

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 29/1/20	Job description: SAS e-filing ✓	Date & Time Completed:	Done by:
Ref No: NA/LPC 20001593/H	E-mail (within 8hrs. AIC 2hrs):		
Veh No: G869 9119 Y	i-Motor Claim Form		
D.O.A: 25/1/20	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
<input checked="" type="radio"/> TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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%. 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 (\$)	Amt (\$)
			1st Bill	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			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
at 1:	For claiming against INC Only (wef 10 Jan 2005)			
at 2/3:	6) TR : Re-inspection \$75			
	7) NI : Idnc 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: Idnc Mobile 30			
	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	29/01/2020 19:41
Date Of Accident	25/01/2020 15:30
Exact Location Of Accident	JLN EUNOS TO PIE (TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9119Y
Insured/Policyholder	
Name Of Registered Owner	LAO HUO TANG CATERING PTE LTD
Co Reg No	2XXXXX483K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83821100
Alternative Phone No	OFFICE-83821100

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D (M)
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	Z19VC05002717
Cover Note Number	

Driver

Name of Driver	HE FUXING
Passport No/FIN	GXXXX657W
Date Of Birth	17/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83821100
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	31 WOODLANDS CLOSE #08-35 WOODLANDS HORIZON
Postcode	737855
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	3
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

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT

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	SJA6848H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FOO CHEE KHIANG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJR289X
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHIA MUN CHOON

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

SKETCH PLAN

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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 lodging 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 governmental agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder
Date & Time

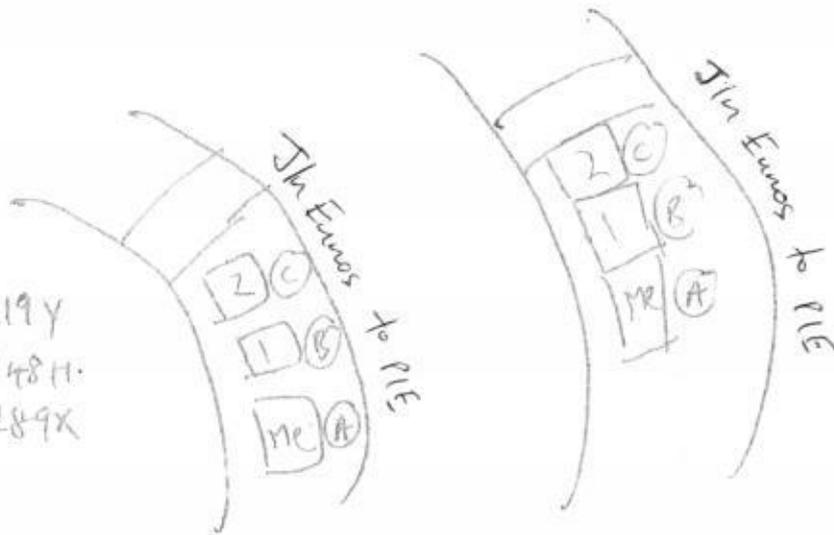
何紹星

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

Reporting Center Professional's Signature
Name
NRIC/FIN No

SKETCH PLAN

Veh A: 'GBG 9119Y
 Veh B: SJA 6848H
 Veh C: SJR 289X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 25/1/20 at the exit to enter PIE at Jln Emas, there was a pedestrian crossing. Car 2 stopped as there was someone crossing the road followed by car 1. I was unable to stop in time & hit car 1 which then hit car 2. No one was injured in this accident.

DECLARATION

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



Policyholder's Signature
 Date & Time:

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 1 / 20) (DD/MM/YYYY), TIME: (15 : 30) (HH:MM)

LOCATION: Jln Eunos to PIE (Tues)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG9119Y
b) INSURANCE COMPANY: Lonpac
c) POLICY NUMBER: Z19V605002717
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Hiace
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: Lao Huo Tang Catering Pte Ltd. (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 2017 18 483 K CONTACT: _____
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HE FUXING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G3470657W CONTACT: 83621100
c) ADDRESS: 15 Woodlands Loop

*d) DATE OF BIRTH: (12 / 12 / 1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SSA 6848H MODEL: _____
b) DRIVER'S NAME: Foo Che Kiang
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJR 289X MODEL: _____
b) DRIVER'S NAME: Chia Mun Choon
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(2)

* No of passenger
(Including driver)
(2)

Email =

fax =

VIDE.O =

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

Employer
LE XIN CATERING PTE. LTD.



Name
HE FUXING

S Pass No.
0 77883096

Sector:
MANUFACTURING




K1173329



REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. **G3470657W**

HE FUXING

Birth Date: **17 Dec 1979**
 Issue Date: **05 Jul 2018**
 Valid Till: **04/07/2023**




VISIT PASS
 Immigration Regulations

Name
HE FUXING

Fit
G3470657W

Date of Birth: **17-12-1979** Sex: **M**

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status




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



YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Vehicle Description	EFFECTIVE DATE
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	18 Oct 2018

S / No. 9000285158

G3470657W

NP 428A





(Incorporated in Malaysia)

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

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

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. : Z19VC05002717

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA HIACE VAN TURBO 5DR
- GBGB119Y

2. Name of Policy Holder

LAO HUO TANG CATERING PTE LTD

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

02/07/2019

4. Date of Expiry of the Insurance

01/07/2020

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 : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

CHIEF EXECUTIVE
(Singapore Branch)

User ID: SERENEYEO

Date Issued: 17/06/2019

**LONPAC INSURANCE BHD (S98FC5635C)**

(Incorporated in Malaysia)

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

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

THE SCHEDULE

Class of Policy	: COMMERCIAL VEHICLE	Policy No.	: Z19VC05002717
Insured	: LAO HUO TANG CATERING PTE LTD	Type of Cover	: COMPREHENSIVE
Address	: WOODLANDS HORIZON 31 WOODLANDS CLOSE #08-35 SINGAPORE 737855	Replacing CN/Policy No.	: -
Nature of Business	: OTHERS - FOOD & BEVERAGES	Account No	: Z10095

Period of Insurance

(a) From 02/07/2019 To 01/07/2020 (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 : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

Description of Vehicle	The Policy's Premium			
	Premium Component	%	Amount (\$S)	Total (\$S)
Vehicle/Trailer Regn. No : GBG9119Y	Basic Premium			1,847.90
Make & Model of Vehicle : TOYOTA HIACE VAN TURBO 5DR	NCD	10.00%	-184.79	
Type of Body : VAN	Premium After Discount			1,663.11
Engine No : 1KD2809903	Gross Premium			1,663.11
Chassis No : JTFHT02P200243563	Actual Gross Premium			1,663.11
Year of Registration : 2018	GST	7.00%	116.42	
Tonnage : 1.08	Total Premium Payable			1,779.53
Seating Capacity : 2				
Sum Insured : MARKET VALUE				
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				