

NATIONAL Assessment Centre Services. 1st Jan 2001

SA/0230C70001

Date In:	Job description	Date & Time Completed	Done by
07/12/20 10:48	SAS e-filing		
Ref No: NBA/PC20013432/Y	E-mail (Adjust 3hrs, A/C 3hrs)		
Veh No: 66E 9692M	I-Motor Claim Form		
D.O.A: 05/12/20 16:30	I-Motor W/O (with: OD 3hrs, TP 4hrs)		
OT (TP) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whizz		

Preferred Wkep / INC Assign Wkep / QW: ()
 TP Principal/s: () Veh No: 574366 INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: ()
 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 reporter.
 () 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: _____

Item	Amount
1) ARI Accident Reporting (\$30)	INC (\$18)
3) DA Damage Assessment (\$100)	\$405.45
5) TP Towing Fee	\$110
4) PT Follow-Through Survey	\$30
3) PT Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ver 10 Jan 2001)	\$75
6) TRIT Inspection	\$160
7) NI 1 Day DA + EMRT Survey	
1) NTUC Additional Services	
OR:	
*NI: Courtesy Car / Tpt Allowance	\$3
*NI: Repairs Coordination	\$10
*NI: Post Repair Inspection	\$3
*NI: DV / Collect Excess Coordination	\$3
*NI: NI / TP (N/A INC) against 640	\$3
*NI: Idea Mobile	\$3

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 Submission	07/12/2020 10:28 (SGT)
Date of Accident	05/12/2020 16:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BEFORE CLEMENTI ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9692M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CAPABLE BUILDER PTE LTD
Company Reg No	2XXXX354W
Email Address	capablebuilder@gmail.com
Mobile Phone No	(Phone) +65-91090660
Alternative Phone No	+65-91090660

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr85aue4a
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	Z/20/VC00/106799

DRIVER

Name of Driver	AW CHUAN JOO
NRIC No	SXXXX802B

Date Of Driving Pass	25/03/2002
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91090660
Alt. Phone Number	-
Email Address	capablebuilder@gmail.com
Address	BLK 261 #08-236
Address complement	BISHAN STREET 22
Postcode	570261
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TANG MIEW KIT
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SLJ436G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF2185G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AW CHUAN JOO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	GBF9692M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TANG MIEW KIT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	GBF9692M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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.
3. Information provided must be as truthful and accurate as possible. Any willful 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.

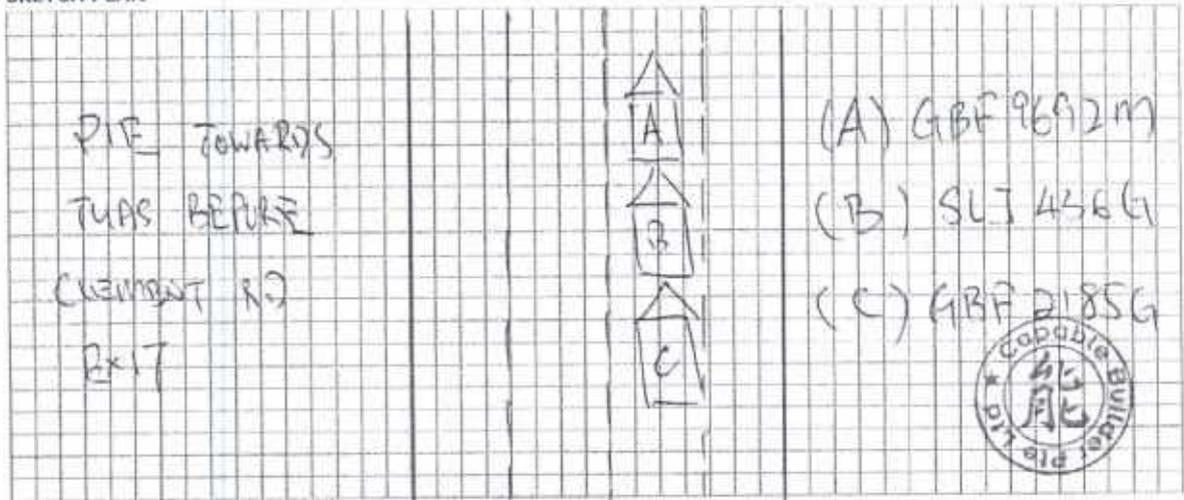


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Resh*
NRIC/FIN No.: *123456789*

SKETCH PLAN



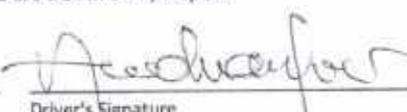
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards TMS at 100 km/h of 4 lanes. It was drizzling and traffic was moderate. The vehicle in front of me slowed down and stopped. Noticing that I also slowed down and came to a halt. After a few seconds, I felt an great impact from the rear. I alighted and realised it was a chain collision involving 3 vehicles. I was the first vehicle from the front.

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.:

SINGAPORE ACCIDENT STATEMENT

TYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY () REPORTING ONLY ()

DATE OF ACCIDENT : 5/12/20 TIME : 1630 Hrs
LOCATION : PIE Trnds Tuas BA Clementi rd EXIT

VEHICLE NUMBER : GBP 9692M MAKE / MODEL : ISUZU NHR 87AU EAAA
OWNER INSURED : CAPABLE BUILDER PTE LTD
NRIC NO. : 201203545W CONTACT NUMBER: 9109 0660
INSURANCE COMP: LAMPAC POLICY NUMBER: 2/20/V/00/106799
TYPE OF INSURANCE: COMPREHENSIVE () TPFT () 3RD PARTY ONLY ()

DRIVER PARTICULAR

DRIVER NAME : AW Chuan Joo DRIVER SAME AS OWNER: ()
NRIC NO.: S1139802B
ADDRESS: 261 Bishan SF 22 #08-236 POSTAL: 570261
CONTACT: 9109 0660 EMAIL: capablebuilder@gmail-com GENDER: M
DOB: 07-07-1955 DATE OF PASS: 25.03.2012

(PLEASE TICK AND FILL THE RELEVANT CHOICES)

WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY () YES () NO
IF NO, RELATION OF DRIVER WITH INSURED:
() OWNER () SPOUSE () FRIEND () RELATIVE () CHILDREN () SIBLING () OTHERS employee
WEATHER CONDITION: () CLEAR () RAINING () DRIZZLING
ROAD SURFACE: () DRY () WET () SLIPPERY

WAS ANYBODY INJURED: () YES () NO INJURIES SUSTAINED : Both injured (check Back Part)
WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION: _____
() YES () NO POLICE REPORT NUMBER: _____
ANY VIDEO CAPTURED: () YES () NO CONVEY BY AMBULANCE () YES () NO
NUMBER OF PASSENGER INCLUDE DRIVER: 2

PARTICULAR OF PASSENGER : Tang Min KF S1230527C () MALE () FEMALE

() MALE () FEMALE

() MALE () FEMALE

() MALE () FEMALE

(THIRD PARTY PARTICULAR)

VEHICLE B S1J 4366 NAME /NRIC: _____ CONTACT: _____
VEHICLE C GBP 21856 NAME /NRIC: _____ CONTACT: _____
VEHICLE D _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE E _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE F _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE G _____ NAME /NRIC: _____ CONTACT: _____

WITNESS (IF ANY)

NAME: _____ HP NO. : _____ NRIC: _____

* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT*



LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)
Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 198555.
Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg
GST Reg No.: F0-0005635-C

MZ300

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. : Z/20/vc00/106799 Type of Cover : COMPREHENSIVE

- | | |
|--|---|
| 1. Index Mark and Vehicle Registration Number | ISUZU NHR85AUE4AA (METAL BODY)
- GBF 9692M |
| 2. Name of Policy Holder | CAPABLE BUILDER PTE LTD |
| 3. Effective date of the Commencement of Insurance for the purpose of the Act. | 24/04/2020 |
| 4. Date of Expiry of the Insurance | 23/04/2021 |

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/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\$ 600.00 (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 SUBSEQUENT CLAIMS)

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS OR DISTRIBUTOR OWNED MOTOR WORKSHOP

* 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 : ETHOZ CAPITAL LTD

CHIEF EXECUTIVE
(Singapore Branch)

User ID : esllyeo / nfwong
Date issued : 30-03-2020

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 545W

Vehicle Details

Vehicle No.: GBF9692M
Vehicle to be Exported: No
Intended Deregistration Date: 31 Dec 2020
Vehicle Make: ISUZU
Vehicle Model: NHR85AUE4AA
Primary Colour: White
Manufacturing Year: 2016
Engine No.: 4JJ12X3785
Chassis No.: JAANHR85EH7100048
Maximum Power Output: -
Open Market Value: \$24,989.00
Original Registration Date: 24 Apr 2017
First Registration Date: 24 Apr 2017
Transfer Count: 0
Actual ARF Paid: \$1,250.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 23 Apr 2027
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
PQP Paid: \$23,115.00
COE Rebate Amount: \$14,594.00
Total Rebate Amount: \$14,594.00

The information contained herein is correct as at 07 Dec 2020

OK