

NATIONAL Assessment Centre Services

Date In: 28/10/20	Job description	Date & Time Completed	Done by
Ref No. NA/CPC20011751/13	SAS e-filing		
Veh No: 4P25224	E-mail (within 3hrs, ABC 2hrs)		
D.O.A: 27/10/20 1310	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: (	VISION AUTOWORK	Tel:		Fax:	
TP Particulars:	Veh No: 4P2507C	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%; F: 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 repaler.	
() 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:	
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Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Ref 1:	For claiming against INC Only (wef 10 Jan 2005)		
Ref 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	28/10/2020 16:41
Date Of Accident	27/10/2020 15:10
Exact Location Of Accident	CHIN SWEE RD TWDS COLLEGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2222H
Insured/Policyholder	
Name Of Registered Owner	KAI LIM BUILDERS MERCHANT PTE LTD
Co Reg No	1XXXXX822Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67423333

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR75UH5A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	Z20VC05004437
Cover Note Number	

Driver

Name of Driver	RAHMAN TOUFIK
Passport No/FIN	GXXXXX524M
Date Of Birth	06/08/1985
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83542846
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	369 CHANGI ROAD
Postcode	419969
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - AUTHORISE DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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

PLS REFER TO THE ATTACHED STATEMENT.

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	YP2570C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJU7178X
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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

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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.

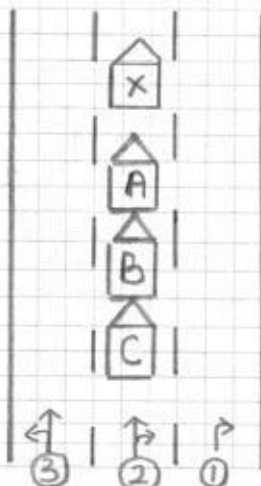


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A = YP 2222 H

B = YP 2570 C

C = SJU 7178 X

Chin Swee Road towards
College Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

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



Policyholder's Signature
Date & Time:

Rahman

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

shym 28/10/20

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

On 27.10.2020 at about 15:10 hours along Chin Swee Road towards College Road. I was stationary on lane 2 at the above mentioned location and the traffic light at Junction of Chin Swee Road and Outram Road was red.

Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A). It was a chain collision of total of 3 vehicles involved.

Vehicle (A): YP 2222H

Vehicle (B): YP 2570C

Vehicle (C): SJU 7178X



Lehman

SINGAPORE ACCIDENT STATEMENT

Accident Date:	27/10/20	Time:	15:10	(hh:mm) 24 hr format
Location	Chin Swee Road towards College Road			
Vehicle Number	YP2222H			
Insured Name	Kai Lim Builders Merchant Pte Ltd			
NRIC / FIN	199608822Z	Contact Number	6742 3333	
Make	Isuzu	Model	NPR750H5A	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company	Lonpac			
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	Z20VC05004437			
Name of Driver	Rahman Taufik		() Same as Insured	
NRIC / FIN	G 8140524 M	Contact Number	8354 2846	
Date of Birth	06/08/1985			
Driving Pass Date	13/09/2018			
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor				
Gender (<input checked="" type="checkbox"/>) Male () Female				
Email Address	- NO e-mail -		(<input checked="" type="checkbox"/>) NO EMAIL	
Address of Driver	369, Changi Road SC 419969			
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No Authorise Driver				
If No, Relationship of the Driver with the Insured				
() Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes () No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others				
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party		Name / Nric		Contact
Veh B	JP 2570 C			
Veh C	SM 7178 X			
Veh D				
Veh E				
Veh F				

Driver Only



CERTIFICATE OF INSURANCE

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. : Z20VC05004437

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number
ISUZU NPR75UH5A
- YP2222H
2. Name of Policy Holder
KAI LIM BUILDERS MERCHANT PTE LTD
3. Effective Date of the Commencement of Insurance
for the purpose of the Act
12/02/2020
4. Date of Expiry of the Insurance
11/02/2021
5. Person 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 WHILEST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess : S\$ 700.00 (SECTION 1)
S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS
S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON 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.

CHIEF EXECUTIVE
(Singapore Branch)

User ID: BIZFOLIO

Date Issued: 10/01/2020