

# NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MNA003164

|                        |  |                       |         |
|------------------------|--|-----------------------|---------|
| Date In: 11/3/05-14:19 | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/6068354     | SAS e-filing                             |                       |         |
| Veh No: 6068354        | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 11/3/05 - 11/15 | 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: 5M71564   | 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                   | Amt (\$)<br>In Bill | Amt (\$)<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 (N11 INC) against INC \$20        |                     |                      |
|                           | 9) N12: Idac Mobile 30                          |                     |                      |
|                           | Invoice dated                                   | Fee Charged         |                      |
|                           | Invoice dated                                   | Fee Charged         |                      |

Auditors Comments:-

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             | 12/03/2020 14:19 |
| Date Of Accident           | 11/03/2020 21:15 |
| Exact Location Of Accident | GEYLANG RD       |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | GBG875G               |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | ZHONG DECO ENTERPRISE |
| Co Reg No                   | 5XXXX400D             |
| Email Address               | NOEMAIL               |
| Mobile Phone No             | (LOCAL) +65-96916616  |
| Alternative Phone No        | OFFICE-96916616       |

### Vehicle Particulars

|  |                                    |
|--|------------------------------------|
| Manufacturer   | NISSAN                             |
| Model  | NV350 PANEL VAN 2.5 5MT 5DR EURO V |
| 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                                       | 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/VC00/103837     |
| Cover Note Number         |                      |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | CHEONG KIM SIN       |
| NRIC No              | SXXXX174G            |
| Date Of Birth        | 13/12/1966           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 13/10/2015           |
| Driving Experience   | 4 YEARS AND 4 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-96916616 |
| Fax Number           |                      |
| Contact Number       | OFFICE-96916616      |
| Email Address        | NOEMAIL              |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 912 HOUGANG STREET 91<br>#02-48 |
| Postcode  | 530912                              |
| Was driver an employee of the Insured's Company     | NO                                  |
| If No, Relationship of the Driver with the Insured  | OWNER                               |
| Vehicle Registration Number of Driver's Own Vehicle | -                                   |
|   | -                                   |
|   | -                                   |
| Insurance Company of Driver's Own Vehicle           | -                                   |
|   | -                                   |
|   | -                                   |

#### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - CHANGE/CROSS LANE |
| 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?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | ROCHOR NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2949999 - <b>FAX NO:</b> 63918583                                    |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200311/2173.

#### 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 | SMP1056U    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |
| NRIC/Passport Number        |             |
| Contact Number              |             |
| Address                     |             |
| Postcode                    |             |
| Insurance Company Name      |             |

Nature Of Damage

No. Of Passenger (Including Driver)

1



## 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.

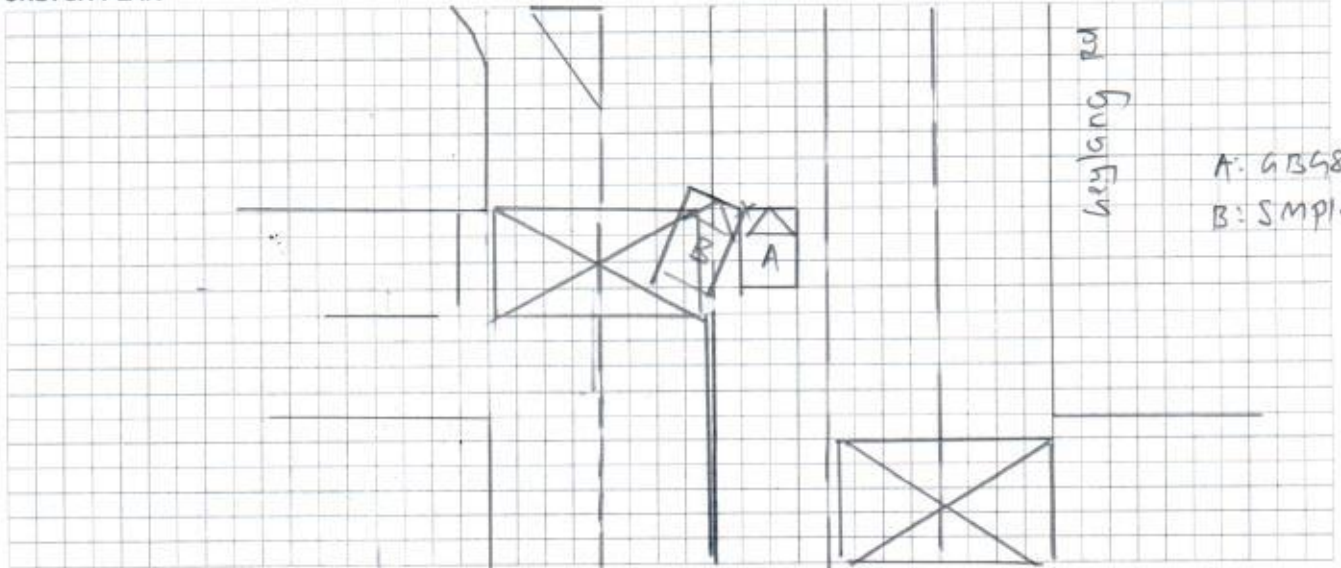


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



A: G358756  
B: SMP10564

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20200311/2173.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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





# SINGAPORE POLICE FORCE



T/20200311/2173

1 of 3

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20200311/2173

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                           |
|--|------------------|---------------------------|
| Date/Time Report Made:<br>11/03/2020 22:34 | Vide Report No.: | Station Diary No.:<br>174 |
|--|------------------|---------------------------|

**Informant's Particulars**

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>CHEONG KIM SIN     |            |                              | Address:<br>APT BLK 912 HOUGANG STREET 91 #02-48 SINGAPORE<br>530912 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S1750174G |            |                              | Contact No.:<br>Home/Office: Mobile: 96916616                        |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |  |                            |
| Sex:<br>Male                             | Age:<br>53 | Date of Birth:<br>13/12/1966 | Type of Informant:<br>Driver   |  |                            |
| Race:<br>Chinese                         |            |                              | Language:  |  | Institution / School Name: |
| Occupation:<br>SELF EMPLOYED             |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:             |  |                            |

**General Information of the Accident**

|  |            |                                    |  |                                     |
|--|------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Non-Injury | Drink Drive:<br>No                 | Date/Time of Accident:<br>11/03/2020 21:15 | Type of Location:<br>Straight Road  |
| Location:<br>Along Road 1 Traveling Toward Road 2<br>GEYLANG ROAD<br>KALLANG ROAD<br>traffic junction near Shell station |            |                                    |  |                                     |
| Weather:   |            | Road Surface:                      | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>One Way   |            | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Between Moving Vehicles - Head To Side   |            |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition         | No of Passenger |
|-------------|------|------|-------|-------|-------------------|-----------------|
| GBG875G     | Van  |      |       |       | Seriously Damaged | 0               |
| SMP1056U    | Car  |      |       |       | Slightly Damaged  | 0               |

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20200311/2173

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

2 of 3

Report No. T/20200311/2173

**CONTINUATION OF REPORT**

| Driver                            |                |  |                                 |
|-----------------------------------|----------------|--|---------------------------------|
| Name                              | CHEONG KIM SIN | ID No.                                 | S1750174G                       |
| Related Vehicle                   | NIL            | Contact No.                            | 96916616                        |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL            | Degree of Injury                       | NIL                             |

**Brief Details.**

On 11/03/2020 at about 2114hrs while travelling along Geylang road towards Kallang Rd. I was about to move off at a traffic junction however, another vehicle (SMP1056U) suddenly swerved from the left side into my lane and I did not managed to stop in time and our vehicles collided.

We both stepped out of our vehicles to assessed the damage and my vehicle was badly damage as the front passenger door could not open and the bumper as well as the headlights were dented as well. I asked for the driver to exchange details but he refused to do so. The driver took some photos of the accident before driving off.

I wish to state that I do have a witness(SLD7349K) as he informed me that he has the in-car camera footage. There was no injury involved in the accident.





**SINGAPORE  
POLICE FORCE**



T/20200311/2173

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 3

Report No. T/20200311/2173

**CONTINUATION OF REPORT**

**Sketch Plan**

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:

A /

Sgt 2 GOH JUN XIAN SHERMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

11/03/2020 22:34

Classification Of Case:

Authentication Stamp

NP168



# 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

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).  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z/19/VC00/103837

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN NV350 PANEL VAN 2.5 SMT 5DR  
EURO V  
- GBG 875G

2. Name of Policy Holder

ZHONG DECO ENTERPRISE

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

31/05/2019

4. Date of Expiry of the Insurance

30/05/2020

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 : S\$1000.00 (SECTION 1)  
S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS  
S\$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 : MAYBANK

*Ambika*

CHIEF EXECUTIVE  
(Singapore Branch)

User ID : ambika / p1tan  
Date Issued : 22-05-2019