NATIONAL Assessment Centre	Services. 1	art i Janosj ,	MNA 120069		Distriction
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(1) Reporting Only	I-Photo Uplon	ded	1		
	Assessment/Sur	vey Report			
TI' bisurer:	Ass't Report by	Fax / Hand	to <u>Owner/Wkap</u>		Control of the Contro
Profured Wksp / IHC Assign Wksp / QW: (			Tol: }	lank:	
TP Particulars: . Veh No: SL	M 1252H"	. INC (	)/Non-INC (	(1)	
Owner / Driver: (		10	Tel:		
Policy No: ( ) Peri	od: (	- )	Cover Type: (		
Confirmed by : (		Date:	Time:		)
Insured/Driver Liability: ( %) [N	ote-Est. Status (V	70): N: 0-2	20%; P: 21-79%.	P: 30-100%]	
Year of Registration: ( ) W	branty: YES (	)/NO(	) ,		4)
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( ) Walk-In Customer : Customer's Infor	mation strictly Cor	niidential & S	trictly NO refer of r	epairer.	
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1) Apply for Transport Allowance ( )/Co	ourtesy Car (	)			
2) QC Check / Pass Repair Inspection	.( ·)				
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; \$30</li> </ol>	000] ( - 1	) : .:		1,1	
Injury :					00
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#### 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 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.
- 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.

Alberta State Charles and Burn State Control	ACCIDENT STATEMENT
Date Of Report	17/08/2020 15:48
Date Of Accident	15/08/2020 12:15
Exact Location Of Accident	CTE(AYE) B4 BALESTIER RD
Country/State of Loss	SINGAPORE
Sign of the Control o	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC5083M
Insured/Policyholder	
Name Of Registered Owner	ROSABELLE LAUNDERETTE
Co Reg No	5XXXX624A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92292294
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	STAREX
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/18/VC05/000732
Cover Note Number	
Driver	
Name of Driver	LIM XIANCAI ZACHERY
NRIC No	SXXXX283F
Date Of Birth	04/11/1993
Occupation	INDOOR
Date Of Driving Pass	03/05/2012
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92292294
Fax Number	
Contact Number	
EMail Address	NOEMAIL

530 MILTONIA CLOSE #05-28 Address Postcode 768109 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 COLLISION - CHANGE/CROSS LANE Type Of Accident Weather Conditions CLEAR DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 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) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** Was the accident reported to the police? NO If Yes, Please state which Police Station NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER TO STATEMENT. Attachment(s) YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** SLW1525H 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 Nature Of Damage No. Of Passenger (Including Driver) **DETAILS OF INJURED PERSON 1** 

LIM XIANCAI ZACHERY

Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBC5083M

YES

NO

#### 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</u> and accurate as <u>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)

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:
  - (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.

ROSABELLE LAUNDERETTE

Policyholder's signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	ON	THE	CSTAILS	PATE 1	ANO T	IME, I	WH S	DEAVE	LLING	TOMAIGHT.
	007	05 1	147 QUUZ A	1	PEUT	AN IM	PACT			
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			AND THE RESERVE OF THE PERSON							
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				-						

DECLARATION

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

ROSABBOLE LAUNDERETTE

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.:



# LONPAC INSURANCE BHD (S98FC5635C)

Singapore Office: 300. Beach Road #17-04/87. The Concourse, Singapore 199555. Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.±g

GST Reg No.: F0-0005635-C

#### THE SCHEDULE

Class of Policy : COMMERCIAL VEHICLE

Policy No.

: Z/19/VC00/104611

Insured

: ROSABELLE LAUNDERETTE

Type of Cover

COMPREHENSIVE

Replacing CN/Policy No.

The Policy's Premium

20.00 %

Premium

**Gross Premlum** 

8

NCD

Goods

Services Tax **Total Premium**  : Z/18/VC05/000732

1.287.45

(257.49)

1,029.96

72.10

1,102.06

: S\$

: S\$

: S\$

: S\$

S\$

Address

: 163

STIRLING ROAD

#01-1226

SINGAPORE 140163

Account No

: Z70256(D) L/A

Business or Profession

: OTHERS

#### Period Of Insurance

(a) From 26/09/2019 To 25/09/2020 (both dates inclusive)

(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

H.P. Owner

: MAYBANK

Description of Vehicle

Vehicle/Trailer Regn. No. : GBC 5083M

Make & Model of

: HYUNDAI H1 STAREX

Vehicle Type of Body

: VAN

Engine No.

: D4CBB925309

Chassis No.

: KMFWBX7JLCU424429

Year of Registration

: 2012

c.c./Tonnage

: 1,34

Scating Capacity

: 2

Sum Insured

: MARKET VALUE

Excess.

: S\$ 600.00 (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

# ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 08 / 2020 )(D	D/MM/YYYY), TIME: (12 : 15 ) (HH:MM)
	FORF BALFSTEL 1-P
T. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: G&C 50	283 M
b)INSURANCE COMPANY: LOND	AC
CIPOLICY NUMBER: 2 (19/VC00	Storen
d)POLICY TYPE: (COMPREHEDSIVE	/ THIRD PARTY / THIRD PARTY FIRE STHEET
STANKE & MODEL! HAND	KDAL STALCY
f)TYPE:(SALOON / COUPE / MPV /&	AN / LORRY / MOTOPCYCLE / OTHERS
9/VERICLE CATEGORY: (PRIVATE / C	COMMERCIAL / MOTORCYCLES
TIPURPOSE OF USING AT ACCIDENT	TIME WORK
I) ARE YOU CLAIMING UNDER YOUR	OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY  2. INSURED / POLICY HOLDER	CEAIM / REPORTING ONLY)
A)NAME: POSABELLE LALYDA	16740
bjnric/fin/Passport: 52886	
c)ADDRESS:	141ACONTACT: 9229 2294
" CONTINUE TO 3.d IF DRIVER ALSO F	POLICY HOLDER
Tight of passencial DRIVER	
Chadading discort DINAME: LIM XIANCHI FACHER	(MALE / FEMALE)
014KC/FIN/PASSPORT: 37545 L83	CONTACT: 9229 2254
CIADDRESS: 536 MICTONIA CLOS	E \$05-28 5(768109)
*d)DATE OF BIRTH: ( 64 / 11 / 47	LUL-LOS COMMON
e)OCCUPATION: (IMDOOR / OUTDO	(DD/MM/YYYY)
f) YEARS OF DRIVING EXPRERIENCE:	S.
4. WAS DRIVER AN EMPLOYEE OF TH	F INSUBERIS COMPANIO OFF
IF NO, RELATIONSHIP OF THE DRI	VER WITH INCLUDED:
O. WEATHER CONDITION: (QLEAR / RA	INING / OTHERS
DIKOAD SURFACE: IDRY / WET / OTHE	29
6. WAS ANYBODY INJURED LYES / NO.	(DRIVER)
/. GIREPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	STATION:
8. THIRD PARTY VEHICLE to of passenger of VEHICLE NUMBER: SCL 1525	
induding driver) b) DRIVER'S NAME:	MODEL:
oduding driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT:	
9. THIRD PARTY VEHICLE	CONTACT:
	Work.
al DBB//EB/all	MODEL:
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