

NATIONAL Assessment Centre Services

(Self + Jan 2019)

19 MAY 2019 08:56

Date In: 18/05/2019 18:17	Job description	Date & Time Completed	Done by
Ref No: N/A/2PC/90110437	SAS e-ling		
Veh No: X 90584	E-mail (within 8hrs, ATC 2hrs)		
D.O.A: 28/06/2019 10:00	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wkap		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SEB 688A	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 (\$)	Am (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	In Bill	Not Bill
Contact No:	2) DA: Damage Assessment (\$100)		
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120	
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30	
Cal 1:	6) TR: Re-inspection	\$75	
Cal 2/3:	7) N1: Idm DA + SMRT Survey	\$160	
1/1/19	8) NTUC Additional Services:		
	9) N2: Courtesy Car / Tpt Allowance	\$5	
	10) N3: Repair Co-ordination	\$10	
	11) N4: Post Repair Inspection	\$25	
	12) N5: DV / Collect Excess Coordination	\$5	
	13) TP (N1): TP (N1 INC) against INC	\$20	
	14) N12: Idm Mobile	\$0	
	Invoice date:		
	Fee Charged		
	Fee Charged		

07-MAY-2019 16:39

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	01/07/2019 18:17
Date Of Accident	28/06/2019 10:00
Exact Location Of Accident	AYE TOWARDS MCE AFTER BUONA VISTA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9058U
Insured/Policyholder	
Name Of Registered Owner	BAN SOON HUAT TRANSPORT TRADING
Co Reg No	46498900X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88098688
Alternative Phone No	OFFICE-88098688

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO-12.0 D FV51SS3VDEA (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	THIRD PARTY
Fleet Policy	NO
Policy Number	Z19VC05001599
Cover Note Number	

Driver

Name of Driver	ONG HENG
NRIC No	S1201185G
Date Of Birth	12/07/1955
Occupation	OUTDOOR
Date Of Driving Pass	29/08/1979
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88098688
Fax Number	
Contact Number	OTHERS-88098688
EMail Address	NOEMAIL

Address	BLK 835 TAMPINES STREET 83 #04-02
Postcode	1852
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 - CHANGE/CROSS LANE
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	SKB688A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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)	

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.

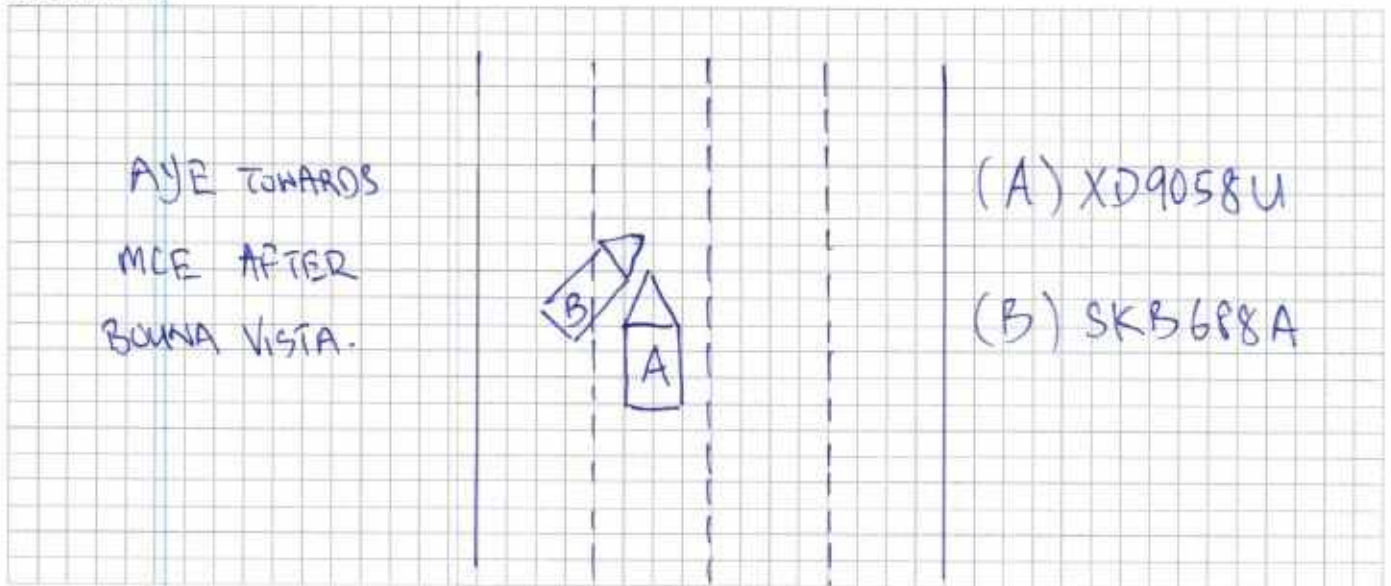


Policyholder's Signature
Date & Time:

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 lane 3 of 4 lanes on AYE.

Vehicle B cut into my lane from my left abruptly and caused the collision. I alighted and realised vehicle did not check blind spot when changing lane

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: 28/06/2019		TIME: 1000 am		(hh:mm) 24 hrs Format	
LOCATION: A/E Towards MCE After Buona Vista					
VEHICLE NUMBER: XD 9058U					
INSURED NAME: Ban Soon Hui Transport Trading					
NRIC / FIN: 46498900X		CONTACT:			
MAKE: Mitsubishi		MODEL: FUSO FV5TSS3VPERA			
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: LionPAC					
TYPE OF POLICY () COMPREHENSIVE (<input checked="" type="checkbox"/>) THIRD PARTY () TPFT					
POLICY NUMBER: 219V105001549					
NAME DRIVER: Ong Henb () SAME AS INSURED					
NRIC / FIN: S12011856		CONTACT: 8809 8688			
DATE OF BIRTH: 12-07-1955					
DRIVING PASS DATE: 29-08-1979					
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR					
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE					
EMAIL ADDRESS: () NO EMAIL					
ADDRESS OF DRIVER: 835 Tampines St 83 #04-02 S (1952)					
Number Of Passenger Include Driver: Driver m/b					
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 (<input checked="" type="checkbox"/>) NO					
If Yes, Vehicle Registration Number Of Driver's Own Vehicle: <i>emphace</i>					
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? () YES (<input checked="" type="checkbox"/>) NO					
If YES, Injured details:					
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO					
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) 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) Contact	
Veh B	SKB 688A	(N7uc)		() / Not Sure ()	
Veh C				() / Not Sure ()	
Veh D				() / Not Sure ()	
Veh E				() / Not Sure ()	
Veh F				() / Not Sure ()	
Veh G				() / Not Sure ()	

1540972



NRIC No. S1201185G

For LKK/NAC Use Only



Blood Group Date of issue
O+ 24-12-1993

Address
APT BLK 835 TAMPINES STREET 83
#04-02
SINGAPORE 1852

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1201185G



Name
ONG HENG

 王 興 **For LKK/NAC Use Only**

Race
CHINESE

Date of Birth Sex
12-07-1955 M

Country of Birth
SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	08 Oct 1976
Class 2A Motorcycles between 201 cc and 400 cc	08 Oct 1976
Class 2 Motorcycles exceeding 400 cc	08 Oct 1976
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Jun 1976
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	25 Jul 1977
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	29 Aug 1979

For LKK/NAC Use Only

NP 428A



Licence No: S1201185G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1201185G

Name: ONG HENG

For LKK/NAC Use Only

Birth Date: 12 Jul 1955

Issue Date: 12 Apr 2003



000377274F



LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 195555

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: PD-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. : Z19VC05001599

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

mitsubishi fuso fv51ss3vdea
- XD9058U

2. Name of Policy Holder

BAN SOON HUAT TRANSPORT TRADING

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

04/02/2019

4. Date of Expiry of the Insurance

03/02/2020

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

* 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.

Amelia

CHIEF EXECUTIVE
(Singapore Branch)

User ID: LEONARD1

Date Issued: 16/01/2019

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	8900X
Vehicle Details	
Vehicle No.:	XD9058U
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jul 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	FUSO FV51SS3VDEA
Primary Colour:	Blue
Manufacturing Year:	2014
Engine No.:	OM457LA457972C0284354
Chassis No.:	FV51SSA10009
Maximum Power Output:	-
Open Market Value:	\$93,819.00
Original Registration Date:	09 Jun 2014
First Registration Date:	09 Jun 2014
Transfer Count:	1
Actual ARF Paid:	\$4,691.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	08 Jun 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$40,889.00
COE Rebate Amount:	\$20,593.00
Total Rebate Amount:	\$20,593.00

The information contained herein is correct as at 01 Jul 2019

OK