

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA 119160230

|                            |  |                       |         |
|----------------------------|--|-----------------------|---------|
| Date In: 4/12/19-17:34     | Job description                          | Date & Time Completed | Done by |
| Ref No: NAJ12PC19021462/24 | SAS e-filing                             |                       |         |
| Veh No: 41171M             | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 4/12/19-17:50       | 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: 4129354  | 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                   | Ant (\$)<br>Inc Bill | Ant (\$)<br>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 \$0                         |                      |                      |
| QC Checked by (Engr-In-Charge): | Invoice dated                                   | Fee Charged          |                      |
| Auditors' Comments :-           | Invoice dated                                   | Fee Charged          |                      |
| Dat. 1:                         |   |                      |                      |
| Dat. 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             | 04/12/2019 17:34 |
| Date Of Accident           | 04/12/2019 11:50 |
| Exact Location Of Accident | 31 TUAS RD       |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |   |
|-----------------------------|---|
| Vehicle Registration Number | YN1171M                                 |
| <b>Insured/Policyholder</b> |   |
| Name Of Registered Owner    | SIN CHEW HEAVY LIFT & TRANSPORT PTE LTD |
| Co Reg No                   | 201201759K                              |
| Email Address               | NOEMAIL                                 |
| Mobile Phone No             |   |
| Alternative Phone No        | OFFICE-89999999                         |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | NISSAN             |
| Model  | MKB37BNHRA         |
| 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                                       | REPORTING ONLY     |
| Vehicle Category   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |                      |
|---------------------------|----------------------|
| Name of Insurance Company | LONPAC INSURANCE BHD |
| Type Of Coverage          | COMPREHENSIVE        |
| Fleet Policy              | NO                   |
| Policy Number             | Z19VC05002534        |
| Cover Note Number         |                      |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | CHIA MENG HENG         |
| NRIC No              | S6846475G              |
| Date Of Birth        | 05/12/1968             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 02/01/2003             |
| Driving Experience   | 16 YEARS AND 11 MONTHS |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-96396770   |
| Fax Number           |                        |
| Contact Number       | OFFICE-96396770        |
| EMail Address        | NOEMAIL                |

|   |   |
|---|---|
| Address   | BLK 920 JURONG WEST STREET 92<br>#09-91 |
| Postcode  | 640920                                  |
| 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 - 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         | YN2935U            |
| Vehicle Make/Model/Colour           | MITSUBISHI FUSO    |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      | NG SENG GUAN       |
| 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:



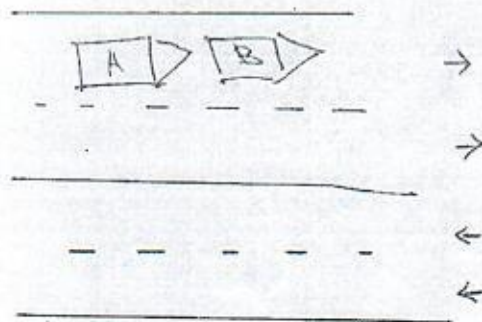
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN

[NO. 31 TUAS ROAD]



VEH(A) YN 171M

VEH(B) YN 293SU

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along TUAS ROAD, TOWARDS  
 TUAS BASIN LANE. I WAS ON the right lane and  
 suddenly a car cut into my line from the left.  
 I immediately try to avoid the car and  
 move to the left lane.  
 After I came to my notice that there  
 IS VEH B park illegal on the road and  
 I hit on to the back of the lorry (VEH B).

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/PIN No.:

*[Handwritten signature]*

Date of Accident : 04122019 Accident Time : 1151 (24-HR-FORMAT)  
 Accident Place : 31 THAS ROAD  
 Vehicle Reg. No (Car plate No.) : YN 1171M Vehicle Make/Model : UD  
 Insurance Company : LONFAL INSURANCE Policy No : 219VC05002534  
 Name of Registered Owner : Company / Individual <sup>RHD</sup> SINGHAW HEAVY LIFT & TRANSPORT PTE LTD  
 ID of Registered Owner : Co Reg No: 201201759K Owner's NRIC No: -  
 : Co Contact No: - Owner's Contact No: -  
 DRIVER'S Name : CHIA MENG HENG DRIVER'S NRIC No: 868464756  
 DRIVER'S Date of Birth : 05121968 DRIVER'S License Pass Date : 02012003  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: ☒ Others:  
 DRIVER'S Address : B1K 920 LURONG WEST ST 92 #09-21  
 : 1) 96396770 2) 640920  
 DRIVER'S Contact No./ Alt No. :  
 DRIVER'S Occupation : ~~INDOOR~~ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : danny@sin-chaow.com.sg  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (including Driver) : 1  
 Was the accident reported to the police? YES \ NO  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

|                                     |                               |
|-------------------------------------|-------------------------------|
| Vehicle Reg No: YN 2935U            | Vehicle Reg No: _____         |
| Vehicle Make/Model: MITSUBISHI FUSO | Vehicle Make/Model: _____     |
| Name DRIVER: NG SENG EVAN           | Name DRIVER: _____            |
| ID No DRIVER: -                     | ID No DRIVER: _____           |
| DRIVER'S Contact & add: -           | DRIVER'S Contact & add: _____ |



**LONPAC INSURANCE BHD** (594FC5635C)  
(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 189555.  
Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg  
GST Reg No.: PS-0055625-C

M2300

## 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. : Z19VCD5002534

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN MKE37BN-IRA  
- YH1171M

2. Name of Policy Holder

SIN CHEW HEAVY LIFT & TRANSPORT PTE LTD

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

23/05/2019

4. Date of Expiry of the Insurance

24/05/2020

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 WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE

Excess

: S\$ 1,200.00 (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.

*Anele*

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: DIANA LJM

Date Issued: 21/05/2019