N6: R6 *N6: R6 *N6: R6 *N6: R6 *N6: R6	mage Assessment (\$100); IN wing Pee low-Through Survey low-Through Survey (Resurvey) mine scainst INC Only (Nof 10 Jar -inspection o DA + SMRT Survey Additional Services:- muriesy Cef/Tpl Allowance spair Co-ordination of Repair Inspection V/Collect Excess Coordination	\$120 \$30 12003) \$75 . \$160 \$33 . \$160
Oriver/Owner: Contact No: Carnaged Portion: OC Checked by (Engr-In-Charge):	2) DA : Da 3) TF : Tev 4) FT : Fel 5) FT : Fel For slair 6) TR : Re 7) NI : Ida 8) NTUC 0112 'NS: Co	mage Assessment (\$100); IN ving Pee low-Through Survey low-Through Survey (Resurvey) plus against INC Only (wef 10 Jer larpeotion o DA + SMRT Survey Additional Services: auritary Cef / Tpl Allowance apair Co-ordination att Repair Inspection V / Collect Excess Coordination 1): TP (Non INC) against INC	\$120 \$30 12005) \$75 . \$160
Oriver/Owner: Contact No: Darnaged Portion:	2) DA : Da 3) TF : Tev 4) FT : Fel 5) FT : Fel For slair 6) TR : Re 7) NI : Ida 8) NTUC 0112 'NS: Co	mage Assistment (\$100); IN ving Pee low-Through Survey low-Through Survey (Resurvey) phine against INC Only (Wef 10 Jer larpeotion o DA + SMRT Survey Additional Services: auriesy Cer / Tpl Allowance pair Co-ordination out Repair Inspection V / Collect Excess Coordination 1): TP (Non INC) against INC lac Mobils Fee Cal	\$120 \$30 2003) \$75 . \$160 . \$35 . \$160 . \$35 . \$30 . \$25 . \$30 . \$30

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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.
- 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 ladgement 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 aforecald.

	ACCIDENT STATEMENT
Date Of Report	27/12/2018 09:26
Date Of Accident	26/12/2018 09:50
Exact Location Of Accident	BKE TOWARDS SLE
Country/State of Loss	SINGAPORE
JESUS VIEWS AND BUSINESS CONTRACTOR	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XE8000L
Insured/Policyholder	
Name Of Registered Owner	TROPIC PLANNERS AND LANDSCAPE PTE LTD
Co Reg No	
Email Address	RYANWONG@TROPICPLANNERS.COM.SG
Mobile Phone No	(LOCAL) +65-90257012
Alternative Phone No	OFFICE-90257012
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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/VC00/102396
Cover Note Number	
Driver	
Name of Driver	ANG CHOON HOCK
NRIC No	S0164823C
Date Of Birth	24/03/1952
Occupation	OUTDOOR
Date Of Driving Pass	04/05/1977
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90257012
Fax Number	and the second s
Contact Number	OTHERS-90257012
23 7787	

RYANWONG@TROPICPLANNERS.COM.SG

Address

BLK 803A KEAT HONG CLOSE

#09-152

Postcode

681803

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

9000

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)

2

Passenger 1

NAME:

: WORKING COLLEGUE

GENDER:

: MALE

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

SKZ8778U

Vehicle Make/Model/Colour

BMW S4

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG CHEONG SENG

NRIC/Passport Number

S2534712I

Contact Number

90091102

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Today of the Dec, of around 9:50am morney website. XE8000L after worked done from Conkerna going towards SLE through BKE accidentary. Hit the left hand side of a BMW SKZ8778U. Dented part was observed war the
SLE through BKE acceptendary. Lit the left hand side of
a BMW SKZ 8778U. Dented part was observed warrant the
left tyre.

DECLARATION

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

Policyholder's Signature Date & Time:

PANNAL P

Driver's Signature (If driver is not the policyholder)

Date & Time:

BKE

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

ACCIDENT STATEMENT

LOCATION: BKE forwards SCE	:: (09:50) (HH:MM
LOCATION: BRE TOWARDS JCE	
1. DETAILS OF VEHICLE	3
a) VEHICLE NUMBER: X F 8000L	9 n
DINSURANCE COMPANY: LONGAC MUSUKANO	e Run
GIPOLICY NUMBER: 2/18/VC00/102396.	- Onp
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / TH	IND DADTY FIRE ATLIFET
B)MAKE & MODEL: MISTURS IN FUSO	TIKU PAKIT FIKE &I HEFI)
F)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MC	TORCYCLE (OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / M	OTOPOVOLEL
h) PURPOSE OF USING AT ACCIDENT TIME: NOTO	WORKING
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTI	NG ONIXI
2. INSURED / POLICY HOLDER	4.7
	TE (MALE / FEMALE)
LORKER (M) A)NAME: / POPIC PLBNINGS & LANDSCOPE P	NTACT:
CIADDRESS: No. 34 WOODLHNOS SECTOR	
CONNECTION SINESPORE . 7	37689
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	13
HNO of passange DRIVER ALSO POLICY HOLDER	
(Including driver) allame. The	(MALE / FEMALE)
COL	NTACT: 9025 70/2
CIADDRESS: APT BLK 8034 KEAT HONG CLOS SINGEDORE 68 180 3	E 709-152
	W.W.
e)OCCUPATION: (INDOOR / QUIDOOR)	YY) ;
1) DATE OF DRIVING PASS	20
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S CO	OMBANIVE (VESTINO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSU	IRED.
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	/KLD
b) ROAD SURFACE: (DRY) WET / OTHERS	
6. WAS ANYBODY INJURED (YES /NO)	
7. a) REPORTED TO POLICE (YES / NO)	W 187
IF YES, PLEASE STATE WHICH POLICE STATION:	
8. THIRD PARTY VEHICLE	- M
# He of passenger a) VEHICLE NUMBER: SKZ 8778 U MOD	DEL: BMW SG.
(Including driver) b) DRIVER'S NAME: NG CHEONG SENG	
() NRIC/FIN/PASSPORT: 2534712 I CON	NTACT: 900 9 1162
9. THIRD PARTY VEHICLE A) VEHICLE NUMBER: MOD	exact Section 5
the of hygrander	EL:
(Induding delices)	* * *
(NRIC/FIN/PASSPORT:CON	NTACT:
×	i (i)
Till	1

email = Ryanword @-tropreplanners.com.sg.
VIDBO Nunwout, 6

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0164823C





ANG CHOON HOCK

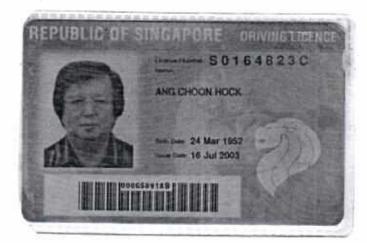
洪俊绎

CHINESE

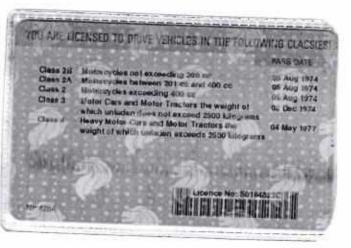
24-03-1952 M

SINGAPORE









LONPAC INSURANCE BHD (S98FC5635C)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199655. Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sp

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/18/vc00/102396

Type of Cover : COMPREHENSIVE

Index Mark and Vehicle Registration Number

MITSUBISHI FUSO FV51SS3VDEA

- XE 8000L

2 Name of Policy Holder TROPIC PLANNERS & LANDSCAPE PTE

LTD

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

08/09/2018

Date of Expiry of the Insurance 4.

07/09/2019

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

: 5\$2500.00 (SECTION 1)

\$\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG

AND/OR INEXPERIENCED DRIVERS

S\$200.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED

ON 2ND AND 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

: GOLDBELL FINANCIAL SERVICES

CHIEF EXECUTIVE (Singapore Branch)

Unior US

estinyeo / hazachan

Date Issued

1 10-09-2018