

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MHA 19136606

Date In: 15/12/19-11:19	Job description	Date & Time Completed	Done by
Ref No: NA/LPC19018142/24	SAS e-filing		
Veh No: GBE2849E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/12/19-11:50	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: 627684K	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 ( )	

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	Am't (\$) In Bill	Am't (\$) 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) RT: 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:-		
	ON:		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Cat. 1:			
Cat. 2 & 3:			



## 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	15/10/2019 11:19
Date Of Accident	14/10/2019 11:50
Exact Location Of Accident	JALAN LEKAS
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2849E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TREESCAPES PTE LTD
Co Reg No	200209425K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97715325
Alternative Phone No	OFFICE-97715325

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5MT ABS 2DR 2WD EURO 5
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC00/102633
Cover Note Number	

### Driver

Name of Driver	ONG CHAY TIAM
NRIC No	S0179026I
Date Of Birth	23/04/1953
Occupation	OUTDOOR
Date Of Driving Pass	14/04/1982
Driving Experience	37 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82675865
Fax Number	
Contact Number	OFFICE-82675865
Email Address	NOEMAIL

Address	BLK 146 BISHAN STREET 11 #05-65
Postcode	570146
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?	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)	3
Passenger 1	NAME: : PETER GENDER: : MALE
Passenger 2	NAME: : NANA GENDER: : MALE

#### 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	GZ7684K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANDY
NRIC/Passport Number	
Contact Number	85330909
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name ONG CHAY TIAM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBE2849E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name PETER

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBE2849E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 3

Name NANA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBE2849E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

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:

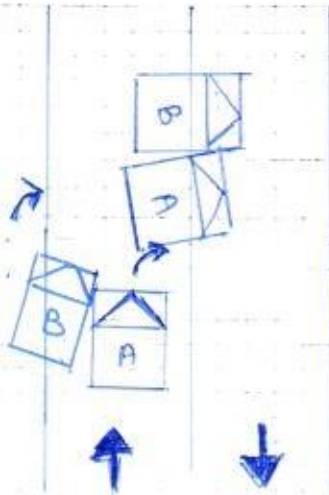
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



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 : GBE 2849E


Vehicle B : GZ7684K

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**


On the above said date & time, I was driving my vehicle A (GBE 2849E) traveling along Jalan Lekar. I saw vehicle B (GZ7684K) stationary on the road shoulder. then I continue drive straight suddenly vehicle B intended to made U-turn he then made his right turn, so I jammed my brake but our vehicle was too close I then followed his vehicle to turned until the vehicle stopped.

**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.:



<b>Vehicle No.</b>	GSE 2849 E		<b>Model / Make</b>	Toyota Dyna
<b>Date of Accident</b>	14/10/2019			
<b>Time of Accident</b>	1150	HRS		
<b>Location of Accident</b>	Along Jalan Letas			
<b>Exact purpose use during accident</b>	Work			
<b>Name of Owner</b>	Treescapes Pte Ltd			
<b>Telephone No.</b>	H/P : 97715325	<b>Home :</b>	<b>Office :</b> 62861872	
<b>NRIC</b>	200209425K			
<b>Address</b>	10 Jalan Kukoh # 01-53 Singapore 162010			
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY	
<b>Insurance Company</b>	Leong Inc			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	2/19/VCOO/105120			
<b>Name of Driver</b>	As Above If No, Ong Chay Tiam			
<b>NRIC</b>	S01790261	<b>Any Passengers :</b>	2 Peter (Male)	
<b>Date of birth</b>	23/4/1953		Name (Male)	
<b>Occupation</b>	Outdoor	/	Indoor	
<b>Driving License Pass Date</b>	14/4/1982			
<b>Gender</b>	Male / Female			
<b>Contact No.</b>	H/P : 82675865	<b>Home :</b>	<b>Office :</b>	
<b>Address</b>	BLK 146 Bisham Street 11 #05-65 Singapore 570146			
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state		
<b>Weather condition</b>	Clear	Raining	Other	
<b>Road Surface</b>	Dry	Wet	Other	
<b>Any Injuries</b>	No,	If Yes, Who? Ong Chay Tiam 82675865		
<b>Name And Contact No.</b>	Peter	81327910		
<b>Name And Contact No.</b>	Nana	90522823		
<b>Police Report</b>	No,	If Yes, Where?		
<b>Vehicle B No.</b>	GZ 7684K	<b>Any Passengers :</b>		
<b>Name of Driver</b>	Andy	<b>Contact No. :</b>	85330909 / 92395596	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>		
<b>Vehicle D No.</b>		<b>Any Passengers :</b>		
<b>Vehicle E no.</b>		<b>Any Passengers :</b>		
<b>Vehicle F No.</b>		<b>Any Passengers :</b>		
<b>Vehicle G No.</b>		<b>Any Passengers :</b>		
<b>Witness Name</b>		<b>Witness Contact :</b>		
<b>Accident Portion</b>	front & left portion			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>				
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Zi Ting			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			





**LONPAC INSURANCE BHD** (S98FC5635C)  
(Incorporated in Malaysia)  
Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 189565  
Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg  
GST Reg No.: F0-0005635-C

MZ300

## CERTIFICATE OF INSURANCE

Insured's Copy

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. : Z/18/VC00/102633

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN CABSTAR 3.0 5 M/T ABS 2DR  
2WD EURO 5  
- GBE 2849E

2. Name of Policy Holder

TREESCAPES PTE LTD

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

02/11/2018

4. Date of Expiry of the Insurance

01/11/2019

5. 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/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\$1200.00 (SECTION 1)  
S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS  
S\$100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON 2ND AND 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 : ABWIN PTE LTD

*Amek*

CHIEF EXECUTIVE  
(Singapore Branch)

User ID : eslinyeo / nfwong  
Date Issued : 15-10-2018