

ASS. REC. BY:

REF: CS3/LPC 17008312/8-13-1

Special Instruction:

Surveyor - M1 HM

ASSIGNMENT (Office)

From (Person): Ong W L

of

LPC

Date/Time: 05/07/2019

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SJV 1910H

Insured:

GZ 2016T

at Workshop m/s:

HAP L&K Automobile

Tel:

64531743

of 160 sin ming Drive #05-17

Policy No:

Claim No:

18/19/19/VL05/021780

Sum Insured:

Excess:

Make of Veh:

D.O.A.

9.5.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 10.5.19 1.24pm

Person Contacted:

xin shui

H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SJV 1910H - X
	GZ 2016T - (14) AXA 16005497 / m144362
	DORP 20/04/2014
25/6-	Receive A/c on 25/6/2019.
	lump sum \$2850/- (Red: 1550; 33%)

4 days.

RECEIVED 26 AUG 2019

REF: LPC

ASSIGNMENT

Date

Jan 2010

To:

Date: 10-5-2019

To: Insured /

DD (TP) WS / TP RES / OD RES / EVA / RV / MV

To Inspect Vehicle No. SJV 1910H

at Workshop no: Hiap Lek Automobile
at 160 Sin Ming Drive #05-17

Insured:

Policy No:

Claims No:

Sum Insured:

(Client's Record)

Make of Vehicle:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Est. or Market Value:

IDAC Accident Report:

GIA / PR / Sum:

Est. Repair:

Lump Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time:

Action / Instruction

Submit PRS report

RECEIVED 15 JAN 2019

L/S 3,550/2 Team *mil*
23/8/19

Vehicle: SJV 1910H

At: Propri

Type: M/Cat / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Altis

or 1598

Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 147900

T/Radio: Insured / Std / NI / NA

Eng/No: .3ZZEE

U/No: MR053ZEE106164567

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tire Size: F: 195/65R15

R: 195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TCYO / YOKO or FIRENZA

Front

Rear

R/Bal: 6 mm

R/Bal: 6 mm

L/Bal: 6 mm

L/Bal: 6 mm

D.O.A: 3/5/19

D.O.A: 10.5.19 333pm

Survey held at: Hiap Lek Automobile

Des. of Damages: Frt / Rear / O/S / M/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐ : Prelim. Report
☐ : Final Report

At

Date/Time, File Return to?

By

Report Format:

Lump Sum / L.B.E. (\$)

Days Of Repair:

Resurvey No. of Trip:

3

Add Fee:

☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Invs (\$)
☐ Weekend (\$)
☐

Survey Fee:

Transportation

) 15 - 165, 174

) Photos

) Others

TOTAL

TP-PRS

Nivitha (LKK Auto)

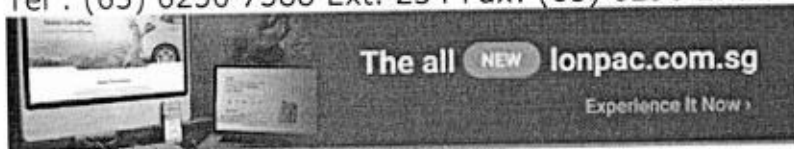
From: ONG LI LI <llong@lonpac.com>
Sent: Friday, 5 July 2019 12:57 PM
To: Admin-D (LKKAuto); assignments
Cc: MT_Claim_SG
Subject: RE: Our Ref: SB/PO/Acc/2019-8983 Your Ref: 18/19/19/VC05/021780 [External General]
Attachments: 21780 TPD GIA & SURVEY REPORT.pdf

Lonpac External - General

Dear Nivitha

Please see attached for GIA and TP survey report and let us have your surveyor's review/report.

Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



Lonpac External - General data is for internal / external use.

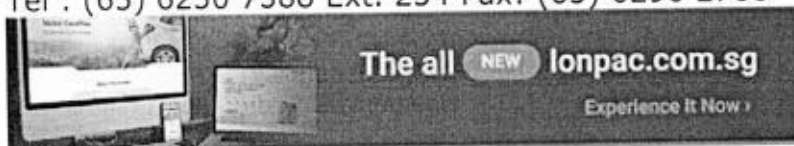
From: ONG LI LI
Sent: Wednesday, 19 June, 2019 11:46 AM
To: 'Admin-D (LKKAuto)'; assignments
Cc: MT_Claim_SG
Subject: RE: Our Ref: SB/PO/Acc/2019-8983 Your Ref: 18/19/19/VC05/021780 [External General]

Lonpac External - General

Dear Nivitha

Please see attached for our Insured's GIA report.

Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



Lonpac External - General data is for internal / external use.

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Tuesday, 14 May, 2019 3:13 PM
To: ONG LI LI; assignments

Cc: MT_Claim_SG

Subject: RE: Our Ref: SB/PO/Acc/2019-8983 Your Ref: 18/19/19/VC05/021780 [External General]

Dear Li Li,

Noted with thanks.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: ONG LI LI [<mailto:llong@lonpac.com>]

Sent: Tuesday, 14 May 2019 3:07 PM

To: Admin-D (LKKAuto) <admin-d@lkkauto.com>; assignments <assignments@lkkauto.com>

Cc: MT_Claim_SG <mt_claim@lonpac.com>

Subject: RE: Our Ref: SB/PO/Acc/2019-8983 Your Ref: 18/19/19/VC05/021780 [External General]

Lonpac External - General

Dear Nivitha

Our Insured has not reported the accident.

Please obtain the TP GIA report from TP workshop.

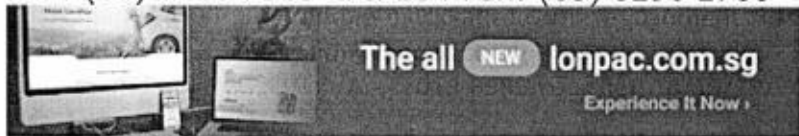
Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road #17-04/07 The Concourse Singapore 199555

Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



Lonpac External - General data is for internal / external use.

From: Admin-D (LKKAuto) [<mailto:admin-d@lkkauto.com>]

Sent: Tuesday, 14 May, 2019 11:52 AM

To: ONG LI LI; assignments

Cc: MT_Claim_SG

Subject: RE: Our Ref: SB/PO/Acc/2019-8983 Your Ref: 18/19/19/VC05/021780 [External General]

Dear Li Li,

Kindly assist to provide us both party GIA report.

Best Regards,

G.Nivitha| Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: ONG LI LI [<mailto:llong@lonpac.com>]

Sent: Friday, 10 May 2019 12:19 PM

To: Oracle Law Corp <mail@oraclelaw.sg>; assignments@lkkauto.com; 'Admin-D (LKKAuto)' <admin-d@lkkauto.com>

Cc: MT_Claim_SG <mt_claim@lonpac.com>

Subject: RE: Our Ref: SB/PO/Acc/2019-8983 Your Ref: 18/19/19/VC05/021780 [External General]

Lonpac External - General

Without Prejudice
Save as to Costs

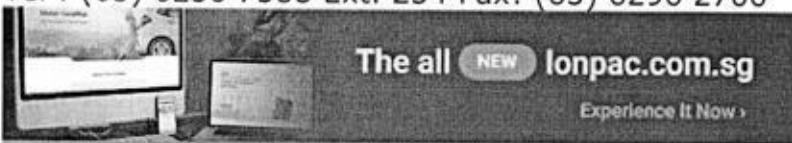
Dear Alvin

We are not agreeable with your list of proposed surveyors and we shall appoint LKK Auto Consultants Pte Ltd to conduct the survey. Please advise the location of your client's vehicle.

Dear Nivitha

FYA

Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



Lonpac External - General data is for internal / external use.

From: Oracle Law Corp [<mailto:mail@oraclelaw.sg>]

Sent: Friday, 10 May, 2019 12:17 PM

To: ONG LI LI

Subject: RE: Our Ref: SB/PO/Acc/2019-8983 Your Ref: 18/19/19/VC05/021780 [External General]

Dear Miss Ong,

PRE-REPAIR INSPECTION

ACCIDENT INVOLVING SJV 1910H & GZ 2026T ALONG THE ROAD BETWEEN CARPENTER STREET & HONGKONG STREET ON 09-05-2019 @ 3.15 P.M.

Kindly refer to attachment the contents of which are self-explanatory for your kind attention and immediate action.

Regards

Alvin Ong



• Advocates & Solicitors • UEN/GST Reg No. 200904572Z

237 Alexandra Road #04-11
The Alexcier, Singapore 159929
Telephone: 6538 6250 Facsimile: 6538 1860

From: ONG LI LI [mailto:llong@lonpac.com]
Sent: Friday, 10 May 2019 12:03 PM
To: Oracle Law Corp <mail@oraclelaw.sg>
Cc: MT_Claim_SG <mt_claim@lonpac.com>
Subject: Your Ref: SB/PO/Acc/2019-8983 Our Ref: 18/19/19/VC05/021780 [External General]

Lonpac External - General

Without Prejudice
Save as to Costs

Dear Sir/Mdm

We refer to your fax today.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the following list to conduct the joint pre-repair survey as a single joint expert.

No.	Name	Please tick ✓
1	Kalvin Ang	
2	Xing Guo Qiang	
3	Mohamad Taufikh	
4	Bryan Ang	
5	Adrian Ling	
6	Mohammed Rasul	
7	Marcus Chua	
8	Kenneth Kong	
9	Muhammad Nazril Bin Abdullah	
10	Ong Hwee jie/Steve Chen	

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

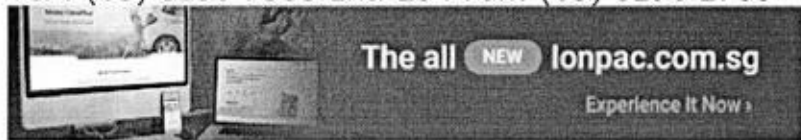
Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road #17-04/07 The Concourse Singapore 199555

Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



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This email has been checked for viruses by AVG antivirus software.

www.avg.com

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	10/05/2019 12:06
Date Of Accident	09/05/2019 15:15
Exact Location Of Accident	RD BETWEEN CARPENTER ST TWDS HONG KONG ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SVJ1910H
Insured/Policyholder	
Name Of Registered Owner	MOTORMAXX PTE LTD
Co Reg No	201534556D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88338911
Alternative Phone No	OFFICE-88338911
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108066454 (DRIVO CLASSIC)
Cover Note Number	
Driver	
Name of Driver	WONG CHEN HONG
NRIC No	S8783894C
Date Of Birth	09/10/1987
Occupation	INDOOR
Date Of Driving Pass	06/09/2012
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88338911
Fax Number	
Contact Number	OTHERS-88338911
EEmail Address	NOEMAIL

Address	41 HAPPY AVENUE EAST
Postcode	369849
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SELF-EMPLOYED
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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

REFER TO STATEMENT ATTACHED. (ATTENDED BY CHRISTINA)

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	GZ2026T
Vehicle Make/Model/Colour	MITSUBISHI FUSO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ABDUL RAHMAN BIN SAIMI
NRIC/Passport Number	S1496776A
Contact Number	
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:

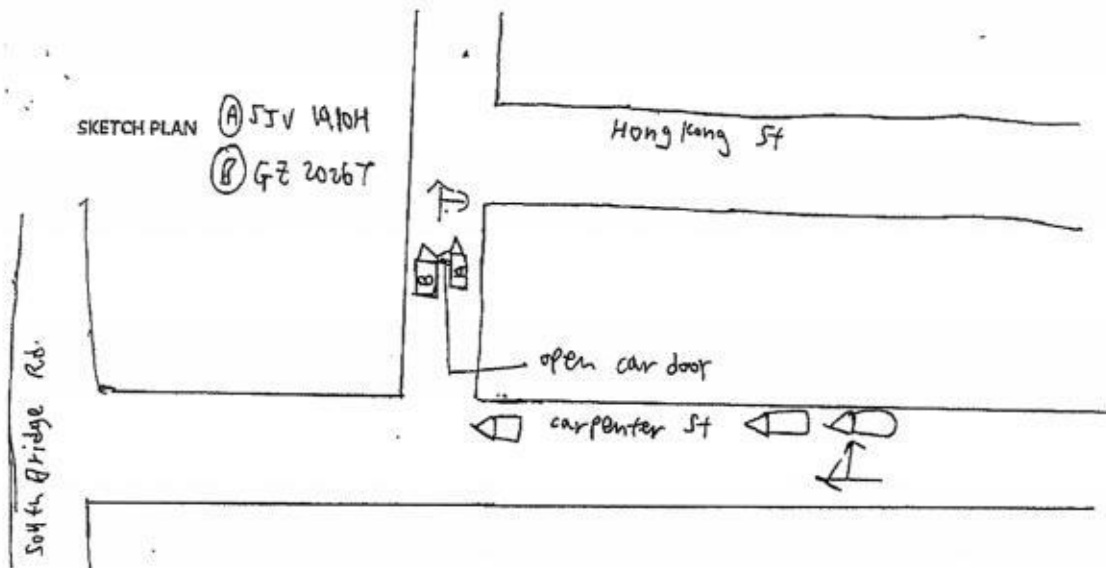
Driver's Signature
(If driver is not the policyholder)
Date & Time:

10 MAY 2019



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

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 09/05/19 @ about 3.15pm, I am travelling Carpenter St towards Hong Kong street. when I had turn right into the street between Carpenter St and Hong Kong St. my vehicle is already in the lane going straight, I saw a stationary car (B) parked along the roadside. The lane is big enough for 2 vehicle to pass. when I had passed the stationary vehicle, I suddenly felt an impact on my left portion. when I got down, I then realised that the driver of GZ 2026T was in the car and he opened the driver's door and the door hit onto my left portion. I do not have enough time to react when I had passed the GZ 2026T. As the door open too suddenly.

DECLARATION

I hereby declare the foregoing particulars are true in every respect.

Reg. No.
2015345580

Policyholder's Signature
Date & Time:

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

10 MAY 2019

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





Certificate of Insurance

MOTOR VEHICLE (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLE (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

ROAD TRANSPORT ACT 1987 (MALAYSIA)

MOTOR VEHICLE (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

Certificate Number: 510006354

Cover: 08 Mar 2019

1. Index mark and Registration Number of Vehicle

SIV1910H

2. Chassis Number

MM153/FE1105164561

3. Name of Policyholder

MOI TOPICAN// PTT LTD

4. Effective Date of Insurance

01 Mar 2019

5. Expiry Date of Insurance

13 Jan 2020

6. Persons or Classes of Persons Entitled 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.

7. Limitations as to Use:

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or His/her business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: NO
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL VALUE AT TIME OF LOSS

(We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act 1987 (Malaysia).

Agency : ASSURE PTE. LTD. (00000572842)

Date of Issue : 08 Mar 2019 14:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

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	19/06/2019 11:21
Date Of Accident	09/05/2019 15:15
Exact Location Of Accident	ALONG CARPENTER STREET & HONG KONG STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ2026T
Insured/Policyholder	
Name Of Registered Owner	A7 TRANSPORT & AUTO TRADING
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93987453

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	Z18VC05000241
Cover Note Number	

Driver

Name of Driver	ABDUL RAHMAN BIN SAINI
NRIC No	S1496776A
Date Of Birth	14/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	10/04/1981
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93987453
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 446A JALAN KAYU #11-328
Postcode	791446
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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)	2
Passenger 1	NAME: : MISMA 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 SEE ATTACHED.

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	SJV1910H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG CHEN HONG
NRIC/Passport Number	S8783894C
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA

No. Of Passenger (Including Driver)

Accident Sketch Plan

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:
NRIS/FIN No.:

Individual Statement

SKETCH PLAN

A 10720267
F56 19104

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was doing deliveries and I parked my vehicle at Carpenter St / Hickory St back lane. As I opened the door of my vehicle, a car moved very fast and hit my door.

DECLARATION

I, HEREBY DECLARE that:-

1. The reporting centre personnel has explained the above statement & sketch plan to me
2. I fully understand and agree with the above statement.
3. The information given is true and correct to best of my/our knowledge and belief.



Name, Signature & Company
Stamp (if applicable)

DECLARATION

I/We declare the foregoing particulars are true in every respect.

A7 TRANSPORT & AUTO TRACIN


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name
NRIC/ID No.



REPUBLIC OF SINGAPORE
IDENTITY CARD NO S1496776A



Name
ABDUL RAHMAN BIN SAINI

Race
BOYANESE

Date of birth
18-04-1961

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1496776A

Name
ABDUL RAHMAN BIN SAINI

Birth Date 14 Apr 1961

Issue Date 30 Jul 2009

1000599757E

4408752



NRIC No S1496776A



Date of issue
27-05-2009

Address

AT 455, JALAN DATU #11-725
SINGAPORE 791449

NRIC No S1496776A Date 27-05-2009 No 4408752

REPUBLIC OF SINGAPORE

1000599757E

**LONPAC INSURANCE BHD** (598705635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555

Tel: (65) 6250 7388 Fax: (65) 6256 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

THE SCHEDULE

Class of Policy	: COMMERCIAL VEHICLE	Policy No.	: Z18VC05000241
Insured	: A7 TRANSPORT & AUTO TRADING	Type of Cover	: THIRD PARTY
Address	: BLK 621 WOODLANDS DRIVE S2 #02-50 SINGAPORE 730621	Replacing CN/Policy No.	: -
Nature of Business	: LOGISTICS COMPANIES / FREIGHT FORWARDING / TRANSPORTATION	Account No	: Z10043

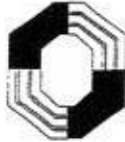
Period of Insurance

(a) From 19/07/2018 To 18/07/2019 (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 : EFFICIENT LEASING PTE LTD

Description of Vehicle		The Policy's Premium			
Vehicle/Trailer Regn. No	: GZ2026T	Premium Component	%	Amount (\$)	Total (\$)
Make & Model of Vehicle	: MITSUBISHI FB70ABOSRDEB	Basic Premium			1,481.28
Type of Body	: VAN	NCD	15.00%	-222.19	
Engine No	: 4M40HA3426	Premium After Discount			1,259.09
Chassis No	: FB70ABA00111	Gross Premium			1,259.09
Year of Registration	: 2006	Actual Gross Premium			1,259.09
Tonnage	: 1.71	GST	7.00%	88.14	
Seating Capacity	: 2	Total Premium Payable			1,347.23
Sum Insured	: NOT APPLICABLE				



LONPAC INSURANCE BHD
(S98FC5635C)

14 May 2019

A7 TRANSPORT & AUTO TRADING
BLK 621 WOODLANDS DRIVE 52
#02-50
SINGAPORE 730621

By Registered Post

Dear Sir/Mdm

CLAIM NO. : 18/19/VC05/021780
ACCIDENT INVOLVING GZ2026T AND SJV1910H ALONG CARPENTER STREET & HONG KONG STREET ON 09.05.2019 AT 1515HRS

We refer to the above accident.

We have received a Third Party claim from Oracle Law Corporation.

This accident has not been reported to us. Please proceed to any of our authorized workshops to lodge the report immediately.

Please note that we will be carrying out investigation and will proceed to defend and/ or negotiate a settlement of this claim and any further claims arising from this accident, as we deem appropriate.

If there are any further evidence which you would like to bring to our attention in support of your case and/or you have submitted a claim against the other driver please furnish us with:

- i) evidence
- ii) Status of your claim against the owner of the other vehicle involved in the case

Should you require any information or details on this claim, please contact us.

Kindly also note that you are required to notify us immediately upon receipt of all letters of claims, Writ of Summons, Traffic Police action issued against you. This includes all or any impending prosecution, inquest, fatal inquiry or offer of composition fine in connection with the above accident.

Please note that any failure on your part to observe this will result in us exercising our rights of repudiation under the motor insurance policy.

Your faithfully,
LONPAC INSURANCE BHD


Ong Li Li
Senior Executive (Claims)
Email : mt_claim@lonpac.com
Tel: 6250 7388 Ext 254
Fax: 6296 2706

c.c B.A.S. Enterprise (z10043)

300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel: (65) 6250 7388 Fax: (65) 6296 3767