

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 15/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/LPC19000909/13	SAS e-filing		
Veh No: GBC8390G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/01/19 0820	i-Motor Claim Form		
OD (TP) 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: ( SK Tel: Fax: )

TP Particulars: Veh No: SLQ2468P 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%; F: 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

Invoice Preparation Checklist Amt (\$) Amt (\$)

1st Bill Add Bill

Claimant's Particulars :- 1) AR: Accident Reporting (\$30);

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

Contact No: 3) TF: Towing Fee \$40/\$45

Damaged Portion: 4) FT: Follow-Through Survey \$120

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

6) TR: Re-inspection \$75

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

8) NTUC Additional Services:-

QC Checked by (Engr-In-Charge): OP\*

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

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

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

Auditors' Comments :- TP (N11): TP (Non INC) against INC \$20

Cat. 1: 9) N12: Idac Mobile 30

Cat. 2/3: 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	15/01/2019 15:33
Date Of Accident	14/01/2019 08:20
Exact Location Of Accident	PIE TWDS TUAS B4 CLEMENTI EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC8390G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG NAM BEE MARKETING PTE LTD
Co Reg No	198803370H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90523823
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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/VC00/102314
Cover Note Number	
<b>Driver</b>	
Name of Driver	OOI KIAN HUAT
NRIC No	S6838318H
Date Of Birth	11/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	08/03/1996
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90523823
Fax Number	
Contact Number	
Email Address	ENQUIRY@NGNAMBEE.COM.SG

Address	BLK 471A FERNVALE STREET #18-93
Postcode	791471
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 - HEAD TO REAR
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?	YES
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SLQ2468P
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)	

#### DETAILS OF INJURED PERSON 1

Name	OOI KIAN HUAT
------	---------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

GBC8390G

YES

NO



## 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.

廣南美私人有限公司  
NG NAM BEE MARKETING PTE LTD

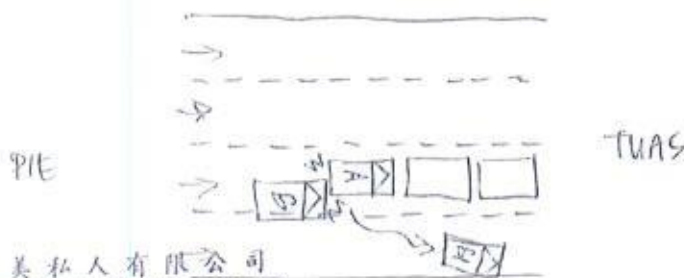
6-Glin Bee Drive S'pore 619656  
Tel: 6767 0555 Fax: 6757 2292  
Website: www.ngnambee.com.sg  
Email: enquiry@ngnambee.com.sg

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



黄南美私人有限公司  
 NG NAM BEE MARKETING PTE LTD  
 6 Chin Bee Drive S'pore 619856  
 Tel: 6757 0555 Fax: 6757 2292  
 Website: www.ngnambee.com.sg  
 Email: enquiry@ngnambee.com.sg

A - GBC 8390 G  
 B - SLQ 2468 P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARD TUAS ON THE 2ND LANE OF A 4 LANE ROAD, EXPRESSWAY. SOMEWHERE CLEMENTI EXIT, VEHICLE IN FRONT OF ME STOPPED DUE TO THE HEAVY TRAFFIC FLOW. AS SUCH, I APPLIED BRAKE AND MANAGE TO STOPPED COMPLETELY. OUT OF A SUDDEN, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT VEHICLE (B) DROVE FROM THE REAR AND COLLIDED DIRECTLY ONTO THE REAR PORTION OF MY VEHICLE AND VEHICLE (B) ROLL FORWARD TO THE EXTREME RIGHT LANE.

A - GBC 8390 G  
 B - SLQ 2468 P

## DECLARATION

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

黄南美私人有限公司  
 NG NAM BEE MARKETING PTE LTD  
 6 Chin Bee Drive S'pore 619856  
 Policy No: 6757 0555 Fax: 6757 2292  
 Date Website: www.ngnambee.com.sg  
 Email: enquiry@ngnambee.com.sg

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

15/01/19  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 14 JAN 2019		TIME: 08:20 HRS		(hh:mm) 24 hrs Format	
LOCATION: PIE TOWARD TUAS BEFORE CLEMENTI EXIT					
VEHICLE NUMBER: 6BC 8390 G					
INSURED NAME: NG NAM BEE MARKETING PTE LTD					
NRIC/FIN: 198803370H		CONTACT: 9052 3823			
MAKE: NISSAN		MODEL: NV200			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes, If No, Pls Select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only					
INSURANCE COMPANY: LONPAK					
TYPE OF POLICY: ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT					
POLICY NUMBER: 7/18/VCCO/102314					
NAME DRIVER: 001 KIAN HUAT				( ) SAME AS INSURED	
NRIC/FIN: S 6030318 H		CONTACT: 9052 3823			
DATE OF BIRTH: 11 OCT 1968					
DRIVING PASS DATE:					
OCCUPATION: ( ) INDOOR ( <input checked="" type="checkbox"/> ) OUTDOOR					
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE					
EMAIL ADDRESS: enquiry@ngnambep.com.sg				( <input checked="" type="checkbox"/> ) NO EMAIL	
ADDRESS OF DRIVER: APT BLK 471A FERNVALE ST #18-93 S(791471)					
Number Of Passenger Include Driver: DRIVER ONLY					
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) YES ( ) NO					
If No, Relationship Of The Driver With The Insured					
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others					
Does The Driver Own Any Other Vehicle?: ( ) YES ( <input checked="" type="checkbox"/> ) NO					
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:					
Insurance Company Of Driver's Own Vehicle					
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others					
Road Surface: ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others					
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO					
Was Anybody Injured In The Accident? ( <input checked="" type="checkbox"/> ) YES ( ) NO					
If YES, Injured details: 001 KIAN HUAT (M) 9052 3823					
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO					
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO					
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report					
Police Report Number (if any)					
Details Of 3rd Party		Name / NRIC		No. of Paxs (incl'driver)	
Veh B: SLQ 2468 P				( ) / Not Sure ( <input checked="" type="checkbox"/> )	
Veh C:				( ) / Not Sure ( )	
Veh D:				( ) / Not Sure ( )	
Veh E:				( ) / Not Sure ( )	
Veh F:				( ) / Not Sure ( )	
Veh G:				( ) / Not Sure ( )	

DL



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6838318H**



Name

**OOI KIAN HUAT**

**黄 建 发**

Race

**CHINESE**

Date of birth

**11-10-1968**

Sex

**M**

Country/Place of birth

**SINGAPORE**



5505220



NRIC No. **S6838318H**



Date of issue

**11-07-2015**

**APT BLK 471A FERNVALE STREET #18-03  
SINGAPORE 791471**

NRIC No:

**S6838318H**

Date:

**13/07/2018**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B  
Class 3

Motorcycles  $\leq$  200 cc

Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg

EFFECTIVE DATE

26 Sep 1988

08 Mar 1996

NP 428A



Licence No: S6838318H

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S6838318H

Name:

OOI KIAN HUAT

Birth Date: 11 Oct 1968

Issue Date: 12 Jun 2015



002438109C

SG  
50





05 AUG 2013

Date: \_\_\_\_\_

**LIFTING OF DISQUALIFICATION  
UNDER SECTION 42A OF THE ROAD TRAFFIC ACT CAP 276**

This is to confirm that the Report No (s):

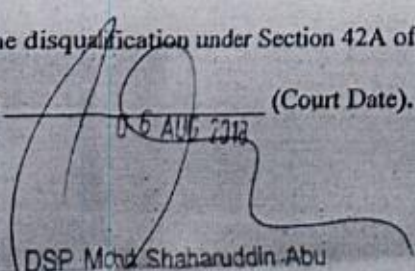
- |                    |            |
|--------------------|------------|
| (1) 1562 2460 5212 | (8) _____  |
| (2) 1761 5201 1712 | (9) _____  |
| (3) _____          | (10) _____ |
| (4) _____          | (11) _____ |
| (5) _____          | (12) _____ |
| (6) _____          | (13) _____ |
| (7) _____          | (14) _____ |

against Mr/Mdm/Ms OOI KIAN HUAT

NRIC/FIN No: 568383184 has/have been settled.

The disqualification under Section 42A of the Road Traffic Act, Cap 276, has been lifted

on \_\_\_\_\_ (Court Date).

  
DSP Mohd Shaharuddin Abu  
Prosecution Officer  
Prosecution Branch  
Criminal Investigation Department

(Signature)  
(Rank / Name)

**INSTRUCTION TO HOLDER**  
Please carry this slip with you until you collect back your driving licence from Traffic Police Department



**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/vc00/102314

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN NV200 1.5L MT  
- GBC 8390G

2. Name of Policy Holder

NG NAM BEE MARKETING PTE LTD

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

29/09/2018

4. Date of Expiry of the Insurance

28/09/2019

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\$500.00 (SECTION 1)  
S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR  
YOUNG &/OR INEXPERIENCED DRIVERS  
S\$100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLE  
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  
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.CHIEF EXECUTIVE  
(Singapore Branch)陳保險經紀私營有限公司  
TAN INSURANCE BROKERS PTE LTD  
3A/5A Alwal Street, Chenn Leonn Building  
Singapore 199696  
www.tib.com.sg  
Tel: (65) 6742 6766 Fax: (65) 6742 6669User ID : jp / mitchan  
Date Issued : 28-08-2018

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	3370H

### Vehicle Details

Vehicle No.:	GBC8390G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	14 Jan 2019
Vehicle Make:	NISSAN
Vehicle Model:	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	K9KC400D052785
Chassis No.:	VSKYBAM20U0071902
Maximum Power Output:	-
Open Market Value:	\$19,232.00
Original Registration Date:	21 Jan 2014
First Registration Date:	21 Jan 2014
Transfer Count:	0
Actual ARF Paid:	\$962.00

### Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Expiry Date:	20 Jan 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$48,001.00
COE Rebate Amount:	\$24,077.00
<b>Total Rebate Amount:</b>	<b>\$24,077.00</b>

The information contained herein is correct as at 14 Jan 2019

OK