

NATIONAL Assessment Centre Services

Wef 1 Jan 05 MNA 11910152

Date In: 18/19-11:19	Job description	Date & Time Completed	Done by
Rcf No: NA/PC19013628721	SAS e-filing		
Veh No: 6352681C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/19-17:30	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: Vch No: 4FL517 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

	Invoice Preparation Checklist	Ant (\$) fit Bill	Ant (\$) 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)		
Auditors' Comments:-	6) TR: Re-inspection \$75		
Ref 1:	7) N1: Idac DA + SMRT Survey \$160		
Ref 2/3:	8) NTUC Additional Services:-		
	OD*		
	*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	05/08/2019 11:19
Date Of Accident	03/08/2019 13:30
Exact Location Of Accident	SLIP RD SENGKANG WEST AVE TWDS SENGKANG WEST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB268K
Insured/Policyholder	
Name Of Registered Owner	XI JIE ENTERPRISE
Co Reg No	53319084C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96749093
Alternative Phone No	OFFICE-96749093

Vehicle Particulars

Manufacturer	SUZUKI
Model	EVERY GA 660 M
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	Z18VC05001242
Cover Note Number	

Driver

Name of Driver	TENG KHOON HUAT
NRIC No	S7003983D
Date Of Birth	04/02/1970
Occupation	INDOOR
Date Of Driving Pass	15/11/1995
Driving Experience	23 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96749093
Fax Number	
Contact Number	OFFICE-96749093
E-Mail Address	NOEMAIL

Address	BLK 651 WOODLANDS RING ROAD #11-450
Postcode	730651
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	
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	SFL51T
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)	

SKETCH PLAN

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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:

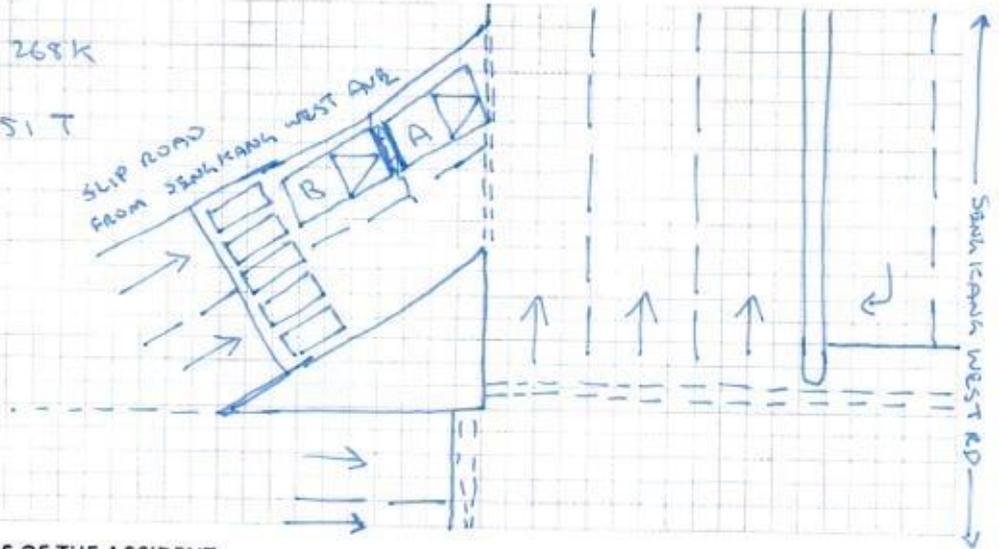

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A - GBB 268 K

Vehicle B - SFL 51 T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary stopped at the give way line of the slip road from Sengkang West Ave into Sengkang West Rd. I was on the ~~left~~ lane.

While waiting and giving way to the on-going vehicle along Sengkang West Road. Suddenly I felt a great impact from the rear of my vehicle.

Alighted from my vehicle and realized it was a vehicle with licence plate number (SFL 51 T) that collided to the rear of my vehicle.

Vehicle A - GBB 268 K

Vehicle B - SFL 51 T



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)

Reporting Centre Personnel's Signature
Name:

Vehicle No.	G5B 268K	Model / Make	SUZUKI Every
Date of Accident	3 Aug, 2019		
Time of Accident	1330 HRS		
Location of Accident	SLIP ROAD FROM SENGLKANG WEST AVE INTO SENGLKANG WEST ROAD		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	XI JIE ENTERPRISE		
Telephone No.	H/P: 96749093	Home:	Office:
NRIC	53319084C		
Address	651 WOODLANDS RING ROAD #11-450 S(730651)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NAC WING		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If No, TENG KHOON HUAT		
NRIC	S7003983D	Any Passengers:	0
Date of birth	04-02-1970		
Occupation	Outdoor / (Indoor)		
Driving License Pass Date	05 Nov 1995		
Gender	(Male) / Female		
Contact No.	H/P: 96749093	Home:	Office:
Address	B1K 651, Woodlands Ring Road #11-450 S'730651		
Driver have any own vehicle	<input checked="" type="checkbox"/> No, If yes, Reg No.		
Relationship	Employee,	If no, state	CO. OWNER
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	<input checked="" type="checkbox"/> No, If Yes, Where?		
Vehicle B No.	SFL 51 T	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	REAR PORTION		
Camera Recorder	Yes / <input checked="" type="checkbox"/> No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7003983D**

Name
TENG KHOON HUAT

Birth Date: **04 Feb 1970**
Issue Date: **16 Nov 2011**

002017848J



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7003983D**



Name
TENG KHOON HUAT

Race
CHINESE

Date of birth
04-02-1970

Sex
M

Country of birth
SINGAPORE



For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	31 Mar 2016
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS	15 Nov 1995

S / No. 9000246427

NP 428A

Licence No: **S7003983D**



4793555



NRIC No. **S7003983D**

Date of issue
16-11-2011

Address
**APT BLK 651 WOODLANDS RING ROAD
#11-450
SINGAPORE 730651**



For LKK/NAC Use Only

**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

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. : Z18VC05001242

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

SUZUKI EVERY GA 660 M
- GBB268K

2. Name of Policy Holder

XI JIE ENTERPRISE

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

06/12/2018

4. Date of Expiry of the Insurance

05/12/2019

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 WHILST 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.

ACER INSURANCE AGENCY

21 Woodlands Close

#08-44 Primz Bizhub

Singapore 737854

Tel: 6777 8323 Fax: 6776 8323

CHIEF EXECUTIVE
(Singapore Branch)

User ID: ONGYEELENG

Date Issued: 19/11/2018