

NATIONAL Assessment Centre Services. (part 1 Jan 2005)

MPV 20080710

Date In: 17/09/2020 11:07	Job description	Date & Time Completed	Done by
Ref No: N/A/LP 2000997114	SAS e-filing		
Veh No: YP 277M	E-mail (5 jobs 3hrs, AIC 2hrs)		
D.O.A: 16/09/2020 13:30	1-Motor Claims Form		
OD: TP Reporting Only	1-Motor W/O (with/without OD 3hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / QW: () Tels: () Fax: ()

TP Particulars: Vch No: SUK 652T, 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 > \$9000] ()

Injury: _____

Date: _____

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damage Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Ideal DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	9) NI: Ideal Mobile	\$3
	*NI: Courtesy Car / Trip Allowance	\$10
	*NG: Repairs Co-ordination	\$23
	*NI: Post Repair Inspection	\$3
	*NI: DV / Collect Excess Co-ordination	\$3
	TE (NI) / TP (NG) INC) against NTUC	\$30
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

MPV 20080710

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	17/09/2020 11:07
Date Of Accident	16/09/2020 13:30
Exact Location Of Accident	JALAN BUKIT MERAH TOWARDS CTE BEFORE BLK 120
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP277M
Insured/Policyholder	
Name Of Registered Owner	HOKADA DISTRIBUTORS PTE LTD
Co Reg No	1XXXXX420Z
Email Address	HOKADA2011@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87573024
Alternative Phone No	OFFICE-62950766

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
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	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/VC00/105365
Cover Note Number	

Driver

Name of Driver	LIU GAOQIANG
Passport No/FIN	GXXXX621L
Date Of Birth	02/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	13/03/2015
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87573024
Fax Number	
Contact Number	OFFICE-62951766
Email Address	HOKADA2011@GMAIL.COM

Address: 8 LORONG 22 GEYLANG
 Postcode: 398668
 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

PLEASE REFER TO SKETCH PLAN.

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: SLK652T
 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):

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.:

Wu Gao Qiang

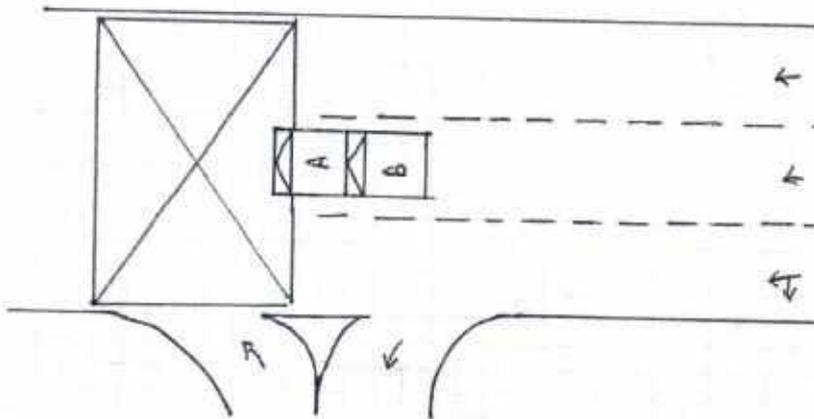
[Signature] 17/08/2020

[Signature]

SKETCH PLAN

Jln Bukit Merah TWYs CTE Before BIK 120

Vehicle A - YP277M
Vehicle B - SLK 652T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, I, vehicle A (YP277M) was travelling straight along at the stated location on lane 2. As there was jam in front of me, I stopped behind the yellow line. Second later, I felt a huge impact from my rear portion, vehicle B (SLK 652T) collided onto the rear portion of my vehicle causing damages.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

17/09/2020
[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Date of Accident : 16/09/2020 Accident Time: 1330hrs (24-HR-FORMAT)
 Accident Place : Jalan Bukit Merah TWDS CTE Before Blk 120
 Vehicle Reg. No (Car plate No.) : YP 277M Vehicle Make/Model: Mitsubishi Canter
 Insurance Company : Lompac Policy No. Z/19/VCOU/105365
 Name of Registered Owner : Company / Individual Hodaka Distributors PTE LTD
 ID of Registered Owner : Co Reg No: 199103420 Owner's NRIC No: -
 : Co Contact No: 62950766/62951766 Owner's Contact No: -
 DRIVER'S Name : Lu GaoQiang DRIVER'S NRIC No: 98123621L
 DRIVER'S DATE OF BIRTH : 02 Apr 1974 DRIVER'S License Pass Date: 13 Mar 2015

Relationship bet. Driver & Driver : Spouse / Parents / Children / Sibling / Employee / Others: -
 DRIVER'S Address : 8 Lorong 22 Geylang Singapore 398668
 DRIVER'S Contact No. / Alt No. : 1) 8757 3028 2) -
 DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an org)
 Email Address : hodaka2011@gmail.com
 Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
 Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance

Number of Passengers (including Driver): 01 Passenger Name: - Gender: M/F
 Was the accident reported to the police? YES / NO Passenger Name: - Gender: M/F
 Was there any video captured by cat camera: YES / NO Any injuries: YES / NO Injured Name: -
 Injured Name: -
 Exact purpose for which vehicle was being used at the time of accident: Private Use / Work Purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SLK 652 T</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
ID No. DRIVER: _____	ID No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
ID No. DRIVER: _____	ID No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

