

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

MWA 419 110787

Date In: 22/08/2019 18:26	Job description	Date & Time Completed	Done by
Ref No: NBA/LPC19015054/F	SAS e-filing		
Veh No: GBC 5083 M	E-mail (by date time, AIC time)		
D.O.A: 21/08/2019 16:40	I-Motor Claims Form		
OD: TP (Reporting Only)	I-Motor W/O (Withle: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars:	Veh No:	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 ()		
() 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: ()			
Repairer's Assessment of Condition:			
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury: _____			
Driver/Owner:			
Contact No:			
Damaged Portion:			
QC Checked by (Engr-In-Charge):			
Additional Comments:			
Ref 1:			
Ref 2:			
Ref 3:			
Ref 4:			
Ref 5:			
Ref 6:			
Ref 7:			
Ref 8:			
Ref 9:			
Ref 10:			
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Item	Amount	Amount
1) All: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$10/\$15	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For all items against INC Only (ver 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Issue DA + EMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpl Allowance	\$5	
*N6: Repairs Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Co-ordination	\$5	
*N9: DV / Collect Excess Co-ordination	\$20	
TP (NI): TP (N-in INC) against INC	\$0	
9) N12: Issue Mobile		
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	22/08/2019 18:26
Date Of Accident	21/08/2019 16:40
Exact Location Of Accident	ALONG ROAD 1 LENG KEE ROAD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC5083M
Insured/Policyholder	
Name Of Registered Owner	ROSABELLE LAUDERETTE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90847605
Alternative Phone No	OFFICE-90847605

Vehicle Particulars

Manufacturer	HYUNDAI
Model	STAREX
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VC05000732
Cover Note Number	

Driver

Name of Driver	DOMINGO, ERIC JOVENAL
NRIC No	G3849228X
Date Of Birth	21/02/1985
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90847605
Fax Number	
Contact Number	
Email Address	DAVIDLIM@ROSABELLE.COM.SG

Address	APT BLK 149 PASIR RIS STREET 13 #06-46
Postcode	510149
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	COLLIDED INTO PEDESTRIAN
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	1
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?	YES
If Yes, Please state which Police Station	
Police Station Name	POLICE STATION OF ORIGIN-QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSTOWN N.P.C , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICEREPORT

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
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 : SCOOTERIST

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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.

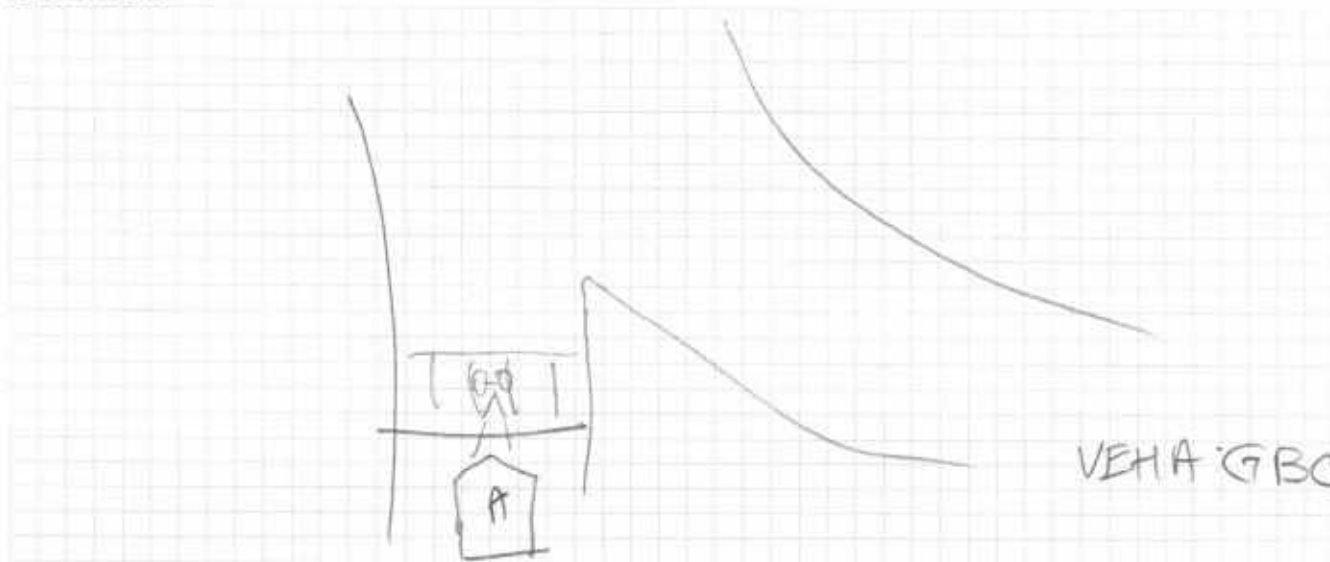
ROSABELLE
Laundrette

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

refer to police report

DECLARATION

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

ROSABELLE
Insurance

Policyholder's Signature
Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20190821/2158

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No: T/20190821/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/08/2019 20:19		Vide Report No.: D/20190821/0093		Station Diary No.: 41	
Informant's Particulars					
Name of Informant: DOMINGO ERIC JOVENAL			Address: APT BLK 149 PASIR RIS STREET 13 #06-46 SINGAPORE 510149		
ID Type / ID No.: FIN NO / G3849228X			Contact No.: Home/Office: Mobile: 90847605		
Nationality: FILIPINO			Email:		
Sex: Male	Age: 34	Date of Birth: 21/02/1985	Type of Informant: Driver		
Race: Others			Language: English		Institution / School Name:
Occupation: ASSISTANT MANAGER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 21/08/2019 16:40	Type of Location: Bend
Location: Along Road 1 LENG KEE ROAD LENG KEE ROAD TOWARDS COMMONWEALTH AVE, LP 22, ZEBRA CROSSING				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC5083M	Van	HYUNDAI		Silver	No Damage	0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used



**SINGAPORE
POLICE FORCE**



T/20190821/2158

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20190821/2158

CONTINUATION OF REPORT

Driver			
Name	DOMINGO ERIC JOVENAL		ID No. G3849228X
Related Vehicle	GBC5083M (Van)		Contact No. 90847605
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/08/2019 at about 1640hrs, I was driving my van bearing registration number GBC5083M along Leng Kee Road towards Commonwealth Ave. As I was approaching the zebra crossing, I was driving slowly behind a car (unknown registration number) and noticed that one young boy with his scooter was far away at the pathway. While I was at the zebra crossing, the said boy with scooter suddenly made a turn to the zebra crossing.

I applied foot brake immediately however my vehicle still collided on the boy's right side of his body. After the impact, he was conscious and sustained injuries on his right leg and ankle. I do not know the particulars of the said boy. Subsequently, the ambulance also arrived and conveyed him to hospital.

I am not injured in this incident and I have front in car camera installed in the van. The police officers also came and took my in car camera's memory card for investigation. I was advised to lodge a report with reference to D/20190821/0093, I/C: IO Intan, Tel: 65476390



**SINGAPORE
POLICE FORCE**



T/20190821/2158

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20190821/2158

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
D /
Sgt 3 HENG JINGWEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Signature Of Informant:

Date/Time:
21/08/2019 20:19

Classification Of Case:

SN 50

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 08 / 2019) (DD/MM/YYYY). TIME: (16 : 40) (HH:MM)

LOCATION: ALONG ROAD 1 LENG KEE ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 5083M
b) INSURANCE COMPANY: LONPAC INSURANCE BHD
c) POLICY NUMBER: Z18VC05000732
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HYUNDAI HI STAREX
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: TRANSPORT
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: ROSABELLE LAUDERETTE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90847605
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: ERIC JOVENAL DOMINGO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G3849228X CONTACT: 90847605
c) ADDRESS: APT BLK 149 PASIR RIS ST. 4 #06-46 S(510149)

*d) DATE OF BIRTH: (21 / 02 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS : _____

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: QUEENSTOWN NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

1) EMAIL : davidlim@rosabelle.com.sg

2) VIDEO :

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

()
NUMBER OF
PASSENGER
INCLUDING DRIVER

()
NUMBER OF
PASSENGER
INCLUDING DRIVER

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

Employer
ROSABELLE LAUNDERETTE



Name
DOMINGO ERIC JOVENAL

FIN
G3849228X



K1379484

For LKK/NAC Use Only

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF TRANSPORTATION
LAND TRANSPORTATION OFFICE
PROFESSIONAL DRIVER'S LICENSE



Last Name, First Name, Middle Name
DOMINGO, ERIC JOVENAL

Nationality Sex Date of Birth Weight (kg) Height (m)
PHL M 1995/02/21 61 1.55

Address
SILVER GHEST HABAY I BACOD CAVITE

For LKK/NAC Use Only
License No. 205-05-000330 2025/02/21 M15

Visual Acuity
A+

Eye Color
BLACK

Prescription
-1.5

Conditions
NONE

Signature of Licensee

EDGAR E. SALVANTE
Assistant Secretary

VISIT PASS
Immigration Regulations

25-04-2019

Name
DOMINGO ERIC JOVENAL

For LKK/NAC Use Only

Download sgWorkPass
App to check status

Pin
G3649228X

Date of Birth
21-02-1985

Sex
M

Nationality
FILIPINO



MULTIPLE JOURNEY VISA ISSUED

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



INSTRUCTIONS

1. MUST BE USED FOR WORK/STUDY PURPOSES
2. USEABLE UP TO 48 HOURS
3. CANCELLED ABOVE 48 HOURS
4. AUTOMATIC CANCELLED UP TO 48 HOURS

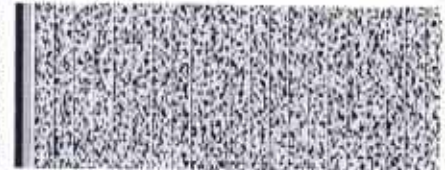
For LKK/NAC Use Only

CONDITIONS

1. MUST BE USED FOR WORK/STUDY PURPOSES
2. USEABLE UP TO 48 HOURS
3. CANCELLED ABOVE 48 HOURS
4. AUTOMATIC CANCELLED UP TO 48 HOURS

Serial Number

076029164



IN ORGANIZATION
1001 1001 1001 1001 1001
IN CASE OF EMERGENCY
1001 1001 1001 1001 1001
1001 1001 1001 1001 1001
1001 1001 1001 1001 1001



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.: Z18VC05000732

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HYUNDAI H1 STAREX
- GBC5083M

2. Name of Policy Holder

ROSABELLE LAUNDERETTE

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

26/09/2018

4. Date of Expiry of the Insurance

25/09/2019

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.

Excess

: S\$ 600.00 (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 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.

H.P. Owner: MAYBANK

Amek

CHIEF EXECUTIVE
(Singapore Branch)

User ID: IP2172

Date Issued: 18/09/2018