

NATIONAL Assessment Centre Services.

(part 1 Jan'05)

11/04/19043878

Date In: 04/01/2015 15:19	Job description	Date & Time Completed	Done by
Ref No: NBA/2P/190054871	SAS e-filing		
Veh No: G45 8290 G	E-mail (to/for 8hrs, AIC 2hrs)		
D.O.A: 03/04/2015 11/45	I-Motor Claim Form		
OID: 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/VWisp		

Preferred Wkep / INC Assign Wkep / QW: (Tel: () / Fax: ()
TP Particulars:	Veh No: G45 8290 G
Owner / Driver: (INC () / Non-INC ()
Policy No: (Tel: ()
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: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()	
-------------	--

Date: ()	
-----------	--

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$80)
Damaged Portion:	3) TP: Towing Fee	\$40/\$40
	4) PT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: IDA + SMRT Survey	\$160
	8) NTUC Additional Services:	

QC Checked by (Engr-In-Charge):	9) NI: Courtesy Car / TP Allowance	\$10
	10) NI: Repair Coordination	\$25
	11) NI: Post-Repair Inspection	\$5
	12) NI: DV / Collect Excess Coordination	\$25
	13) NI: TP (Non-INC) - e-filing	\$20
	14) NI: IDA Mobile	
	Invoice dated	
	Fee Charged	
	Invoice dated	

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	04/04/2019 15:19
Date Of Accident	03/04/2019 11:45
Exact Location Of Accident	SLIP ROAD FROM PIE TOWARDS EUNOS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8390G
Insured/Policyholder	
Name Of Registered Owner	NG NAM BEE MARKETING PTE LTD
Co Reg No	198803370H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90523823
Alternative Phone No	OFFICE-90523823
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200-1.5 L ABS AIRBAG 2WD 6DR EURO 5 (M)
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC00/102314
Cover Note Number	
Driver	
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	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90523823
Fax Number	
Contact Number	OTHERS-90523823
Email Address	NOEMAIL

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

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	GT8246S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

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

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBC8390G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

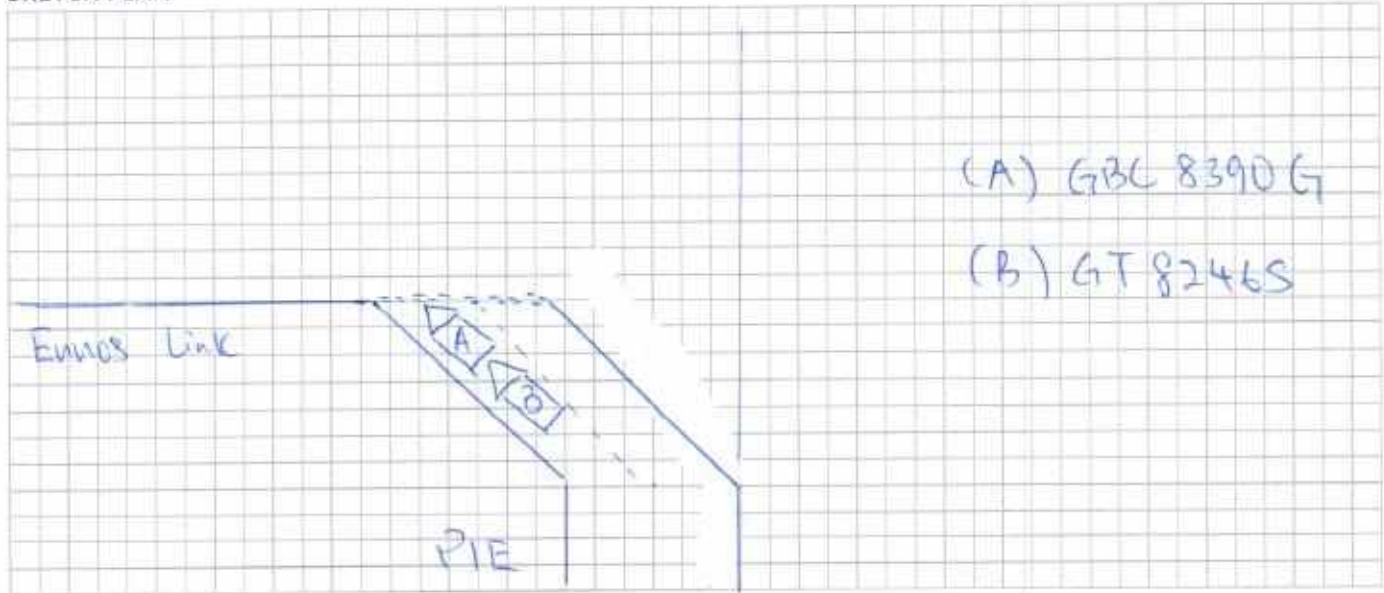
黃南英私人有限公司
NG NAM BEE MARKETING PTE LTD
6 Chin Bee Drive, Singapore 619645
Tel: 6753 0557 Fax: 6757 2292
Website: www.ngnambee.com.sg
E-mail: enquiry@ngnambee.com.sg

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Keshi*
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in the filtering lane of PIE towards Changi to into Eunos Link waiting for the traffic to clear. Suddenly I felt an impact from the rear. Vehicle B could not stop in time and collided onto my vehicle.

DECLARATION

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

CHIN BEE MARKETING PTE. LTD.
6 Chin Bee Drive, Singapore 619626
Tel: 8757 0555 / Fax: 8757 2292
Website: www.chinabee.com.sg
Email: info@chinabee.com.sg

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Karl Ho*
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 30 APRIL 2019	TIME: 11:45	(hh:mm) 24 hrs Format
LOCATION Slip rd from Pte Tnds Euros Link		
VEHICLE NUMBER 6BC 93905		
INSURED NAME NB Nam Bee Marketing Pte Ltd		
NRIC / FIN 1988033704	CONTACT:	
MAKE NISSAN NV200 1.5L	MODEL MT ABS AIR BAG 2WD 6DR EURO5	
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 Lompac		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: 218100102314		
NAME DRIVER: Dor Kian Huat		() SAME AS INSURED
NRIC / FIN 568383184	CONTACT: 90523823	
DATE OF BIRTH: 11.10.1968		
DRIVING PASS DATE: 08.03.1996		
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: () NO EMAIL		
ADDRESS OF DRIVER: 471A Fernvale Street #18-93 (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 (<input checked="" type="checkbox"/>) Others		
Does The Driver Own Any Other Vehicle? : () YES () 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 :		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES () 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 6T 82465	(NTUC)	() / Not Sure ()
Veh C		() / Not Sure ()
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()

5505220



NRIC No. S6838318H



Date of issue

11-07-2015

APT BLK 471A FERNVALE STREET #18-93
SINGAPORE 791471

NRIC No:

S6838318H

Date:

13/07/2018

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6838318H



Name

OOI KIAN HUAT



黃建發

Race

CHINESE

Date of birth

11-10-1968

Sex

M

Country/Place of birth

SINGAPORE







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.

Amek

CHIEF EXECUTIVE
(Singapore Branch)

陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Aliwal Street, Chenn Leonn Building
Singapore 199896
www.tib.com.sg
Tel: (65) 6742 6766 Fax: (65) 6742 6669

User ID : jp / mhchan
Date Issued : 28-08-2018

18VC00/102314 v5.0 1
Z7060310 - 04-0

[> 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:	No
Intended Deregistration Date:	30 Apr 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:	\$22,658.00
Total Rebate Amount:	\$22,658.00

The information contained herein is correct as at 04 Apr 2019

OK