VATIONAL Assessment Co	ntre Services. portion	1001. 10 Jacobs 4 00 C	1011	Dana has
Date In: 05 11 200 17:3	3 Jeb description	· Date &Timo C	completed ·	Done by
Ref No: X/BA/IPC200/2/53	V SAS c-Illing			
THE X STATE OF THE PARTY OF THE	E-malf (bjala shrs, AlC	2hrs)	2	
D.O.A. (VIII) XXXX 09	1-Motor Claim Form			
now refulson at	I-Motor W/O (Withles			
OD : TP ! Reporting Only	t-Photo Uploaded	1		7-7-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
	Assessment/Survey R	port		
TP Insurer:		Hand to Owner/With		
Wing / OW	The same of the sa	Toli	Paxt	1
Profurred Wkep / INC Assign Wkep / QW	VAL 2971K .	INC(,)/Non-INC	C().	-
Owner / Driver: (MIN OF THE	Tel:		<u> </u>
Policy No: ()	Period: () Cover Type:		
Confirmed by 1 (, Pat	er, Tlu		/
Insured/Driver Liability: (%) [Note-Est Status (WO):	N: 0-20%; P: 21-79	%. P: 80-100	<u>"</u>
Year of Registration: () Warranty: YES ()/)	10()		
Baccas: (\$) Londing	:\$1,000()/\$2,000())	क्तर जारा <u>स्टर</u> गार्थ	Section 20
		对于 2000年6月40年7月	的大学的大学	4 701 1 1 1
Conflict Religion of the Customer to Custome	to Information strictly Conliden	Ual & Suictly NO refor	of repolier.	
() Walk-In Customar (Costomo	Y WINDSON CONTINUE		.7	• • • • • • • • • • • • • • • • • • • •
A SAN A SAN AND AND ASSAULT AN	Insurer Orcorrient	The same of the sa	2	
() Total Loss Case : to e-mall	xreg/ \/ NO() I Towing Cot (' 1	TO THE PERSON NAMED IN COLUMN
Drive-In ()/Towed-In ();	Invoices VRS()/NO() : Towing Co: (CHRIST SERVICE	PLANTING
	Invoice: YES()/ NO() Towing Co: (P. Honoro
Drive-In ()/Towed-In ():	Invoice: VES() / NO() 1 Towing Cor (* Vedenadies
Drive-In ()/Towed-In (): (Confidence of the Confidence of the C)/Courtssy Ctr ()) ; Towing Co; (A company
Drive-In ()/Towed-In (): (Confined and Confined and Co) / Courtesy Crr ()) Towing Co: (Complete Const	a company · ·
Drive-In ()/Towed-In (): (Confined and Confined and Co) / Courtesy Crr ()) Towing Co: (a company .
Drive-In ()/Towed-In (): ()) / Courtesy Crr ()); Towing Co; (a month of
Drive-In ()/Towed-In (); () () () () () () () () () () / Courtesy Crr ()) Towing Co: (A CHARLES
Drive-In ()/Towed-In (); Confidence of Co) / Courtesy Crr ()) ; Towing Co; (a Michael Control
Drive-In ()/Towed-In (); () () () () () () () () () () / Courtesy Crr ()) 1 Towing Co: (A CHARLES
Drive-In ()/Towed-In (); () () () () () () () () () () / Courtesy Crr ()) ; Towing Co; (A CHARLES
Drive-In ()/Towed-In (); Continue ()/Towed-In (); () Apply for Transport Allowance () 2) QC Check / Post Repuir Inspection 3) Upload Resurvey Photo [Repuir Co) / Courtesy Crr ()) Towing Co: (Million poy
Drive-In ()/Towed-In (); () () () () () () () () () () / Courtesy Crr ()) ; Towing Co; (Action by Salary
Drive-In ()/Towed-In (); () () () () () () () () () ()/Courtsy Ctr() (·) ost>\$3000) ()			TATILITY
Drive-In ()/Towed-In (); () () () () () () () () () ()/Courtesy Ctr() (·) ost>\$3000) ()	It i Assident Reporting (3)		
Drive-In ()/Towed-In (); (Continue of the Continue of the C)/Courtsy Ctr() (·) ost>\$3000) ()	It Anddent Importing (D) A Denny Assessmed (S) Payoning Vee	60); ING (110 540)	133
Drive-In ()/Towed-In (); (III) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co		II. And dent lupording (3) A. Doming Assessmed (5) Y. Towlog V.: T. Follow-Through Survey	ON ING (110	130 130
Drive-In ()/Towed-In (); ((III) (III) (It is Assident Reporting (S) A Denty Assessment (S) It follows through Survey (S) It follows through Survey (S) It follows through Survey (S)	ON ING (10 Sept 210)	45 ·
Drive-In ()/Towed-In (); (I) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co		It! Aneident Reporting At Demogratisation (S) It Follow-Through Survey T: Follow-Through Survey T: Relapsedon R: Re-lapsedon	ON ING (110 Sep) (Wall D Jan 200)	130 130
Drive-In ()/Towed-In (); (Contract No:	Invoices VES () / NO ()	It is a particular to the survey or plalming alancian the Daly Survey or plalming alancians the Daly Ri Re-large of the Survey or plalming alancians the Daly Ri Re-large of the Survey	ON INC (10) (Wallo Jun 200)	43 ·
Drive-In ()/Towed-In (); (a) (a) (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Invoices VES () / NO ()	It I And I Share I Survey To Pollow-Through Survey TO CAddilloan Sorvicate De Courier Cof / Tpi Allou	ON INC (10) (Wallo Jun 200)	33 31 310
Drive-In ()/Towed-In (); (a) Apply for Transport Allowance (2) QC Cheek / Post Repair Inspection 3) Upload Resurvey Photo [Repair Contact No: Orthogon Contact No: Ournaged Portion:	Invoices VES () / NO ()	R. F. Anddent Reporting W. Yowing Assessment T. Follow-Through Survey T. Follow-Through Survey or plaiming at ainst thic Control R. I Re-Jappedion II. I day DA + SMRT Survey TOC Additional Services NS: Courtery Car/Tpt Allow NS: Caustery Car/Tpt Allow NS: United Survey NS: Courtery Car/Tpt Allow NS: United Survey NS: Courtery Car/Tpt Allow	ON ING (10) (xx(10)xx2(0))	31 310 310 310 310 310
Drive-In ()/Towed-In (); () Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co	Invoices VES () / NO ()	It I Academy The Survey To Pollow-Through Survey NSt Courley Cof/Tp1 Allow	A STATE OF THE STA	\$45
Drive-In ()/Towed-In (); (Simulation of Transport Allowance (2) QC Cheek / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury :		At Design Through Survey T Follow-Through Survey T T FOLLOW-Through Survey T T T T T T T T T T T T T T T T T T T	(Intervey) (Wallo Jan 200) and and and and and and and an	33 310 310 310 310 310 310 310 3
Drive-In ()/Towed-In (); (a) (a) (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		It I Academy The Survey To Pollow-Through Survey NSt Courley Cof/Tp1 Allow	A STATE OF THE STA	\$45

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

- 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	05/11/2020 17:33
Date Of Accident	04/11/2020 09:20
Exact Location Of Accident	CTE SLIP ROAD TOWARDS CLEMENCEAU/MERCHANT ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SJD9546T
nsured/Policyholder	
Name Of Registered Owner	LIM CHIN CHIN
NRIC No	SXXXX678H
Email Address	LIMJESSY18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90109418
Alternative Phone No	OTHERS-90109418
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5
Exact Purpose for which vehicle was being used time of accident	at PRIVATE USE
Are you claiming under your own insurance polic for repair to your vehicle?	cy NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z20VP05026448
Cover Note Number	
Driver	
Name of Driver	LIM CHIN CHIN
NRIC No	SXXXX678H
Date Of Birth	18/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	04/10/2004
Driving Experience	16 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90109418

OTHERS-GOTTOGATE

Address

BLK 490B CHOA CHU KANG AVENUE 5

#03-277

Postcode

682490

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

2

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

YES 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

GBK3971X

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LEE JIAN RONG

NRIC/Passport Number

SXXXX547H

Contact Number

90267895

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.
- Information provided must be as <u>truthful and accurate as 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)

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:
 - 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:
 - 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)

Reporting Centre Personnel's

Name:

SKETCH PLAN	> SLIP	ROAD	Toward	c در	Lement	em	MERCHAN.
B					• •	SJD 95	VIT
- James							
d 6					B) (JBK 387	114
1/0//	ラ						
DESCRIBE CIRCUMSTAL	NCES OF THE A	CCIDENT					
On 4	n loss	at 9:	10am ,	1 4	ias driv	in alon	ng CTE
, slip roa	d towa	irds .	Clemecica	u Roo	d 1	Marka	nt Roed
Suddenly	my f	nnt 1	orm i	am	brake	and	1
immedia tel	y bro	ike	but?	100	late	-	Kurched
against		back	of the	lor	ry · b	= There	1
Some m	ain di	win		M Cidam	to.		
There		- L	maged	on -	ne t	lorry	but
Imports Himself	1.11	1	, ,			0	

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

my car badly damaged.

11.40 am.

ACCIDENT STATEMENT

ACC	IDENT DATE: 04	111/202	(DD/MM/	YYY), TIME:(Q	9:20 (HH:MM)	_
	ATION: CTE		Table 1 and	WAKDS	CLEMENCEAN	MERCH
1.	DETAILS OF VE		50 954	1 1	. Ri	JAY .
	ajvehičte nu				Alex PHO	
	CIPOLICY NUM				ANCE RHD.	
		Cold State of the			PARTY FIRE &THEFT)	(2)
	e)MAKE & MOI					*
27					RCYCLE / OTHERS)	
	g) VEHICLE CAT					
	h)PURPOSE OF	USING AT ACC	IDENT TIME:	· YKIVIYI	1 08/2	
	I) ARE YOU CLA					
		STATE (THIRD P	ARTY CLAIM	/ REP.ORTING	ONLY)	8
2	A)NAME:	LIM CHIN	CHIN		(MALE FEMALE)	
	b)NRIC/FIN/PAS			-H CONTA	////	09418
	CJADDRESS:		the state of the last of the l	-	The state of the s	
* E *		#03-27	2	582 tg 0		
M., A	 CONTINUE TO 	3.d IF DRIVER	ALSO POLICY	HOLDER	•	
\$ No of passange	DRIVER	· A 9.	. ABTUK			
(Including driver)	d)NAME:	THE RESERVE OF THE PARTY OF THE	MISTOR	CONTA	(MALE / FEMALE)	
(1)	c)ADDRESS:	SFURI:		CONIA		
**	*d)DATE OF BIRT			D/MM/YYYY)		
	e)OCCUPATION	[일 : [[] [] [] [] [] [] [] [] []	UIDOOR	200c/s	M	22
N.	FIDATE OF DRIV	ING PASS	OF THE THE	IDEDIC COM	DANIVE OVEC THO	16
***	IF NO, RELATIO				PANY? (YES (NO)	96
5.	a) WEATHER CO				DE1227M	
	bJROAD SURFAC					
	WAS ANYBODY					**
7.	a)REPORTED TO			*	·	
В	IF YES, PLEASE S THIRD PARTY VEH		OLICESTATIC			
the of passonger	a) VEHICLE NU	CONTRACTOR OF THE PARTY OF THE	3971	X MODEL:	TOYOTA .	
(Including driver)	b) DRIVER'S NA	ME: LEE	JIAN RI	only		
()	c) NRIC/FIN/PA		413547	CONTA	CT: 9026 7895	5
	THIRD PARTY VEH			HODEL		
the of passanger	e) DRIVER'S NA			MODEL:		
(Including driver)	f) NRIC/FIN/PA			CONTA	CI	
()	ij indojinaji z				,	
(*		*11		**
	*			5//		
	#	(A)	Van N	1860	gmailww) †
5.	407	email =	limies	54100		
	(4	Monda	1	J .		0.5



LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Maleysie)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555. Tet: (85) 6250 7386 Fax: (65) 6256 3787 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1950 (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.: Z20VP05026448

Type of Cover: THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

MITSUBISHI LANCER 1.5

- SJD9546T

2. Name of Policy Holder

LIM CHIN CHIN

 Effective Date of the Commencement of Insurance for the purpose of the Act 10/04/2020

4. Date of Expiry of the Insurance

09/04/2021

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/HER 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 ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS, THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Parry 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: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Confirmation and Property

CHIEF EXECUTIVE (Singapore Branch)

User ID: EMOTORPAM Date Issued: 02/04/2020