

SM0920 CL000A

Date In: 21/12/20 14:42	Job description	Date & Time Completed	Done by
Ref No: NA/2PC200/14197/64	SAS e-iling		
Veh No: GZ 61286	E-mail (within 3hrs, A/C 2hrs)		
IP/A: 20/12/20 11:00	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		
Printed Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SMR 836 G.	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 ()		
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/Non-INC/Other)			
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury: ()			
Driver/Owner: ()			
Contact No: ()			
Damaged Portion: ()			
Checked by (Engr-In-Charge): ()			
Inspector's Comments: ()			
Signature: ()			
Date: ()			
Invoice Particulars:			
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$30)			
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) PT: Follow-Through Survey (Resurvey) \$30			
For claim only against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection \$75			
7) N1: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:			
OD:			
*N5: Courtesy Car / Tpt Allowance \$3			
*N6: Repair Co-ordination \$10			
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Excess Coordination \$3			
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 21/12/2020 14:42 (SGT)
 Date of Accident 20/12/2020 11:00 (SGT)
 Exact Location of Accident 959 Jurong West Street 92, Singapore 640959
 Additional Location Information CARPARK
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GZ6128G

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner WANG WANG SEAFOOD DISTRIBUTOR
 Company Reg No -
 Email Address GUANKEATLPG@GMAIL.COM
 Mobile Phone No (Phone) +65-67670808
 Alternative Phone No (Office) +65-67670808

VEHICLE PARTICULARS

Manufacturer Toyota
 Model Dyna
 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? No - Reporting only
 Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Lonpac
 Type of Coverage ThirdPartyFireTheft
 Fleet Policy No
 Policy Number Z20VC05004599
 Cover Note Number -

DRIVER

Name of Driver DU SHAOQING
 Work Permit No GXXXX243R
 Date Of Birth 10/05/1986

Date Of Driving Pass	05/10/2020
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86799694
Alt. Phone Number	-
Email Address	GUANKEATLPG@GMAIL.COM
Address	636 WOODLANDS RING RD RD #11-03
Address complement	-
Postcode	730636
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	Collision - Major/Minor Rd
Weather Conditions	AFTER RAINED
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER TO 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	SMR836G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHIN WEI SIANG
NRIC No	SXXXX030B
Contact Number	-
Address	-
Address complement	-

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

IMPORTANT NOTICE

- (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.



DASHAOLING

[Signature]

Witnessed by Reporting Centre
Personnel

A: GZ 6128G

B = SMR 836 G.

959 Jurong West St 92 Carpark

Before I Reversing out from the lot, I check the ~~driv~~ drive way traffic was clear, while ~~starting~~ Slowly Reversing out from the lot, Suddenly I felt an impact from behind. After the incident, I realized my veh right rear collided with veh B.

We declare the foregoing particulars are true in every respect.



DUSTADQING



Witnessed by Reporting Centre
Personnel

REPUBLIC OF SINGAPORE DRIVING LICENCE

G8794243R

DU SHAOQING

Birth Date: 10 May 1986
Issue Date: 18 Oct 2019
Valid Till 17/10/2024

002989079J



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
GUAN KEAT PTE. LTD.



Name
DU SHAOQING

Work Permit No.
0 78176636

Sector
SERVICE



K2259105

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Ambulances / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg 05 Oct 2020

G8794243R

S / No.9000355179

NP 428A



VISIT PASS
Immigration Regulations

29-07-2020

Name
DU SHAOQING

FIN
G8794243R

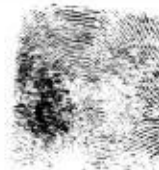
Date of Birth
10-05-1986

Sex
M

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status





(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

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. : Z20VC05004599

Type of Cover : THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

TOYOTA DYNA 150D
- GZ6128G

2. Name of Policy Holder

WANG WANG SEAFOOD DISTRIBUTOR

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

08/03/2020

4. Date of Expiry of the Insurance

07/03/2021

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 WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

* 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: XLCHEN

Date Issued: 04/02/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (20/12/20) (DD/MM/YYYY), TIME: (11:00) (HH:MM)

LOCATION: 8 959 Jurong West St 92 carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GZ 6128 G
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Dyna 3.0
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work.
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: Wang Wang second Distributor (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 67670808
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Du Shaoqing (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 86799694
c) ADDRESS: 636 Woodland Ring Rd #11-02 (S) 730636

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMR 8367 MODEL: _____
b) DRIVER'S NAME: Chen Wei Siang
c) NRIC/FIN/PASSPORT: 5881 2030 B CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = guan keat LPG @ gmail.com

fax =

VIDEO = No.