

NATIONAL Assessment Centre Services

Date In: 15/12/20	Job description	Date & Time Completed	Done by
Ref No. NA/LPC20013889/13	SAS e-filing		
Veh No: QBJ9134L	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 14/12/20 1245	I-Motor Claim Form		
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBC3412.K	INC () / Non-INC ()
Owner / Driver: (Tel:	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Title:
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 repairer.
() 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: _____

Date/Time	Actions

Client's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF: 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		
	For claiming against INC Only (wef 10 Jan 2005)		
	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 \$0		
	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	15/12/2020 17:59 (SGT)
Date of Accident	14/12/2020 12:45 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	ALONG CTE TWDS PIE(CHANGI)NEAR TO BRADDELL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9134L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ATOM MARKETING CONSULTANCY LLP
Company Reg No	TXXXXX082B
Email Address	eric.ng@atom.sg
Mobile Phone No	(Phone) +65-98333329
Alternative Phone No	+65-98333329

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/20/VC05/006164-001
Cover Note Number	-

DRIVER

Name of Driver	NG ENG HUAT(HUANG YONGFA)
NRIC No	SXXXX414A
Date Of Birth	10/01/1979
Occupation	Indoor

Date Of Driving Pass	06/06/2001
Driving experience	19 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98333329
Alt. Phone Number	-
Email Address	eric.ng@atom.sg
Address	BLK 440A FERNVALE LINK
Address complement	#13-177
Postcode	791440
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	SON
Gender	Male

PASSENGER 3

Name	SON
Gender	Male

PASSENGER 4

Name	SON
Gender	Male

PASSENGER 5

Name	MOTHER
Gender	Female

PASSENGER 6

Name	HELPER
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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC3412K
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	NG ENG HUAT(HUANG YONGFA)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBJ9134L
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 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.:

Describe Circumstances of the Accident

I was traveling from CTE towards PIE, to my office at Kallang Pudding to deliver a sofa back to office. I was travelling all along slowly and within limits on the left hand side of the road. While nearing Braddell exit, another van GBC3412K cut into my lane, at the divider line between Braddell exit and PIE.

For uncalled reason, traffic was smooth and clear, no one cut into his lane at all, he jammed a hard long brake. I tried to jam my brakes as well but it was insufficient and I banged into him.

Within seconds, a 'witness' appeared to help. I strongly believe they are in this together as I see them 'signalling' at each other while I was talking to the driver. The witness then told me that his brother in law owns a workshop which is nearby and insisted to me to go visit immediately. They will also indemnify me of all claims against me if any. He then wanted to climb up my van and follow him to his workshop. I rejected. Asked him where his wife was (he told me his wife dropped him on expressway) and drove off. But during accident, I saw a blonde haired guy with him. I rejected all offers from them to take up repairs or claims via their workshop but less than an hr later, the manager sent me a whatsapp msg, to indemnify me on all claims against the van driver.

I hope an investigation can be raised against errant drivers and workshops like these, to promote safer traffic on the roads

BRADDELL
EXIT

CTE TOWDS
PIE

Declaration


We declare the foregoing particulars are true in every respect.


11/12/20

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

 15/12/20

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Annex E

NOTICE OF COMPLIANCE

This is to confirm that Ng Eng Huat,
NRIC/~~FIN~~ S7901414A, has reported to the Police a non-injury traffic accident
which occurred at along CTE towards PIE (Changi) near to Braddell exit
on 14/12/2020 at 12.45 am/pm involving the following vehicles:
GBJ9134L (Complainant's vehicle),
GBC3412K (The other party's vehicle).

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSSgt Lee Shao Wei

Date: 15/12/2020

Time: 0003hrs

S/D Ref: 5

Police Post/Unit: Sengkang NPC


Sengkang NPC
2 Sengkang Square
#01-02 S(545025)
Tel: 1800-3438999

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002



Island Orthopaedic Consultants Pte Ltd

Company Registration No : 199501972Z GST Registration No : M2-89208844

Island Orthopaedic Consultants: #02-16, Gleneagles Medical Centre, 6 Napier Road, Singapore 258499, Tel: 6474 5488 Fax: 6476 1897

Island Orthopaedic Consultants: #05-08, Mount Elizabeth Medical Centre, 3 Mount Elizabeth, Singapore 228510, Tel: 6737 5683 Fax: 6732 7290

Island Orthopaedic Consultants: #01-01/02 Mount Alvernia Medical Centre A, 820 Thomson Road, Singapore 574623, Tel: 6356 0588 Fax: 6354 6315

Date :

15/12/2020

Ref No. 1000048795

This is to certify that NG ENG HUAT (HUANG YONGFA) (NRIC S7901414A) is UNFIT FOR DUTY.
The duration of incapacity is estimated to be 3 day(s) from 15/12/2020 to 17/12/2020.

DR GOWREESON THEVENDRAN

Doctor

ISLAND ORTHOPAEDIC CONSULTANTS PTE LTD

Mt. Alvernia Medical Centre A

820 Thomson Road, #01-01/02

Singapore 574623

Tel: 63560588 Fax No: 63546315

Island Orthopaedic Consultants Pte Ltd

DR GOWREESON THEVENDRAN

This medical certificate is not valid for absence in court

MCR M17763F

MBCMB (Bristol), MRCS (Edin), MFSEM (UK), FRCS(Ed (Trauma & Ortho))

Consultant Orthopaedic Surgeon

Foot and Ankle Surgery, Arthroscopic Sports Surgery,

Trauma and Fracture Surgery

ACCIDENT STATEMENT

ACCIDENT DATE: 14/12/20 (DD/MM/YYYY), TIME: 12:45 (HH:MM)

LOCATION: ALONG CTE TWAS PIE (CHANGI) NEAR TO BRADLEY EXI

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ9134L
b) INSURANCE COMPANY: LCWPA
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN NV200 (1)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY): _____

2. INSURED / POLICY HOLDER

- A) NAME: ATOM MARKETING CONSULTANCY LLP (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98333329
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG ENG HUAT (HUANG YONGFA) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 57901414A CONTACT: 98333329
c) ADDRESS: BLK 440A FERNVALE LINK
#12-177 (791440)

* d) DATE OF BIRTH: 10/01/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 06/06/2001

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER OF THE COMPANY

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) DRIVER

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBL3412K MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

video = yes - with driver

* No of passenger
(including driver)
(1)

WIFE -
3rd M
Helper
mum

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

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/VC05/006164-001

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN NV200 VANETTE 1.6 AUTO
- GBJ 9134L

2. Name of Policy Holder

ATOM MARKETING CONSULTANCY LLP

3. Effective date of the Commencement of Insurance
for the purpose of the Act.

07/10/2020

4. Date of Expiry of the Insurance

06/10/2021

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\$ 500.00 (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

* 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 : eslanyeo / nfwong
Date Issued : 23-09-2020