

NATIONAL Assessment Centre Services

(Print & Stamp)

MA 49098504

Date In: 24/07/2017 10:09	Job description	Date & Time Completed	Done by
Ref No: NBR/LPC190132514	SAS e-ling		
Veh No: ABC 5521B	E-mail (within 4hrs. AIC 2hrs)		
D.O.A: 28/07/2015 10:10	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 / HNC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMN 756E	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: (\$	Landing: \$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: 678816616	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't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	In Bill	Add. Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	N11: Courtesy Car / Tpt Allowance \$5		
	N12: Repair Co-ordination \$10		
	N13: Post Repair Inspection \$25		
	N14: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	N12: Idno Mobile \$0		

Cal. 2/3:	Invoice dated	Pen Charged	
1/1/8		Pen Charged	

07-MAY-2018 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	29/07/2019 10:09
Date Of Accident	28/07/2019 10:10
Exact Location Of Accident	CTE TOWARDS CITY BEFORE BRADDELL ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC5321B
Insured/Policyholder	
Name Of Registered Owner	COOLGEN ENGINEERING SERVICES
Co Reg No	53123907A
Email Address	COOLGEN@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-98205439
Alternative Phone No	OFFICE-96238113

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VC05001135
Cover Note Number	

Driver

Name of Driver	LEONG KOON CHONG
NRIC No	S7066124A
Date Of Birth	02/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	23/05/2002
Driving Experience	17 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98205439
Fax Number	
Contact Number	OTHERS-96238113
EMail Address	COOLGEN@LIVE.COM.SG

Address	BLK 431A YISHUN AVENUE 1 #06-501
Postcode	761431
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	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : ONG LAY KIM GENDER: : FEMALE

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	SMM756E
Vehicle Make/Model/Colour	MITSUBISHI ATTRAGE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96542682
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP6687C
Vehicle Make/Model/Colour	TOYOTA CHR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97545624
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.

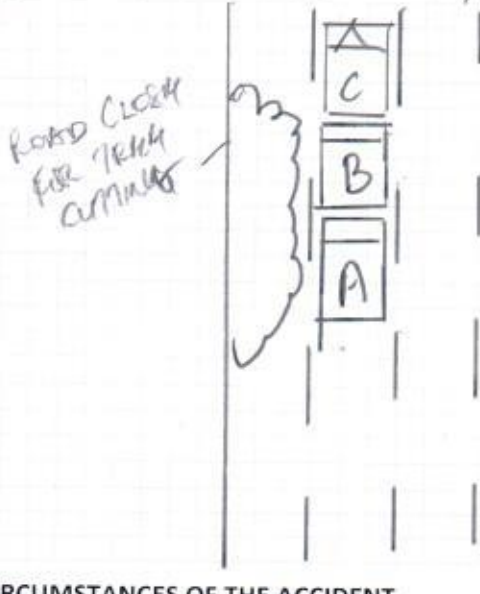
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

CITE TOWARDS CITY BEFORE BRADFALL EXIT



A) GBC 5321B

B) SMM 756E

C) SLP 6687C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 28/07/2019 AT ABOUT 10:10HRS I WAS AT CITE TRAVELLING TOWARDS CITY JUST BEFORE BRADFALL EXIT. TRAFFIC WAS HEAVY. FIRST LANE WAS CLOSED BECAUSE OF TRUCK CURBING. SUDDENLY THE CAR SMM 756E JAM THE BRAKE I COULD NOT BRAKE ON TIME & HIT THE CAR SMM 756E ALSO HIT THE CAR IN FRONT OF HIM SLP 6687C. SO TOTAL 3 CAR CHAIN COLLISION

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.:

29/07/19

ACCIDENT STATEMENT

ACCIDENT DATE: 28/07/2019 (DD/MM/YYYY), TIME: 10:10 (HH:MM)

LOCATION: CTE toward CTE before Braddell Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC5321B
b) INSURANCE COMPANY: COMPAC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HIACE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: COOLGEN ENGINEERING SERVICES (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53122907A CONTACT: 96238113
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEONG KOON CHONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 57066124A CONTACT: 98205439
c) ADDRESS: _____

* d) DATE OF BIRTH: 02/04/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28 May 2002

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: SMM756E MODEL: MITSUBISHI
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 96542682

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLP6687C MODEL: TOYOTA CHR
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: 97545624

email = coolgen@live.com.sg
VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7066124A



Name **For LKK/NAC Use Only**

LEONG KOON CHONG

梁冠忠

Race

CHINESE

Date of birth

Sex

02-04-1970

M

Country of birth

MALAYSIA





4552304



NRIC No. **S7066124A**

For LKK/NAC Use Only

Date of issue

22-11-2010

APT BLK 431A YISHUN AVENUE 1 #06-501
SINGAPORE 761431

NRIC No: **S7066124A**

Date: **24/07/2014**

PUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7066124A**
Name
LEONG KOON CHONG

For LKK/NAC Use Only

Birth Date: 02 Apr 1970
Issue Date: 06 Aug 2007

001518896K




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

	PASS DATE
Class 2B Motorcycles <= 200 cc	23 May 2002
Class 3 Motor Cars <= 3500kg with <= 7 passengers (inc driving) <= 1900cc or the driver and 6 other motor vehicles <= 2000cc	23 May 2002

For LKK/NAC Use Only

NP 428A

Licence No: S7066124A



**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.: F8-0005635-C

THE SCHEDULE

Class of Policy	: COMMERCIAL VEHICLE	Policy No.	: Z18VC05001135
Insured	: COOLGEN ENGINEERING SERVICES	Type of Cover	: COMPREHENSIVE
Address	: 431A YISHUN AVENUE 1 #06-501 SINGAPORE 761431	Replacing CN/Policy No.	: -
Nature of Business	: OTHERS - ENGINEERING	Account No	: Z10043

Period of Insurance	
(a) From 13/12/2018 To 12/12/2019 (both dates inclusive)	
(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.	

H.P. Owner	: THINK ONE CREDIT PTE LTD
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Description of Vehicle		The Policy's Premium			
		Premium Component	%	Amount (\$)	Total (\$)
Vehicle/Trailer Regn. No	: GBC5321B	Basic Premium			1,472.32
Make & Model of Vehicle	: TOYOTA HIACE MANUAL	NCD	10.00%	-147.23	
Type of Body	: VAN	Premium After Discount			1,325.09
Engine No	: 1KD2248951	Gross Premium			1,325.09
Chassis No	: JTFHT02P400104969	Actual Gross Premium			1,325.09
Year of Registration	: 2012	GST	7.00%	92.76	
Tonnage	: 1.00	Total Premium Payable			1,417.85
Seating Capacity	: 2				
Sum Insured	: MARKET VALUE				
Excess	\$5 500.00 (SECTION 1) \$5 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS \$5 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)				
Condition	: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS				