

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA118166261**

Date In: <b>22/12/18-13:19</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/UPCR 22162/24</b>	SAS e-filing		
Veh No: <b>6BH 31153</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>22/12/18-11:20</b>	i-Motor Claim Form		
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, 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:

Fax:

TP Particulars:

Veh No: **SDE91887**

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

[Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

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 repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time

Actions

**NA1808541**

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2/3:

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Int Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q1:

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idao Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged



## 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 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.

ACCIDENT STATEMENT	
Date Of Report	27/12/2018 13:19
Date Of Accident	27/12/2018 11:20
Exact Location Of Accident	JUNC TG PAGAR RD & ENGGOR ST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH3115S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FORTUNE IMPEX PTE LTD
Co Reg No	199403118C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63836688
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC00/101635
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHAN HING NGEE
NRIC No	S0108611A
Date Of Birth	02/01/1953
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1978
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96226727
Fax Number	
Contact Number	OFFICE-96226727
EMail Address	NOEMAIL

Address	BLK 233 CHOA CHU KANG CENTRAL #06-101
Postcode	680233
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
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 ambulance?	
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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS VEHICLE IN FRONT WAS STATIONARY STOPPED. SUDDENLY VEHICLE B CUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

#### 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	SDE9188J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH KIM KIOW
NRIC/Passport Number	S1497705H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## 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**.
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 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. 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.
7. 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:
  - (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.

德運貿易有限公司  
FORTUNE IMPEX PTE LTD

No. 19, Tuas Bay Walk,  
Singapore 637762

Tel: 6383 6588 / 6343 6588 Fax: 6285 0768

Business Reg No. 199103118C

Policyholder's Signature 

Date & Time:

Driver's Signature

(If driver is not the policyholder)

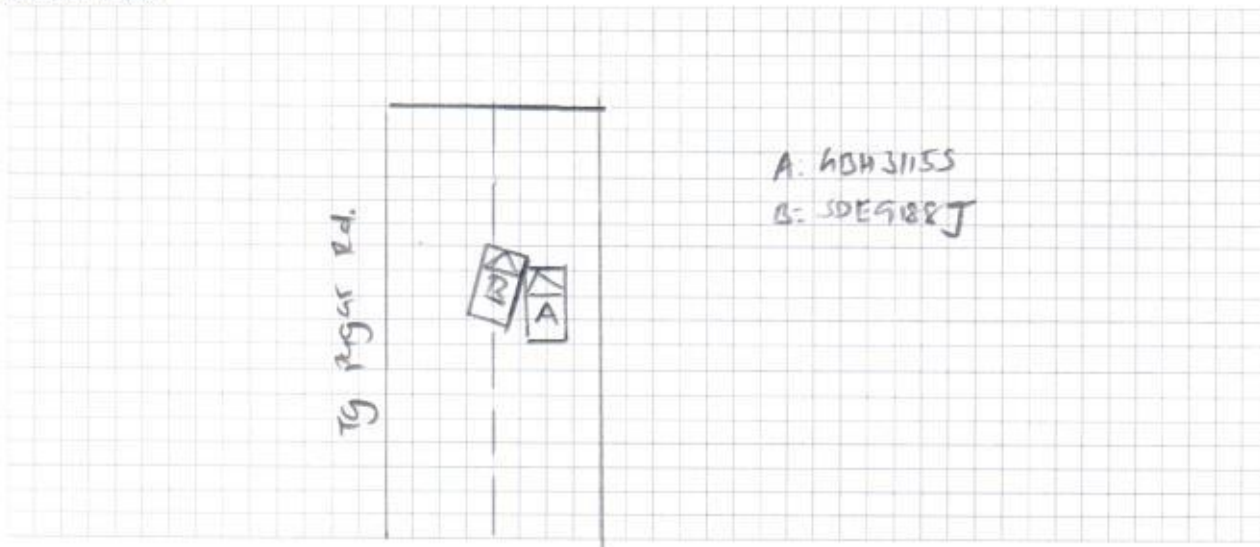
Date & Time:

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## DECLARATION

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

**FORTUNE IMPEX PTE LTD**

No. 19, Tuas Bay Walk,  
Singapore 637762

Tel: 6383 6689 / 6343 6693 Fax: 6288 0768

Policyholder's Signature: 189403118C

Date & Time: fortunei@singnet.com.sg

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

Date & Time:

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0108611A



NAME  
CHAN HING NGEE

RACE  
CHINESE

DATE OF BIRTH  
02-01-1953

SEX  
M

COUNTRY OF BIRTH  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S0108611A

Name

CHAN HING NGEE

Birth Date 02 Jan 1953

Issue Date 13 Dec 2012



3111835

NRIC No. S0108611A



Blood Group Date of issue  
O+ 13-12-1999

Address

APT BLK 233 CHOA CHU KANG CENTRAL  
#06-101  
SINGAPORE 680233

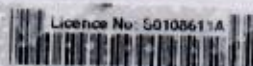
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES/

EFFECTIVE DATE

- |   |   |             |
|---|---|-------------|
| <input checked="" type="checkbox"/> Class 3 | Motor cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractors/vehicles $\leq$ 2500 kg | 19 Sep 1978 |
| <input checked="" type="checkbox"/> Class 4 | Heavy motor cars and tractors $>$ 2500 kg   | 02 Feb 1981 |

S0108611A

S / No. 9000292193



NP 428A



# LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

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

MZ300

## 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/VC00/101635

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA DYNA 150 5MT  
- GBH 3115S

2. Name of Policy Holder

FORTUNE IMPEX PTE LTD

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

17/04/2018

4. Date of Expiry of the Insurance

16/04/2019

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.

6. 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\$750.00 (SECTION 1) ALL AUTHORISED DRIVERS  
S\$1000.00 (EACH FOR SECTION 1 & 2) ADDITIONAL EXCESS FOR ELDERLY  
OR YOUNG &/OR INEXPERIENCED DRIVERS  
S\$100.00 WINDSCREEN EXCESS

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  
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 : UNITED OVERSEAS  
BANK LIMITED

CHIEF EXECUTIVE  
(Singapore Branch)

User ID : ambika / nfwong  
Date Issued : 20-04-2018