

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA 119040883

Date In: 24/1/19-11:30	Job description	Date & Time Completed	Done by
Ref No: NA/LPC19005624/4	SAS e-filing		
Veh No: 904270	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/1/19-11:00	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: (	Tel: (	Fax: (
TP Particulars:	Veh No: Machine-	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-
Sat 1:
Sat 2/3:



## 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	29/03/2019 11:30
Date Of Accident	26/03/2019 11:20
Exact Location Of Accident	BLK 302 UBI AVE 1 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ427U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAKE VIEW CREDIT PTE LTD
Co Reg No	199305121G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67459995
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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/VC40/102419
Cover Note Number	
<b>Driver</b>	
Name of Driver	GOH EE CHEE
NRIC No	S1857300H
Date Of Birth	04/03/1955
Occupation	INDOOR
Date Of Driving Pass	22/08/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94556872
Fax Number	
Contact Number	OFFICE-94556872
EMail Address	NOEMAIL

Address	BLK 449 CHOA CHU KANG AVENUE 4 #13-175
Postcode	680449
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 AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	1
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)	0

#### 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

REFER TO 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	MACHINE
Vehicle Make/Model/Colour	FRUITS VENDING PTE LTD
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
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.
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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:

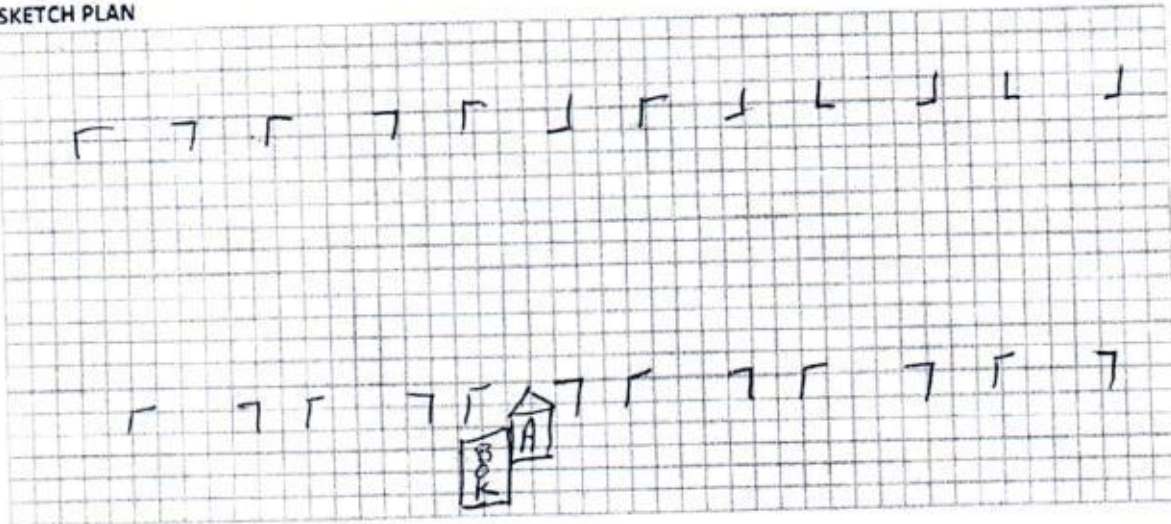
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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

During these day & time, my car was park at the carpark lot, the machine from (Fruits Vending Pte Ltd) drop and hit on my vehicle SJA 4274 left rear portion. While delivering.

## DECLARATION

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

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.:



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 26/03/2019 (dd/mm/yy) Time of Accident: 11:20 (24-HR-FORMAT)

Vehicle No.: 55Q 4271 Vehicle Make & Model: \_\_\_\_\_

Exact location of Accident: Ubi Ave 1 Blk 302 Carpark Lot 48

Policyholder's Name / IC No.: Lake View Credit Pte Ltd 1993051219

Driver's Name / IC No.: Goh Ee Chee (As Above) ☒

Driver's Contact No.: 94556872 Company Contact No.: 67459995

Driver's Address: \_\_\_\_\_

Insurance Company: Lanpac Email address (if any): \_\_\_\_\_

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)  
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim? (Please **TICK** one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

**Occupation (nature of job)** ☒ Indoor / ☐ Outdoor

☐ Private use / ☒ Work purpose

**No. of Passengers (Including Driver):** 0

**Weather condition & Road conditions? (On the day of accident)**

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☐ No

**Any Injuries:** ☐ Yes / ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☐ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1857300H



Name:

GOH EE CHEE  
@NG NGAI CHI

吴毅志



Race:  
CHINESE

Date of birth:  
04-03-1955

Sex:  
M

Country/Place of birth:  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1857300H

Name: GOH EE CHEE

Birth Date: 04 Mar 1955

Issue Date: 23 Jun 2003

000590728C

5907226



NRIC No. S1857300H

Date of issue:  
06-04-2018

Address:

APT BLK 449 CHOA CHU KANG AVENUE 4  
#13-175  
SINGAPORE 680449

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE: 22 Aug 1996

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

License No: S1857300H



**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 3787 Website: www.lonpac.com.sg  
GST Reg No.: F0-0005635-C

MZ9

**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/VC40/102419

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MOTOR TRADE  
- ANY MOTOR VEHICLE THE  
PROPERTY OF THE POLICYHOLDER  
OR IN HIS CUSTODY OR CONTROL.  
ALL STEAM-DRIVEN ARE EXCLUDED

2. Name of Policy Holder

LAKE VIEW CREDIT PTE LTD

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

01/10/2018

4. Date of Expiry of the Insurance

30/09/2019

5. Persons or Classes of Persons entitled to drive.

(NAMED DRIVERS DETAILS AS STATED IN POLICY SCHEDULE. .)

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 ONLY FOR MOTOR TRADE PURPOSES. THE POLICY DOES NOT COVER USE FOR HIRE OR  
REWARD RACING, PACE-MAKING RELIABILITY TRAIL OR SPEED- TESTING. N.B. USE SOLELY  
FOR "BREAKDOWN" PURPOSES IS NOT DEEMED TO BE FOR HIRE OR REWARD. GEOGRAPHICAL  
AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY. COVERAGE HOURS: AS PER POLICY  
SCHEDULE.

Excess : S\$1000.00 (EACH FOR SECTION 1 AND 2) NAMED DRIVERS  
S\$2500.00 (EACH FOR SECTION 1 AND 2) ADDITIONAL EXCESS  
FOR ELDERLY OR YOUNG &/OR INEXPERIENCED DRIVERS  
S\$100.00 WINDSCREEN EXCESS

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

Geographical  
Area : WITHIN THE REPUBLIC OF SINGAPOREImportant  
Notice : THE POLICY COVER IS RESTRICTED TO THE OPERATION HOURS  
BETWEEN 0900 HRS TO 2100 HRS ONLY

\* 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)

User ID : oslriyao / hazechen  
Date issued : 12-09-2018



**LONPAC INSURANCE BHD** (99670436C)

(Incorporated in Malaysia)  
Singapore Office: 300, Beach Road #17-04/07, The Centoria, Singapore 199598.  
Tel: (65) 6250 7388 Fax: (65) 6290 9767 Website: [www.lonpac.com.sg](http://www.lonpac.com.sg)  
GST Reg No.: F0-000533-C

**THE SCHEDULE***Insured's Copy*

Class of Policy : MOTOR TRADE (ROAD RISKS)

Policy No.

: Z/18/VC4D/102419

Age: 66  
2. TAN JIN KIAT KELVIN  
Age: 39  
3. ANG KAH SIN  
Age: 56  
4. ONG KIAN CHYE  
Age: 64  
5. GOH EE CHEE  
Age: 64  
6. FOO KEE TEE  
Age: 45  
7. LIM LEONG AIK  
Age: 51  
8. SIOW YIEN WEI DANIEL  
Age: 44  
9. TAN HOW KIAT JASON  
Age: 32  
10. TAN TONG HOE  
Age: 56  
11. WONG SIN YEE CINDY (HUANG XINYI)  
Age: 29  
12. FRANCIS CHAN HEE CHAI  
Age: 62  
13. CHAU CHUN KIT (ZHOU JUNJIE)  
Age: 42  
14. GAN CHAI LENG  
Age: 64  
15. ANG SUNNY  
Age: 55

Geographical Area : WITHIN THE REPUBLIC OF SINGAPORE

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BETWEEN 0900 HRS TO 2100 HRS ONLY

This Policy is subject to the following endorsements, clauses, warranties, and/or Special Exclusion(s) as printed in this Policy or added thereon or attached thereto and forming part of this Policy.

**AUTHORISED WORKSHOP WARRANTY**

IT IS HEREBY WARRANTED THAT IT SHALL BE A CONDITION PRECEDENT TO LIABILITY THAT ALL REPAIRS TO THE INSURED VEHICLE MUST BE CARRIED OUT BY AN AUTHORISED WORKSHOP OF LONPAC INSURANCE BHD. OTHERWISE THERE WILL BE NO PAYMENT UNDER SECTION 1.

- 1) ACCESSORIES
- 2) CLAIMS OPTION
- 3) ENDORSEMENT NO. 30 - REPLACEMENT PARTS
- 4) ENDORSEMENT NO. 72 - LEGAL LIABILITY OF PASSENGERS FOR ACTS OF NEGLIGENCE
- 5) EXCESS CLAUSE (DAMAGE CLAIMS)
- 6) EXCESS CLAUSE - ELDERLY OR YOUNG &/OR INEXPERIENCED DRIVERS
- 7) EXCESS CLAUSE (THIRD PARTY CLAIMS)