NATIONAL Assessment Centre	Services.	[wrl 1 Jan'05] .	MNA 1200 2341	0.
Date In 21/2/20 16:45	Jeb description	n .	Date & Time Completed	Done by
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Veh No GBG 3207 R.	E-mail (with)	illus, AIC 2hrs)		•
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	Assessment/S			
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Dwner/Driver: (Veh No: 5	2349CD.		Tel:)
Policy No: (-) Perio	d: ()	Cover Type: (
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3) Upload Resurvey Photo [Repair Cost > \$300) ;		
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Driver/Owner:		4) FT : Pollow-Thr	ough Survey 5	120
Contact No:		5) PT : Follow-Tlar	ough Survey (Resurvey) forUNC Only (wof 10 Jon 2005)	530
		6) TR: Re-Inspent		\$75
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2C Checked by (Engr-In-Charge):		*N5: Courlesy C	or / Tpt Allowance	510
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Auditors Comments:		*NI: DV / Collect	of Exposs Coordination	\$5 \$20
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HI WE STEPLET.		Involce dated	Fee Charged	MANUAL

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- 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.
- 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.

NOTE: 1	
much server products and	ACCIDENT STATEMENT
Date Of Report	21/02/2020 16:45
Date Of Accident	21/02/2020 08:25
Exact Location Of Accident	BUKIT BATOK TWDS JURONG TOWN HALL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG3207R
Insured/Policyholder	
Name Of Registered Owner	ANG LAI HWA
NRIC No	SXXXX481A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91541293
Alternative Phone No	OFFICE-91541293
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORK
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/19/VC00/104218
Cover Note Number	
Date of the second seco	

Driver

 Name of Driver
 ANG LAI HWA

 NRIC No
 SXXXX481A

 Date Of Birth
 07/10/1958

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/09/2003

Driving Experience 16 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91541293

Fax Number

Contact Number OFFICE-91541293

EMail Address NOEMAIL

BLK 665 CHOA CHU KANG CRES #10-279 Address

680665 Postcode

Was driver an employee of the Insured's Company

OWNER 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

CHAIN COLLISION Type Of Accident

DRIZZLING Weather Conditions Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

CLEMENTI NEIGHBOURHOOD POLICE POST Police Station Name

3

NO

1

ROAD: BLK 427 CLEMENTI AVENUE 3, POSTCODE: 120427, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-7759999 - FAX NO: 67764246 Police Station Contact

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200221/2064

Attachment(s)

YES Are accident photos available for attachment? YES Was there any video captured by Car Camera?

WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

S2349CD

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 19

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

XB7569K

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)

DETAILS OF INJURED PERSON 1

Name ANG LAI HWA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBG3207R

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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:

CARDS STREETINGS DON VS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SK	C7	-	ш	DI	^	M

		A : 61	36 3207 R
		B: S	2349 CD
		C: X	B 7569 K.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	20.02.2020	at about	8.25 am	. 1	was travel	ling along	
Bukit bato	k Towards	Jurong	Town Hall	, I Y	vas Station	nary due to	front
traffic	Suddenly 1	felt an imp	act from my	sear .	20W I	involved in	q
3 Vehicles	drain (ollisio	n ·	10.00				
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			W. Y				
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		- white		0.4			

DECLARATION

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

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident	: 21 -01- 2020 Accident Time: 8- 25am (24-HR-Format)
Accident Place	: Bukit Ratok Towards Jurong town Hall.
Vehicle. No. (Car Plate No.)	: GBG 3207 R Make/Model: Nissan NY 200 1-SAT.
Insurace Company	: Lonpac. Policy No: Z/19/VC00/104218.
Owner or Company Name /IC No.	: Ang lai Hwa (31285481A).
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Ang lai Hwg (S1285481A)
DRIVER'S Date Of Birth	: 17.10. 958 DRIVER'S License Pass Date 19.09. 2003.
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: WMC .
DRIVER'S Address	: BIK 665 choa chu lang Gescent #10-279 (S) 680665
DRIVER'S Contact No./ Alt No.	:1) 9154 1293 2)
DRIVER'S Occupation	: INDOOR \ QUIDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	river): Driver -
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	r camera: (YES) NO being used at the time of accident: Private use \ Work purpose (S
Other P	arty Driver's Particular (if any)
Vehicle, No: S 2349 CD	Vehicle. No: XB 7569 K.
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	
IC No. Driver/Contact:	

* NEW - Passenger's name & gender:

Any





1 of 3

Report No. T/20200221/2064

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 20 12:30	lade:	Vide Report No.:	Station Diary No. 12		
Informa	nt's Partice	ulars				
Name of ANG LA	Informant: I HWA		Address: APT BLK 665 CHOA CHU KA SINGAPORE 680665	ANG CRESCENT #10-279		
ID Type / ID No.: NRIC NO / S1285481A		31A	Contact No.: Home/Office: Mobile: 91541293			
National SINGAP	ity: ORE CITIZ	EN	Email:)		
Sex: Male	Age:	Date of Birth: 07/10/1958	Type of Informant: Driver			
Race: Chinese		7.00	Language: English	Institution / School Name:		
Occupation: SELE-EMPLOYED		1	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/02/2020 08:20	Type of Location Straight Road	
BUKIT BATO JURONG TO	WN HALL ROAD	Jurong Town Hall Road			
		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Traff		Traffic Control:		Traffic Volume: Heavy	
Type of Collis Between Mov		Anyone conveyed by ambulance:			

Details of V	enicie Invo	Ivea	THE PARTY OF THE P	-		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG3207R	Car	NISSAN	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC	Red	Slightly Damaged	0
S2349CD	Car	LAND ROVER		Grey	Slightly Damaged	0
XB7569K	Trailer	MITSUBISHI		Blue .	Slightly Damaged	0





2 of 3

Report No. T/20200221/2064

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

CONTINUATION OF REPORT

THE R. LEWIS CO., LANSING, MICH. 49-140-140-140-140-140-140-140-140-140-140	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	Committee of the Appropriate Committee of the Committee o		
	LONPAC INSURANCE BHD.	Z19VC00104218	24/07/2019	23/07/2020

Licence & Expiry Date	Any Pedestrian Ir No. of Pedestrian	nvolved: No s Injured: NIL	Use of Pe	edestrian	Cross	ing: NA
Hospital/Clinic THE CHONG FAIMLY CLINIC PTE LTD Class of Driving Licence & Expiry Date Class: 3		ANG LAI HWA		ID No.		S1285481A
Hospital/Clinic THE CHONG FAIMLT CEINIC FTE ETB Driving Licence & Expiry Date Driving Licence & Expiry Date 21/03/2020	Related Vehicle	GBG3207R (Car)	Conta	ct No.	91541293	
24/02/2020	Hospital/Clinic	THE CHONG FAIMLY CLINIC PTE LTD		Drivin	g ce &	
Date Treatment 21/02/2020 Date Discharge 21/02/2020 No. of Days granted Medical Leave 02 Degree of Injury Slight	Date Treatment	21/02/2020				

Brief Details.

On 21/02/2020 at about 0820hrs, I was driving a van, red Nissan MV200 bearing registration number GBG3207R, along Bukit Batok Road towards Jurong Town Hall Road, at the leftmost lane. At that point of time, the traffic volume was heavy and the road surface was wet. While I was driving, the vehicle infront of me slowed down thus I also slowed down my vehicle.

Suddenly, I felt a jerk coming from the rear of my van. I then stopped my vehicle and discovered that a car, grey land rover bearing registration number S2349CD had collided onto the rear of my van. The driver of the said car (S2349CD) who is a lady Caucasian told me that the trailer (XB7569K) had hit onto the rear of her vehicle thus her vehicle was pushed forward, ended up colliding onto my van.

I wish to state that the lady Caucasian driver told me that she is from the UK Embassy.

After the accident, I felt pain on my back and also the back of my neck where I went to "The Chong Family Clinic Pte Ltd" in Clementi to seek treatment, I was given 2 days MC.

I only took photo of the other vehicles registration number however I did not get their names and contact number.





3 of 3

Report No. T/20200221/2064

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

CONTINUATION OF REPORT

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Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sr Staff Sgt MUHAMMAD NAZRI BIN PARALI Signature Of Interpreter: Not applicable	Signature Of Informant: Date/Time/ 21/02/2020 12:30
Authentibation Stamp NP188 POLICE FORCE SN 40	
SIGNATURE	

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

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).

1. Index Mark and Vehicle Registration Number NISSAN NV200 1.5 MT ABS AIRBAG 2WD

6DR E5 W/RC - GBG 3207R

23/07/2020

2. Name of Policy Holder ANG LAI HWA

3. Effective date of the Commencement of Insurance 24/07/2019

for the purpose of the Act.

5. Persons or Classes of Persons entitled to drive.

Date of Expiry of the Insurance

(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.

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\$1000.00 (SECTION 1)

S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG

AND/OR INEXPERIENCED DRIVERS \$\$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

: ETHOZ CAPITAL LTD

CHIEF EXECUTIVE (Singapore Branch)

User ID Date Issued : eslinyeo / nfwong : 09-07-2019 9AC00Uun v-5.9.0 Z10103-

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