

**NATIONAL Assessment Centre Services.** [wef 1 Jan 2003] **NAVAL 9056287**

Date In: 01/05/2009 10/12	Job description	Date & Time Completed	Done by
Ref No: NVALPC 19001685/4	SAS e-filing		
Veh No: XE 4424	E-mail (to jobs site, ATC site)		
D.O.A: 24/04/2009 19:00	1-Motor Claim Form		
OID / TP: Reporting Only	1-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: SLP 7220J 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 ( )

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.

( ) 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/Time: ( )

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

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

Additional Comments: ( )

2/3

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
Forfeiture against INC Only (wef 10 Jan 2003)	
6) TR: Re-inspection	\$75
7) NI: [dau DA + SMRT Survey	\$160
8) NTUC Additional Services:	
Oil	\$1
NG: Courtesy Car / Transport Allowance	\$10
NG: Repair Coordination	\$25
SMRT Post Repair Inspection	\$5
ND: DV / Collision Excess Coordination	\$25
TP (NI) / TP (S-n INC) against INC	\$30
9) NI: Idao Mobile	
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	02/05/2019 10:12
Date Of Accident	24/04/2019 19:00
Exact Location Of Accident	WEST COAST HIGHWAY (TOWARDS ECP)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4412H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CALL LADE ENTERPRISES PTE LTD
Co Reg No	199204755R
Email Address	CHUA@CALLLADE.COM
Mobile Phone No	(LOCAL) +65-90035395
Alternative Phone No	OFFICE-98647753

### Vehicle Particulars

Manufacturer	SCANIA
Model	P410LA4X2MSZ
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC00/102621
Cover Note Number	

### Driver

Name of Driver	LUO HONGXUAN
NRIC No	G2658296U
Date Of Birth	16/06/1983
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2017
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90035395
Fax Number	
Contact Number	OTHERS-98647753
EMail Address	CHUA@CALLLADE.COM

Address	BLK 102F PASIR PANJANG ROAD #02-02
Postcode	118530
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	SIDE SWIPE
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?	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	SLP7220J
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	MR TEO
NRIC/Passport Number	
Contact Number	97585062
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	5

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Passenger 3

NAME: :

GENDER: :

Passenger 4

NAME: :

GENDER: :



## 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:

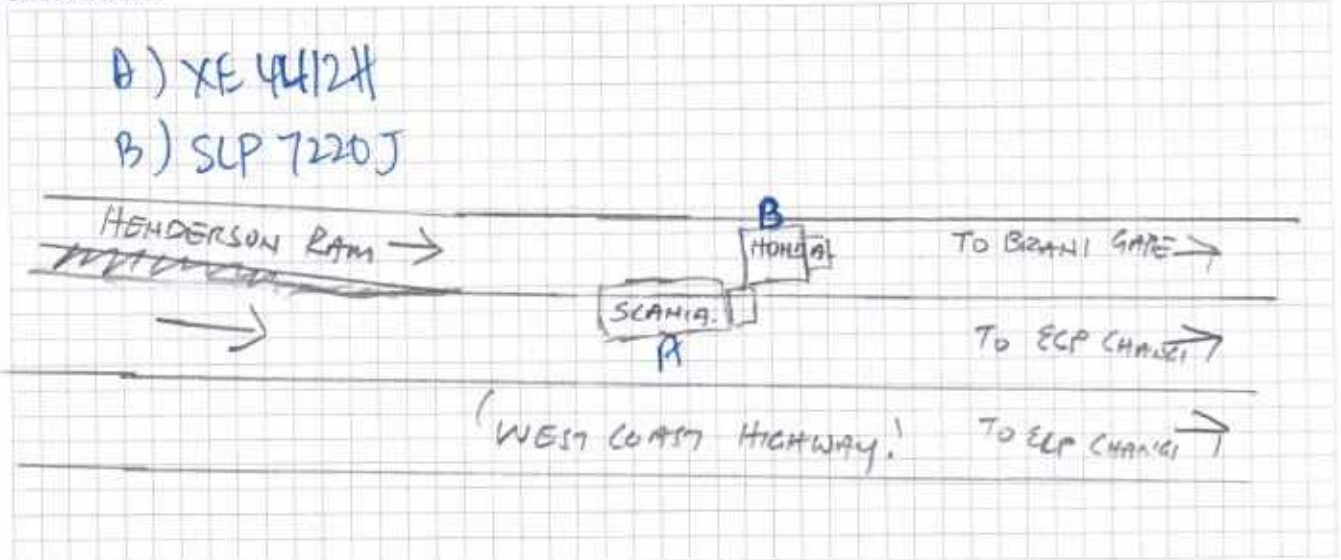
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: ROSE LIAW  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① I WAS TRAVELLING ALONG WEST COAST TOWARD ECP CHANGI.
- ② UPON REACHING THE INTERSECTION BETWEEN HENDERSON RD & WEST COAST HIGHWAY, I FILTER INTO LEFT LANE, HEADING TOWARD BRANI GATE.
- ③ SUDDENLY I SAW SLP 7220J WAS JUST IN FRONT AT LEFT LANE.
- ④ I COULD NOT STOP IN TIME, MY LEFT SIDE BUMPER CAME IN CONTACT WITH HIS RIGHT SIDE REAR BUMPER.
- JUST TO INFORM THAT THERE ARE 4 PAX IN THE CAR 'B' WHICH DID NOT COME DOWN & I DID NOT KNOW WHETHER THEY ARE INJURED

## 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.:





**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**CALL LADE ENTERPRISES PTE LTD**



Name  
**LUO HONGXUAN**

Work Permit No.  
**0 76708727**

Sector  
**SERVICE**





**K0963338**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number  
**G2658296U**

Name  
**LUO HONGXUAN**

Birth Date: **16 Jun 1983**  
Issue Date: **29 Sep 2015**  
Valid Till: **26/09/2020**



**002478060H**



**VISIT PASS**  
Immigration Regulations

Name  
**LUO HONGXUAN**

File  
**G2658296U**

Date of Birth  
**16-06-1983**

Nationality  
**CHINESE**

Sex  
**M**



Download SGWorkPass App to check status



**MULTIPLE JOURNEY VISA ISSUED**  
**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



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

	<b>EFFECTIVE DATE</b>	
Class 2 Motor cars ≤ 2000 kg with ≤ 7 passengers, exclusive of the driver, and motor tractors/vehicles ≤ 2500 kg	31 Mar 2017	5
Class 4 Heavy motor cars and motor tractors > 2500 kg	31 Mar 2017	

C3648296U

**S / No. 9000270131**

**NP 428A**



**Licence No: G2658296U**

## ACCIDENT STATEMENT

ACCIDENT DATE: 24/04/2019 (DD/MM/YYYY), TIME: 1900 HRS (HH:MM)

LOCATION: West Coast Highway Towards ECP.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XE44124  
b) INSURANCE COMPANY: Lowpac Insurance Bhd  
c) POLICY NUMBER: 2/18/VC00/102621  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: SCANIA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: CALLADE ENTERPRISE Pte Ltd. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 199204755R CONTACT: 90035395 (CHUA)  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: LUO HONG XUAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G26582964 CONTACT: 98647753  
c) ADDRESS: APT BIK 102F PARK PANGMAH ROAD #02-02  
CITYLINK MARRITIME COMPLEX SL118530

\* d) DATE OF BIRTH: 16/06/1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 31/03/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_

b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLP 7220J MODEL: HONDA  
b) DRIVER'S NAME: MR TEO  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97585062

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = CHUA @ CALLADE - com.

VIDEO



**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

MZ301/312

**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/vc00/102621

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

SCANIA P410LA4X2MSZ  
- XE 4412H

2. Name of Policy Holder

CALL LADE ENTERPRISES PTE LTD

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

10/10/2018

4. Date of Expiry of the Insurance

09/10/2019

5. Persons or Classes of Persons entitled to drive.

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR  
ORDER OR WITH THEIR PERMISSIONProvided 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 RACING PACEMAKING RELIABILITY TRIAL OR SPEED TESTING USE WHILST  
DRAWING A GREATER NUMBER OF TRAILERS IN ALL THAN IS PERMITTED BY LAW USE FOR THE  
CARRIAGE OF PASSENGERS FOR HIRE OR REWARD

Excess

: S\$1500.00 (SECTION 1)  
S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG  
AND/OR INEXPERIENCED DRIVERS  
S\$200.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED  
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.

H.P. Owner

: UNITED OVERSEAS  
BANK LIMITEDCHIEF EXECUTIVE  
(Singapore Branch)User ID : eslinyeo / nitwong  
Date Issued : 15-10-2018

## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport/Company Cert No.: 199204755R  
Owner ID Type: Company  
Owner Name: CALL LADE ENTERPRISES PTE LTD  
Registered Address: APT BLK 102F PASIR PANJANG ROAD #02-02 CITILINK WAREHOUSE COMPLEX  
SINGAPORE 118530  
Mailing Address: -  
Birth Date: -

### Vehicle Particulars

Vehicle No.: XE4412H  
Previous Vehicle No.: -  
Effective Date of Ownership: 10 Oct 2018  
Original Regn Date: 10 Oct 2018  
Registration Date: 10 Oct 2018  
Year of Manufacture: 2018  
Vehicle Type: Goods (Open) Prime Mover  
Vehicle Scheme: -  
Vehicle Attachment 1: No Attachment  
Vehicle Attachment 2: -  
Vehicle Attachment 3: -  
Vehicle Make: SCANIA  
Vehicle Model: P410LA4X2MSZ  
Primary Colour: Multi-Colour  
Secondary Colour: -  
Passenger Capacity: 1  
Chassis No.: YS2P4X20005509693  
Engine No.: DC13115L017084587  
Engine Capacity / Power Rating: 12742 cc / -  
Maximum Power Output: -  
Propellant: Diesel  
Max Unladen Weight: 7100 kg  
Maximum Laden Weight: 80000 kg  
Open Market Value: \$104,770.00  
PARF Eligibility: No  
PARF Eligibility Expiry Date: -  
Minimum PARF Benefit: -  
No. of Transfers: 0  
IU Label No.: 2010564422  
COE No.: 2018090105000455K  
COE Expiry Date: 09 Oct 2028  
COE Category: C - Goods Vehicle & Bus  
COE Registration Category: C - Goods Vehicle & Bus  
Quota Premium (QP) / Prevailing Quota Premium: \$29,902.00 / -  
Actual QP Paid: \$29,902.00  
QP (Regn Cat): \$29,902.00  
OPC Cash Rebate Eligibility: No  
QP during COE Bidding Exercise: \$29,902.00  
Additional Registration Fee Rate: 5.00 %  
Actual ARF Paid: \$5,239.00  
Vehicle Lifespan Expiry Date: 09 Oct 2038  
CO2 Emission: -  
CO Emission: -  
HC Emission: -  
NOx Emission: -  
PM Emission: -  
Message: null

Print

OK

Save as PDF