

NATIONAL Assessment Centre Services

(Ref: 124/04)

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 30/08/19 | Job description | Date & Time Completed | Done by |
| Ref No: NIA/LPC19015364/13 | SAS e-filing | | |
| Veh No: XE3755G | E-mail (within 8hrs, A/C 2hrs) | | |
| D.O.A: 29/08/19 1445 | 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: | Veh No: GBE1047J | 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 | Amt (\$) 1st Bill | Amt (\$) Add Bill |
|---------------------------|---|----------------------|----------------------|
| Driver/Owner: | 1) AR : Accident Reporting (\$30); | | |
| Contact No: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TF : Towing Fee \$40/\$45 | | |
| | 4) FT : Follow-Through Survey \$120 | | |
| | 5) FT : Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR : Re-inspection \$75 | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 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 | | |
| Cat. 1: | Invoice dated | Fee Charged | |
| Cat. 2 / 3: | 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 | 30/08/2019 12:57 |
| Date Of Accident | 29/08/2019 14:45 |
| Exact Location Of Accident | PIE TWDS CHANGI AIRPORT |
| Country/State of Loss | SINGAPORE |

| DETAILS OF OWN VEHICLE | |
|--|-----------------------|
| Vehicle Registration Number | XE2755G |
| Insured/Policyholder | |
| Name Of Registered Owner | CHEN HENG LEE PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-92304133 |
| Vehicle Particulars | |
| Manufacturer | ISUZU |
| Model | CYZ52R |
| 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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | LONPAC INSURANCE BHD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | Z19VC05001747 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LI ZHANWU |
| Passport No/FIN | G3188832N |
| Date Of Birth | 13/09/1980 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/10/2015 |
| Driving Experience | 3 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87405996 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 13 UPPER BOON KENG ROAD #10-943 |
| Postcode | 380013 |
| 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

I WAS TRAVELLING STRAIGHT ALONG PIE TWDS CHANGI AIRPORT ON THE 3RD LANE, SUDDENLY VEH(B) BEARING REG NO GBE1047J FROM MY RIGHT LANE CUT INTO MY LANE AND HIT ONTO MY FRT RIGHT SIDE PORTION OF MY VEH.

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 | GBE1047J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| 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:

陳興利私人有限公司
CHEN HENG LEE PTE LTD
7 SOON LEE STREET
#02-47 iSPACE
SINGAPORE 627608
TEL 6710 7880 FAX: 6710 7881

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

30/08/19

SKETCH PLAN

A - XE2755G

B - GBE1047J

PIE TWA'S
CHANGI AIRPORT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

陳利發有限公司
CHEONG LEE PTE LTD
Date & Time:
SOON LEE STREET
#02-47 ISPACE
SINGAPORE 627808
TEL 6710 7880 FAX: 6710 7881

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

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119114587 Vehicle Registration No: XE2755R
Name (as shown in NRIC) : LI ZHANWU NRIC/FIN/Passport No : G3188830N
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate #10-943 380013
Address : BLK 13 UPP BOON KENG RD Singapore()
Contact (Tel) : Mobile No. : 87405996
Email Address :
Date of Accident : 29/08/19 Time of Accident : 1445
Place of Accident : DIE TWAS CHANGI AIRPORT
Insurance Company : LONPAC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND VEH REGISTRATION NO: XE2755G

陳興利私人有限公司
CHEN HENG LEE PTE LTD
Policyholder / Driver's Signature
Date: #02-47 ISPACE
SINGAPORE 627608
TEL: 6710 7880 FAX: 6710 7881

2/9/19 30/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

6/9/19 uploaded

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119114587-01 Vehicle Registration No: XE2755G
Name(as shown in NRIC) : CHEN HENG LEE PTE LTD NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 87405996
Email Address : _____
Date of Accident : 29/08/2019 Time of Accident : 14:45
Place of Accident : PIE TWDS CHANGI AIRPORT
Insurance Company: LONPAC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND REVERT FROM THIRD PARTY CLAIMS TO OWN DAMAGE CLAIMS.

陳興利私人有限公司
CHEN HENG LEE PTE LTD
7 SOON LEE STREET
#02-47 ISPACE
SINGAPORE 627608
TEL: 6710 7880 FAX: 6710 7884

Policyholder / Driver's Signature
Date: 6/9/19


Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 6/9/19.



LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300 Beach Road #17-04/07, The Concourse, Singapore 189555

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

GST Reg No.: P0-0005635-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.: Z19VC05001747

Type of Cover: **COMPREHENSIVE**

1. Index Mark and Vehicle Registration Number

ISUZU CYZ52R
- XE2755G

2. Name of Policy Holder

CHEN HENG LEE PTE LTD

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

23/03/2019

4. Date of Expiry of the Insurance

22/03/2020

5. Person 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.

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\$ 1,000.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 200.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS OR DISTRIBUTOR-OWNED MOTOR WORKSHOP

* 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.

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: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

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CHIEF EXECUTIVE
(Singapore Branch)

User ID: LEROI

Date Issued: 12/02/2019