

NATIONAL Assessment Centre Services [Rev. Jan 2005]

Date In: 13/02/20	Job description	Date & Time Completed	Done by
Ref No: NA/LPC20002510/13	SAS e-filing		
Veh No: GBE4135	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/10/20 0900	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: UNKNOWN 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		Am't (\$)	Am't (\$)
			Est. Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
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			
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Est. 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpl 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: Idno Mobile \$0			
	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	13/02/2020 12:31
Date Of Accident	10/01/2020 09:00
Exact Location Of Accident	ANG MO KIO AVE 4
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE413S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAN HSING FOOD MANUFACTURING
Co Reg No	4XXXX400D
Email Address	SANHSINGFOODMANUFACTURING@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63164301

#### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	DELIVERY
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	Z19VC05002880
Cover Note Number	

#### Driver

Name of Driver	NG PANG HENG(HUANG BANGXING)
NRIC No	SXXXX469Z
Date Of Birth	02/10/1971
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2002
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93382683
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 677B JURONG WEST ST 64  
 #14-299  
 Postcode 642677  
 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 MOTORCYCLIST  
 Weather Conditions UNKNOWN  
 Road Surface UNKNOWN

**Other Information**

Was any foreign vehicle involved in this accident? YES  
 Foreign Vehicle Registration Number UNKNOWN (MOTORCYCLE)  
 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? YES  
 If Yes, Please state which Police Station  
 Police Station Name TRAFFIC POLICE DIVISION HQ  
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 65470000 - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

PLS REFER TO THE POLICE REPORT:T/20200212/7025

**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 UNKNOWN  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category MOTORCYCLE  
 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

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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:

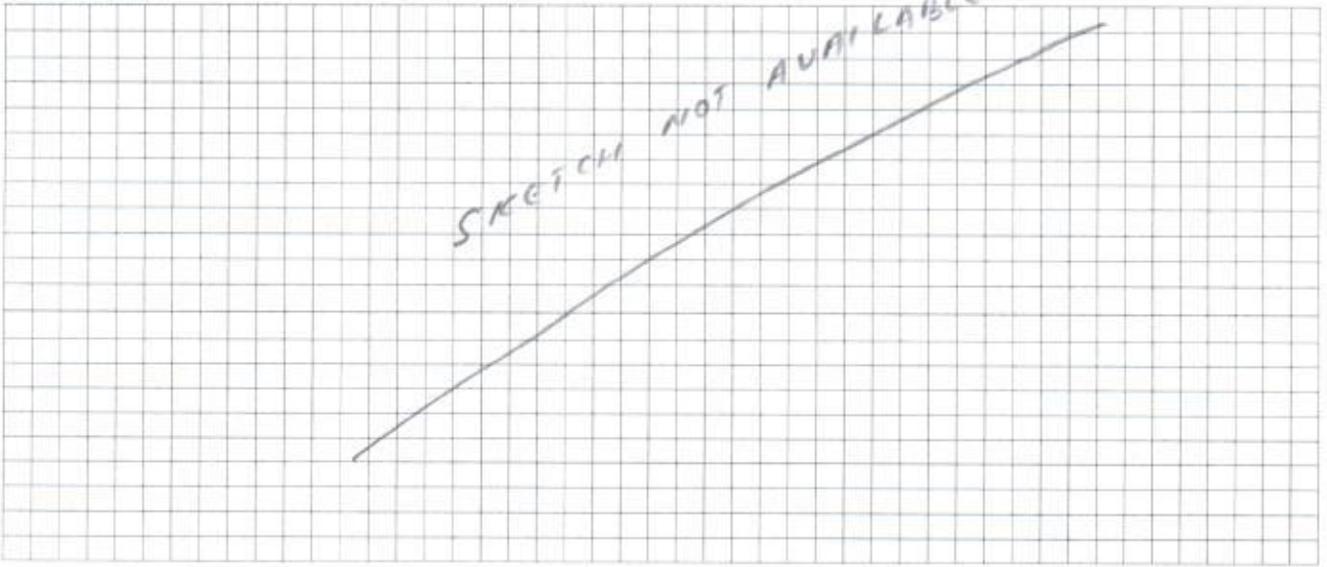
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

三興食品廠  
SAN HSING FOOD MANUFACTURING  
No. 20 Bukit Batok Crescent  
#13-07 Enterprise Centre, Singapore 658080  
Tel: 6316 4301 Fax: 6316 4302  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12/2/20

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 13/02/20

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report. T/20200212/7025

DECLARATION

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

三興食品廠  
**SAN HSING FOOD MANUFACTURING**  
 No. 20 Bukit Batok Crescent  
 113.07 Enterprise Centre, Singapore 658087  
 Date & Time: 12/2/20

*[Signature]* 12/2/20

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

*[Signature]* 13/02/20

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



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/02/2020 14:07	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TSUI WEI ER, MARIA		Address: 8 LORONG 39 GEYLANG #07-13 SINGAPORE 387882	
ID Type / ID No.: NRIC NO / S9049848G		Contact No.: Home/Office:	Mobile: 90032808
Nationality: SINGAPORE CITIZEN		Email: maria_tsui@hotmail.com	
Sex: Female	Age: 29	Date of Birth: 25/12/1990	Type of Informant: company representative
Race: Chinese		Language: English	Institution / School Name:
Occupation: Administration manager		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 10/01/2020 09:00	Type of Location:
Location: ANG MO KIO AVENUE 4				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
	Motorcycle					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200212/7025

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200212/7025

**CONTINUATION OF REPORT**

company representative			
Name	TSUI WEI ER, MARIA	ID No.	S9049848G
Related Vehicle	NIL	Contact No.	90032808
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.**

Our company received this traffic police letter from the mail on 6 February 2020. This involves our company vehicle GBE413S. However, the driver that was in charged of driving the company vehicle, Mr Ng Pang Heng (IC S7134469Z), is no longer working in our company. His last working day is 22 February 2020. He did not notify us of this incident and our company did not know about this until the letter came. I have tried to contact Mr Ng Pang Heng about this. He read my messages but did not answer my call or provide me with any information or report. I called the investigation officer regarding this matter and he said Mr Ng Pang Heng did lodge a report. However, he did not provide us with the police report or insurance report. I enquired with my insurance consultant and she advised me to lodge a police report so that i can provide it to the insurance company.

*[Signature]*  
Geylang NPC  
1 Cassia Link  
Singapore 397618  
Tel: 1800-8486999



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 12/02/2020 14:07
Classification Of Case:



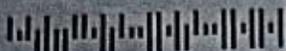
**SINGAPORE  
POLICE FORCE**

Traffic Police  
Singapore Police Force  
10, Ubi Avenue 3  
Singapore 408865  
Tel : 6547 0000  
Fax : 6547 6259

Date : 29 Jan 2020

Your Ref :  
Our Ref : TP/IP/04919/2020

000069  
SAN HSINGFOOD MANUFACTURING  
APT BLK 20 BUKIT BATOK CRESCENT  
#13-07  
SINGAPORE 658080



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING GBE413S ALONG ANG MO KIO AVENUE 4 ON 10 JAN  
2020 @ 9.00 AM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

- 2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).
- 3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.
- 4 You may contact the Investigation Officer ONG YONG HOCK at his / her office number: 65476436 or the supervisor YIP YEW SENG NELSON at 65476182 if you have any further queries.
- 5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP)  
CHIEF INVESTIGATION OFFICER  
INVESTIGATION BRANCH  
TRAFFIC POLICE

This is computer generated and does not require a signature.

# ACCIDENT STATEMENT

ACCIDENT DATE: (10/01/2020) (DD/MM/YYYY), TIME: (09:00) (HH:MM)

LOCATION: Ang Mo Kio Avenue 4

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 4135
- b) INSURANCE COMPANY: Lonpac
- c) POLICY NUMBER: 219VCO5002880
- d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: Nissan cabstar 30
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY) / MOTORCYCLE / OTHERS
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL) / MOTORCYCLE
- h) PURPOSE OF USING AT ACCIDENT TIME: Delivery of company goods
- 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: SAN SHI HSING FOOD MANUFACTURING (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 47048400D CONTACT: 63164301
- c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: NG PANG HENG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S7134469Z CONTACT: 93382683
- c) ADDRESS: 677B Jurong West St 64 #14-299  
S. 642677

\*d) DATE OF BIRTH: (02/10/1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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: \_\_\_\_\_ 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: \_\_\_\_\_

\*No of passenger  
(including driver)  
(1)

\*No of passenger  
(including driver)  
( )

\*No of passenger  
(including driver)  
( )

12/2/20  
waiting photo by  
email  
tomorrow

email =  
fax =  
video =

# 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).  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).  
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z19VCD5002880

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number  
NISSAN CABSTAR 3.0  
- GB64135
2. Name of Policy Holder  
SAN HSING FOOD MANUFACTURING
3. Effective Date of the Commencement of Insurance  
for the purpose of the Act  
18/08/2019
4. Date of Expiry of the Insurance  
17/08/2020
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.

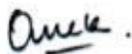
Excess : S\$ 600.00 (SECTION 1)  
S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS  
S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

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.

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 : ETHOZ CAPITAL LTD



CHIEF EXECUTIVE  
(Singapore Branch)

User ID: XLCHEN  
Date issued: 09/07/2019

Certificate of Insurance - Page 1 of 1



**LONPAC INSURANCE BHD** (999FC5635C)

(Incorporated in Malaysia)

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

Tel: (65) 8250 7388 Fax: (65) 8206 3767 Website: www.lonpac.com.sg

GST Reg No.: P0-0005035-C

**TAX INVOICE**