

NATIONAL Assessment Centre Services.

Just a Jan 2001

MAY 2007 TO 20

Date In: 02/03/2020 12:11	Job description	Date & Time Completed	Done by
Ref No: NPA/LPC 2000 3356/4	SAS e-illing		
Veh No: Ym 10814	E-mail (4 jobs 2hrs, AIC 2hrs)		
D.O.A: 26/02/2020 07:40	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VK32		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: QD 2836V	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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()
1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()
Date/Time: ()
Location: ()
Driver/Owner: ()
Contact No: ()
Damaged Portion: ()
QC Checked by (Engr-In-Charge): ()
Author's Comments: ()
Date: ()

Invoice Item	Amount	Invoice Item	Amount
1) All Accident Reporting (\$30)		1) NS: Courtesy Car / Tpl Allowance	\$3
2) DA: Damage Assessment (\$100)		2) NS: Repairs Co-ordination	\$10
3) TP: Towing Fee	\$40	3) NS: Post Repair Inspection	\$25
4) PT: Follow-Through Survey	\$120	4) NS: DV / Collect Excess Coordination	\$3
5) PT: Follow-Through Survey (Resurvey)	\$30	5) NS: TP (S-n INC) against INC	\$30
6) TR: Re-inspection	\$75	6) NI: Idea Mobile	
7) NI: Idea DA + SMRT Survey	\$160	Invoice dated	
8) NTUC Additional Services:		Invoice dated	
9) NI: Idea Mobile		Fee Charged	
		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	02/03/2020 12:11
Date Of Accident	26/02/2020 07:40
Exact Location Of Accident	AT 517 UPPER JURONG ROAD (JURONG APARTMENT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM6881U
Insured/Policyholder	
Name Of Registered Owner	YEW LEE SENG METAL PTE LTD
Co Reg No	-
Email Address	NURUDDIN0057@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81735657
Alternative Phone No	OFFICE-68619833

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BE6SRDEA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z/19/VC06/104971
Cover Note Number	

Driver

Name of Driver	NURUDDIN
Passport No/FIN	GXXXX123R
Date Of Birth	01/01/1984
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2014
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81735657
Fax Number	
Contact Number	OFFICE-68619833
Email Address	NURUDDIN0057@GMAIL.COM

Address 555 JURONG APARTMENT

Postcode

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 PARKED VEHICLE

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? 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 SKETCH

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 GBD2836Y

Vehicle Make/Model/Colour PICK UP

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number 87749877

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.



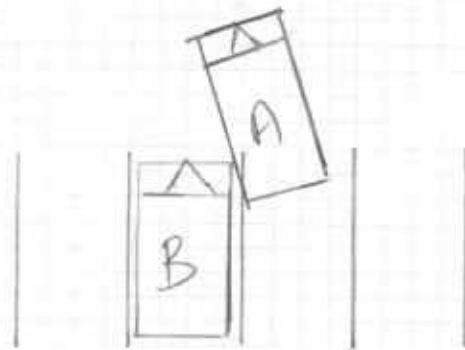
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

517 UPPER JARONG ROAD (JARONG ROAD)



A) Ym 68814

B) GBD 2836Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 26/02/2020 AT ABOUT 07:40HRS I WANTED
TO MOVE OUT FROM THE CARPARK AT 517 UPPER
JARONG ROAD. WHEN MOVING OUT I ACCIDENTALLY
HIT A PICK UP GBD 2836Y FROM RIGHT?

DECLARATION

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



Policyholder's Signature

Date & Time:

02/03/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

02/03/2020
[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 26/02/2020 (DD/MM/YYYY), TIME: 7.40 AM (HHMM)

LOCATION: 517 JURONG APARTMENT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YM-688IU
 b) INSURANCE COMPANY: LONPAC
 c) POLICY NUMBER: 2/19/VCO6/104921
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MITSUBISHI
 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: YEW LEE SENG METAL PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 68619833
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Nuruddin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 062633182 CONTACT: 81735657
 c) ADDRESS: 555 JURONG APARTMENT

* d) DATE OF BIRTH: 01/01/1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07 FEB 2014

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: GBD 2836 Y MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 87749877

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

Email: Mr Nuruddin0057@gmail.com
 VIDEO



LONPAC INSURANCE BHD (S96FC5835C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-01/07, The Concourse, Singapore 190555

Tel: (65) 6250 7388 Fax: (65) 6286 3757 Website: www.lonpac.com.sg

GST Reg No.: PD-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).
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z/19/VC06/104971

Type of Cover : THIRD PARTY FIRE
AND THEFT

1. Index Mark and Vehicle Registration Number

mitsubishi FE83BE6SRDEA
- YM 6881U

2. Name of Policy Holder

YEW LEE SENG METAL PTE LTD

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

30/09/2019

4. Date of Expiry of the Insurance

29/09/2020

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 : NOT APPLICABLE

* 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.

Onele

CHIEF EXECUTIVE
(Singapore Branch)

User ID: 251790 / ntwong
Date issued: 30-09-2019