

# NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MND19071124

Date In: 31/1/19-15:47	Job description	Date & Time Completed	Done by
Ref No: NM/UPC 19009680724	SAS e-filing		
Veh No: 7H94746	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 31/1/19-15:50	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: SK R57034	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 ( )	

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

NA 1904068	Invoice Preparation Checklist	Am't (\$) for Bill	Am't (\$) 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		
QC Checked by (Engr-In-Charge):	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:-		
	ON*		
	*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 30		
	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	31/05/2019 15:43
Date Of Accident	30/05/2019 13:50
Exact Location Of Accident	JUNC WOODLANDS AVE 5 & WOODLANDS AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9474L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AGAPE LOGISTICS PTE LTD
Co Reg No	200814279G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER3SDEB (CBU)
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

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VC05000693
Cover Note Number	

### Driver

Name of Driver	HU LIUCHEN
Passport No/FIN	G6659286W
Date Of Birth	12/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94660114
Fax Number	
Contact Number	OFFICE-94660114
EMail Address	NOEMAIL

Address	30 SENOKO SOUTH ROAD
Postcode	758088
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 - CROSS JUNCTION
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?	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

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	SKR5703Y
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	HU LIUCHEN
------	------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

YN9474L

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.

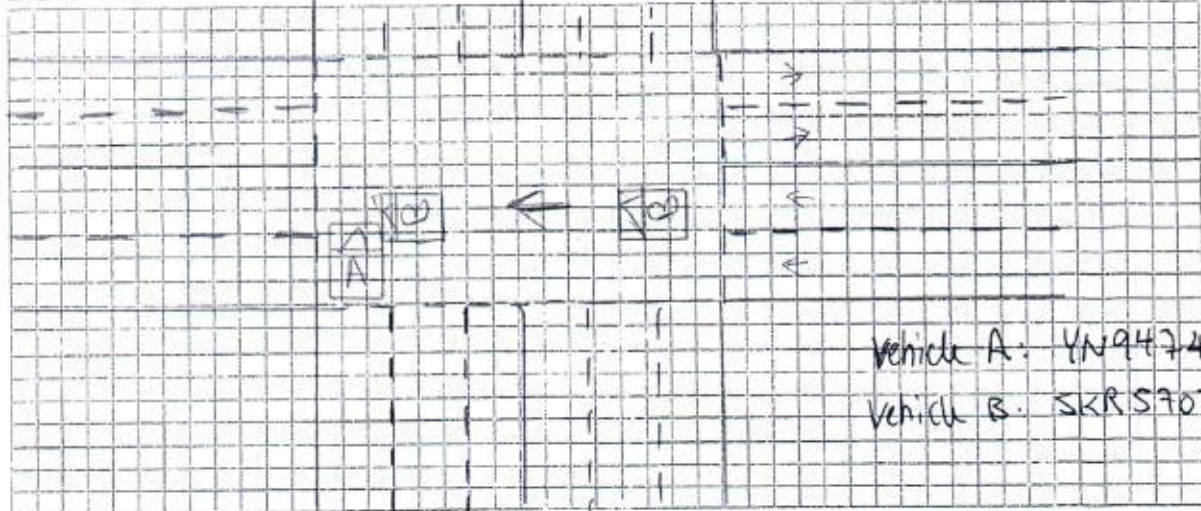


Policyholder's Signature  
Date & Time:

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

I was travelling along woodlands Ave S on the 3rd lane. As I was approaching the Junction the traffic was still green in my favour therefore I continue to go straight. All of a sudden, vehicle B from another side dash red light and collided onto me.

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

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	30/5/19	(DD/MM/YY)
Time of accident	1350	(HH:MM)
Exact location of accident	Woodlands Ave 5 & Ave 6 Junction	

## DETAILS OF VEHICLE

Vehicle registration number	YN A474L		
Vehicle make and model	Mitsubishi		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input checked="" type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## INSURANCE INFORMATION

Insurance company	Lompac		
Policy number	Z18VC05000693		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	Angie Lim	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	2008142796		
Contact			
Address	30 Senoko South Road S(758088)		

## DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Hu Lin Chen	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	66659286W		
Contact	94660114		
Address	30 Senoko South Road S(758088)		
Email address			
Date of birth	12/03/1981		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	19/06/2018		



### GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	1 (Inclusive of driver)

### PASSENGER 1

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### OTHER INFORMATION

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

### WITNESS 1

Name	
------	--

### WITNESS 2

Name	
------	--



THIRD PARTY VEHICLE 1	
Vehicle registration number	SKR5763Y
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Hu Liu chen
Injuries sustained	Neck & Back
Which vehicle person in?	YN9474L
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>





# S PASS

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

Employer  
AGAPE LOGISTICS PTE. LTD.



Name  
HU LIUCHEN

S Pass No.  
0 73724651

Sector:  
SERVICE



K1074542

For LKK/NAC Use Only

## REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G6659286W

Name:

HU LIUCHEN

Birth Date: 12 Mar 1981

Issue Date: 30 Apr 2018

Valid Till 29/04/2023



002798253F



VISIT PASS  
Immigration Regulations

04-01-2019

Name  
HU LIUCHEN

FIN  
G6659286W

Date of Birth  
12-03-1981

Sex  
M

Nationality  
CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass  
App to check status



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



For LTA/MAC Use Only

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

EFFECTIVE DATE

Class 3	Motor cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractors/vehicles $\leq$ 2500 kg	19 Jun 2018
Class 4	Heavy motor cars and motor tractors $>$ 2500 kg	17 Apr 2019

S / No.9000321777

G6659286W

NP 428A



Licence No:G6659286W





**LONPAC INSURANCE BHD** (598FC5635C)  
(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  
OST Reg No.: P0-0005635-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 1967 (MALAYSIA),  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z18VC05000693

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

mitsubishi canter FEB21EP3SDEB (CBU)  
- YNB474L

2. Name of Policy Holder

AGAPE LOGISTICS PTE LTD

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

06/10/2018

4. Date of Expiry of the Insurance

05/10/2019

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 WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess : S\$ 1,200.00 (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

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1967 (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 1967 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

*Amela*

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: EMOTORPAM  
Date Issued: 14/09/2018

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