

NATIONAL Assessment Centre Services (ver 1 Jan 2005) **MAA49047502**

Date In: 11/04/2005 17:56	Job description	Date & Time Completed	Done by
Ref No: NBA/LR/90065007	SAS e-filing		
Veh No: GBF 8859H	E-mail (Agenda sheet, AIC sheet)		
D.O.A: 10/04/2005 15:40	I-Motor Claim Form		
OID TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **GBH 4336P** 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 Instructions: ()

() 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: ()

Repair Instructions: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

10-DEC-2018 MON 08:09

1) AR: Accident Reporting (530)	INC (540)
2) DA: Damage Assessment (5100)	540/545
3) TP: Towing Fee	1120
4) PT: Follow-Through Survey	330
5) FT: Follow-Through Survey (Resurvey)	330
Forfeiting against INC Only (ver 10 Jan 2005)	375
6) TR: Re-inspection	5160
7) NI: Idau DA + SMRT Survey	
8) NTUC Additional Services:	
9) NI: Idau Mobile	30
10) NI: Repair Co-ordination	510
11) NI: Post Repair Inspection	520
12) NI: DV / Collect Excess Coordination	520
13) NI: TP (Non-INC) e-filing	30
Fee Charged	
Invoice dated	
Invoice dated	

FOR:

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	11/04/2019 17:34
Date Of Accident	10/04/2019 15:40
Exact Location Of Accident	JUNCTION OF WAN THO AVENUE/PHENG GECK AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8359H
Insured/Policyholder	
Name Of Registered Owner	RYE & PINT BREWERY PTE LTD
Co Reg No	201540606G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91281384
Alternative Phone No	OFFICE-91281384

Vehicle Particulars

Manufacturer	FIAT
Model	MULTIPLA-ELX SUV 1.6
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	Z19VC05001924
Cover Note Number	

Driver

Name of Driver	GOH MINGWEI, ROSS
NRIC No	S8723418E
Date Of Birth	02/08/1987
Occupation	INDOOR
Date Of Driving Pass	14/01/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91281384
Fax Number	
Contact Number	OTHERS-91281384
Email Address	NOEMAIL

Address	2 MIMOSA DRIVE
Postcode	805718
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 - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

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?	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	GBH4336P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.
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.

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

(A) GBF 8359M

(B) GBH 4336P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 10 APR 2019 @ 1542 HRS I WAS GOING STRAIGHT ALONG
WAN THO AVE. WHEN VEHICLE B CAME OUT FROM PHENG GECK AVE.
VEHICLE B FAILED TO STOP AT THE STOP LINE AND
COLLIDED INTO MY VEHICLE

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 10 APRIL 2019		TIME: 1542HRS		(hh:mm) 24 hrs Format	
LOCATION JUNCTION OF WAN THO AVE & PHENG GECIE AVE					
VEHICLE NUMBER GBF8359H					
INSURED NAME RYE & PINT : BREWERY PTE LTD.					
NRIC / FIN 201540606G			CONTACT:		
MAKE FIAT		MODEL DOBLO CARGO MAXI 1.6 MTJ			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes, If No, Pls Select : (/) Third Party () Reporting Only					
INSURANCE COMPANY LONPAC INSURANCE					
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT					
POLICY NUMBER : 219VC05001924					
NAME DRIVER : GOH MINLWEI, RO28					() SAME AS INSURED
NRIC / FIN 58723418E			CONTACT: 9125 1384		
DATE OF BIRTH: 02/08/1987					
DRIVING PASS DATE: 14 JAN 2010					
OCCUPATION : (/) INDOOR () OUTDOOR					
GENDER : (/) MALE () FEMALE					
EMAIL ADDRESS:					() NO EMAIL
ADDRESS OF DRIVER: 02 MIMOSA DRIVE SINGAPORE (POST 18)					
Number Of Passenger Include Driver: 01 DRIVER					
Was driver an employee of the Insured's Company? (/) 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 () NO					
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:					
Insurance Company Of Driver's Own Vehicle					
Weather Conditions: () Clear (/) Raining () Drizzling () Others					
Road Surface : () Dry (/) Wet () Others					
Was Any Foreign Vehicle Involved In This Accident? () YES () NO					
Was Anybody Injured In The Accident? () YES (/) NO					
If YES, Injured details : NIL					
Convey By Ambulance: () YES (/) NO					
Was There Any Video Capture By Car Camera? () YES () NO					
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report					
Police Report Number (if any) NIL					
Details Of 3rd Party		Name / NRIC		No.of Paxs (incl'driver) Contact	
Veh B GBH 4336 P				() / Not Sure ()	
Veh C				() / Not Sure ()	
Veh D				() / Not Sure ()	
Veh E				() / Not Sure ()	
Veh F				() / Not Sure ()	
Veh G				() / Not Sure ()	

5405729



NRIC No. S8723418E



Date of issue
13-12-2014

Address

2 MIMOSA DRIVE
SINGAPORE 805718

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8723418E



Name

GOH MINGWEI, ROSS

吴 铭 伟

Race

CHINESE

Date of birth

02-08-1987

Sex

M

Country/Place of birth

SINGAPORE

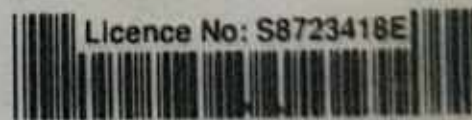


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 14 Jan 2010

NP 428A



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8723418E**
Name: **GOH MINGWEI, ROSS**

Birth Date: **02 Aug 1987**
Issue Date: **07 Mar 2015**



 002402895E



LONPAC INSURANCE BHD (596FC5635C)

(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

MZ300

CERTIFICATE OF INSURANCE

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. : Z19VC05001924

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

FIAT DOBLO CARGO MAXI 1.6 MTJ AMT
- GBR8359H

2. Name of Policy Holder

RYE & PINT BREWERY PTE. LTD.

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

21/03/2019

4. Date of Expiry of the Insurance

20/03/2020

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER 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 WHILEST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: S\$ 500.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON 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.

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 : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

Amek

CHIEF EXECUTIVE
(Singapore Branch)

User ID: ANDREW TAN

Date Issued: 05/03/2019

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	0606G

Vehicle Details

Vehicle No.:	GBF8359H
Vehicle to be Exported:	Yes
Intended Deregistration Date:	12 Apr 2019
Vehicle Make:	FIAT
Vehicle Model:	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	263A50007662558
Chassis No.:	ZFA26300006D16851
Maximum Power Output:	-
Open Market Value:	\$19,169.00
Original Registration Date:	21 Mar 2017
First Registration Date:	21 Mar 2017
Transfer Count:	0
Actual ARF Paid:	\$959.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	20 Mar 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$45,476.00
COE Rebate Amount:	\$36,099.00
Total Rebate Amount:	\$36,099.00

The Information contained herein is correct as at 11 Apr 2019

OK

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAY419047503 Vehicle Registration No: GRF 8359H

Name (as shown in NRIC) : GOH MING WAH, ROSS NRIC/FIN/Passport No : SP723418E

(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 91281384

Email Address : _____

Date of Accident : 10/04/2019 Time of Accident : 15:40

Place of Accident : JUNCTION OF WALKER RD AND KALLANG ROAD / PHANG GEEK AVE.

Insurance Company : LAIFU

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DRIVER NAME: GOH MING WAH, ROSS

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Paula
NRIC/FIN No.: W010000000
Date: 11/04/2019

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA 419047503-01 Vehicle Registration No: GBF 8359H

Name (as shown in NRIC): GOH MING WAH, BOSS NRIC/FIN/Passport No: S8723418

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 91281384

Email Address: _____

Date of Accident: 10/04/2019 Time of Accident: 15:40

Place of Accident: JUNCTION OF WONG JIBO AVENUE / PITHAN GARDEN

Insurance Company: ICMPAC

(B) ADDITIONAL INFORMATION / AMENDMENTS

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Vehicle number to GBF 8359H

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Paul Lim
NRIC/FIN No: _____
Date: 12/04/2019