

NATIONAL Assessment Centre Services.

Part 1 Jan 2005

11/04/2005 1387

| | | | |
|----------------------------|---|-----------------------|---------|
| Date In: 06/07/2000 18:07 | Job description | Date & Time Completed | Done by |
| Ref No: 1/BA/LPC20007052/Y | SAS e-filing | | |
| Veh No: GBE 289SE | E-mail (Ajoia 2hrs, AIC 2hrs) | | |
| DOA: 07/07/9920 17:50 | 1-Motor Claim Form | | |
| OID: TP: Reporting Only | 1-Motor W/O (Withfor: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/VL312 | | |

| | | |
|--|---|-----------------------|
| Preferred Wkep / INC Assign Wkep / OW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SKA D29D | 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: () |
| Damage: () |
| Other: () |

| | | |
|---------------------------------|---|-------------|
| Driver/Owner: | 1) ALT: Accident Reporting (\$30) | |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (110) | |
| Damage Portion: | 3) TP: Towing Fee \$40/45 | |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey \$110 | |
| Vehicle Comments: | 5) PT: Follow-Through Survey (Resurvey) \$10 | |
| Ref: 1: | 6) TR: Re-inspection \$75 | |
| 2/2 | 7) NI: Idea DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services: | |
| | ON: | |
| | *NI: Courtesy Car / Tpl Allowance \$3 | |
| | *NI: Repairs Coordination \$10 | |
| | *NI: Post Repair Inspection \$23 | |
| | *NI: DV / Collect License Coordination \$3 | |
| | TP (NI) / TP (NA) INC / Legal class 4-16 \$10 | |
| | 9) NI: Idea 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 | 06/07/2020 18:07 |
| Date Of Accident | 02/07/2020 17:50 |
| Exact Location Of Accident | YISHUN CENTRAL BEFORE YISHUN AVENUE 2 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | GBE2849E |
| Insured/Policyholder | |
| Name Of Registered Owner | TREES CAPES PTE LTD |
| Co Reg No | 2XXXXXX25-K |
| Email Address | TREESCAPES@SINGNET.COM.SG |
| Mobile Phone No | (LOCAL) +65-97715325 |
| Alternative Phone No | OFFICE-82675865 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | CABSTAR |
| 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | Z/19/VC00/105120 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | ONG CHAY TIAM |
| NRIC No | SXXXX026I |
| Date Of Birth | 23/04/1953 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/07/2005 |
| Driving Experience | 14 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97715325 |
| Fax Number | |
| Contact Number | OFFICE-82675865 |
| Email Address | TREESCAPES@SINGNET.COM.SG |

| | |
|---|------------------------------------|
| Address | BLK 146 BISHAN STREET 11 #05-65 |
| Postcode | 570146 |
| 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 | 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

ON 02/07/2020 AT ABOUT 17:50HRS I WAS DRIVING ALONG YISHUN CENTRAL 1 AND TURN LEFT TO YISHUN CENTRAL AND STOP BECAUSE TRAFFIC WAS HEAVY AND TRAFFIC LIGHT WAS RED. SUDDENLY I FELT A BANG FROM THE REAR, I CAME DOWN AND SAW A CAR SKA1259D BANG ONTO THE REAR OF MY LORRY.

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 | SKA1259D |
| Vehicle Make/Model/Colour | BMW |
| 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) | |

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

Yishun Ave 2

Yishun CRE

NORTH POINT CITY

A) GBE2849E
B) SKA1259D.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

DECLARATION

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

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 22/07/2020 (DD/MM/YYYY), TIME: 17:50 (HH:MM)

LOCATION: Yishun Central

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 2849E
 b) INSURANCE COMPANY: LONGHAI
 c) POLICY NUMBER: 2119/VCOO/105120
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN CARGO
 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: TRANSCAPHS PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200209425K CONTACT: 97715325 (LME)
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ENG CHAY JIAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 50190761 CONTACT: 82676865
 c) ADDRESS: _____

* d) DATE OF BIRTH: 23/04/1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27/07/2005

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: SKA 1259D MODEL: _____
 b) DRIVER'S NAME: LIM
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 97715325

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

VIDBO



**SINGAPORE
POLICE FORCE**



E/20200502/2023

1 of 3

POLICE REPORT (NP322)

Report No. E/20200502/2023

Police Station Of Origin
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

| | | |
|---|--|-------------------------|
| Date/Time Report Made 02/05/2020 15:20 | Vide Report No. | Station Diary No. 69 |
| Name Of Informant ONG CHAY TIAM | Address APT BLK 146 BISHAN STREET 11 #05-65 SINGAPORE 570146 | |
| ID Type / ID No. NRIC NO / S01790261 | Contact No. Home/Office Mobile 82675865 | |
| Nationality SINGAPORE CITIZEN | Email Address | |
| Occupation LANDSCAPE | Sex Male | Age 67 |
| Institution/School Name | Date of Birth 23/04/1953 | Race Chinese |
| Date/Time Of Incident 27/04/2020 20:00 | Location Of Incident OUTRAM ROAD SINGAPORE | |

Brief details.

On the above date, time and location, I discovered that I had lost the below mentioned items. I made a search but to no avail. I am lodging this report for replacement purposes.

Property Information

| | |
|---|--------------------------------|
| Signature Of Officer Recording The Report: E / Sgt 2 SITI NADIA BINTE ROSLI | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 02/05/2020 15:20 |
| Officer In-Charge Of Case: E / Toa Payoh N.P.C / Sr Staff Sgt LIM WEI MING Contact No.: 62519999 | Classification Of Case: |

Authentication Stamp



SINGAPORE
POLICE FORCE
SAFELY GUARDING EVERY DAY

SN 160

SIGNATURE

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



E/20200502/2023

2 of 3

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. E/20200502/2023

| S/N | Item | Type | Brand/ Account/ Property/ Security- Type | Make/ Model/ Bank/ Address/ Counter | Serial No./ IMEI/ Acct No. | Quantity | Value | Description |
|-----|------------------------------------|------|--|---|-------------------------------------|----------|-------|--|
| 1 | General property | Lost | | | | 1 | | One pioneer generation card belonging to ONG CHAY TIAM (NRIC NO S0179026I) |
| 2 | Ezlink Card | Lost | | | | 1 | | One senior citizen ezlink car belonging to ONG CHAY TIAM (NRIC NO S0179026I) |
| 3 | General property | Lost | | | | 1 | | One black colour wallet |
| 4 | Credit Card / Debit Card/ ATM Card | Lost | DBS BANK LTD | | | 1 | | One DBS ATM card |

Signature Of Officer Recording The Report:

E / Sgt 2 SITI NADIA BINTE ROSLI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Toa Payoh N.P.C /
Sr Staff Sgt LIM WEI MING
Contact No.: 62519999

Authentication Stamp



SINGAPORE
POLICE FORCE
SAFEGUARDING EVERY YEAR

SN 16P

SIGNATURE

Signature Of Informant:

Date/Time:
02/05/2020 15:20

Classification Of Case:

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



E/20200502/2023

3

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. E/20200502/2023

| | | | | | | | | |
|---|----------|------|---------------------------------|--|--|---|--|--|
| 5 | Licence | Lost | Qualified Driving Licence | | | 1 | | One driving license belonging to ONG CHAY TIAM (NRIC NO S01790261) |
| 6 | CashCard | Lost | | | | 1 | | One cash card |

Signature Of Officer Recording The Report:

E / Sgt 2 SITI NADIA BINTE ROSLI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Toa Payoh N.P.C /
Sr Staff Sgt LIM WEI MING
Contact No.: 62519999

Authentication Stamp



Signature Of Informant:

Date/Time:
02/05/2020 15:20

Classification Of Case:

FUPO hotline number: 68429645



LONPAC INSURANCE BHD (S96FC5635C)

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

Certificate No. : Z/19/VC00/105120

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN CABSTAR 3.0 5 M/T ABS 2DR
2WD EURO 5
- GBE 2849E

2. Name of Policy Holder

TREESCAPES PTE LTD

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

02/11/2019

4. Date of Expiry of the Insurance

01/11/2020

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\$1200.00 (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 : ABWIN PTE LTD

Amele

CHIEF EXECUTIVE
(Singapore Branch)

User ID : ambika / pitan
Date issued : 02-10-2019