

# NATIONAL Assessment Centre Services

[wef: Jan 2005]

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In: 25/01/21        | Job description                            | Date & Time Completed | Done by |
| Ref No: NA/LPC2100171/13 | SAS e-filing                               |                       |         |
| Veh No: 6B68458A         | E-mail (within 8hrs, A/C 2hrs)             |                       |         |
| D.O.A: 22/01/21 1300     | 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: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: SMC2308E   | 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 repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

| Remarks:  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |

| Claimant's Particulars:         | Invoice Preparation Checklist                   | Am't (\$)   | Am't (\$) |
|---------------------------------|---|-------------|-----------|
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |             |           |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$30)    |             |           |
| 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    |             |           |
| Dat. 1:                         | For claiming against INC Only (wef 10 Jan 2005) |             |           |
| Dat. 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 Submission              | 25/01/2021 17:13 (SGT) |
| Date of Accident                | 22/01/2021 13:00 (SGT) |
| Exact Location of Accident      | Maple Ave, Singapore   |
| Additional Location Information | TWDS BUKIT TIMAH RD    |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBG8458A |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                           |
|--------------------------|---------------------------|
| Is company?              | Yes                       |
| Name Of Registered Owner | CU WATER SERVICES PTE LTD |
| Company Reg No           | 2XXXXX946E                |
| Email Address            | angwah824@gmail.com       |
| Mobile Phone No          | (Phone) +65-68967465      |
| Alternative Phone No     | (Office) +65-68967465     |

#### VEHICLE PARTICULARS

|  |                                 |
|--|---------------------------------|
| Manufacturer   | Suzuki                          |
| Model  | EVERY JOIN TURBO 660 AT 5DR LGV |
| 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          | ThirdParty    |
| Fleet Policy              | No            |
| Policy Number             | Z20VC05006453 |
| Cover Note Number         | -             |

#### DRIVER

|                |                        |
|----------------|------------------------|
| Name of Driver | ANG AH WAH @TAN AH WAH |
| NRIC No        | SXXXX824C              |
| Date Of Birth  | 31/01/1953             |
| Occupation     | Outdoor                |

|  |                      |
|--|----------------------|
| Date Of Driving Pass   | 08/01/1971           |
| Driving experience   | 50 YEARS             |
| Gender   | Male                 |
| Mobile Number  | (Phone) +65-96866181 |
| Alt. Phone Number  | -                    |
| Email Address  | angwah824@gmail.com  |
| Address  | BLK 311 CANBERRA RD  |
| Address complement   | #10-151              |
| Postcode   | 750311               |
| 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   | Side Swipe |
| 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?  | 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

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 | SMC2308E             |
| Vehicle Manufacturer        | -                    |
| Vehicle Model               | -                    |
| Vehicle Variant             | -                    |
| Vehicle Colour              | -                    |
| Vehicle Category            | Private car          |
| Name of Driver              | MISS KOH             |
| Contact Number              | (Phone) +65-92986788 |
| Address                     | -                    |
| Address complement          | -                    |
| Postcode                    | -                    |
| Insurance Company Name      | -                    |

|   |   |
|---|---|
| Nature Of Damage .....                        | - |
| Details of property damaged in accident ..... | - |
| 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**.
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 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.

#### 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.

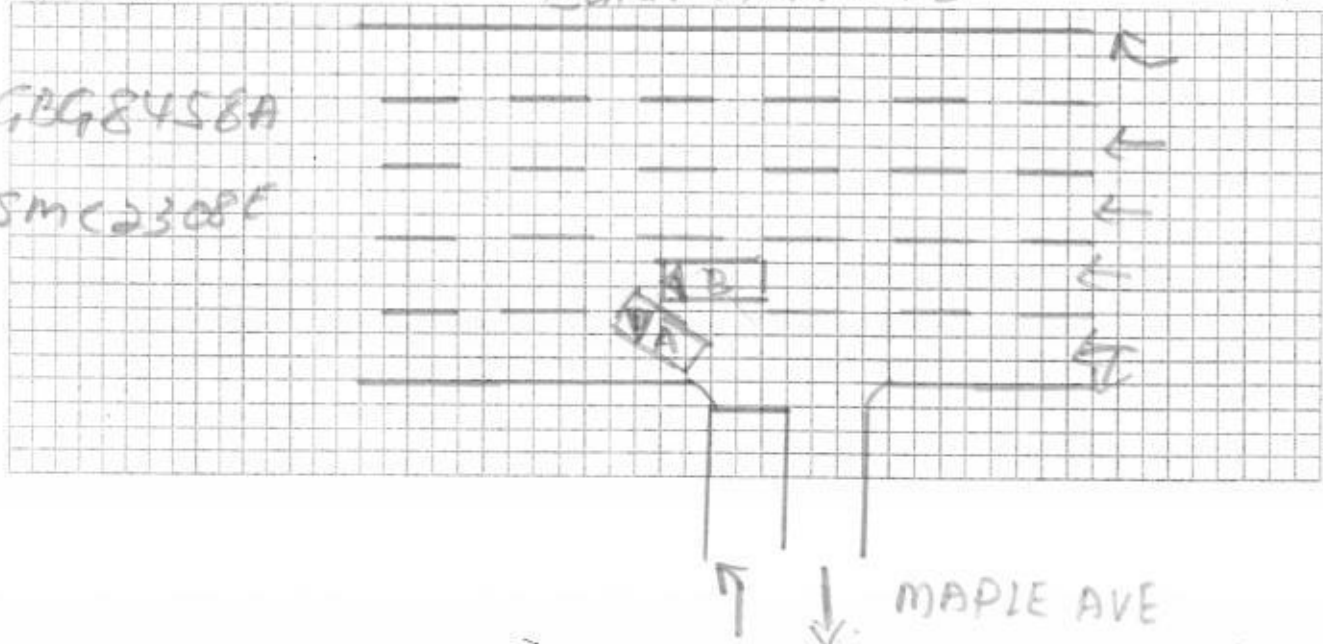


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



**Describe Circumstances of the Accident**

I was travelling from Maple Ave turning left into Bukit Timah Rd. After I making a left turn on the left lane, when there was veh far away on the 4th lane I filtered my veh to my right lane. Suddenly veh B came in a fast speed and collided onto my frt right side portion of my veh.

**Declaration**

We declare the foregoing particulars are true in every respect.



*[Signature]* 25/1/21

*[Signature]* 25/01/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (22/01/21) (DD/MM/YYYY), TIME: (13:00) (HH:MM)

LOCATION: BURKIT TIMAH RD ← MAPLE AVE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GB68458A  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: ZJ0VC05006453  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
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: CU WATER SERVICES PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 68967465  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: ANG AH WAH @ TAN AH WAH (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 50179824C CONTACT: 96866181  
c) ADDRESS: BLK 311 CANBERRA RD  
#10-151 (750311)

\* d) DATE OF BIRTH: (31/01/1953) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 08/01/1971

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)  
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: SMC2308E MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: MISS KOH  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 94986788

## 9. THIRD PARTY VEHICLE

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

Email =

fax =

video =

SJN1834L

**LONPAC INSURANCE BHD** (599FC9635C)

(Incorporated in Malaysia)

Singapore Office: 305, Beach Road #17-04/07, The Concourse, Singapore 189558

Tel: (65) 6220 7368 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: P9-0005535-C

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**CERTIFICATE OF INSURANCE**

220VC05006453

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.: 220VC05006453

Type of Cover: THIRD PARTY

1. Index Mark and Vehicle Registration Number

SUZUKI EVERY JOHN TURBO 860 AT SDR LGV  
- G8G468A

2. Name of Policy Holder

CU WATER SERVICES PTE LTD

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

24/11/2020

4. Date of Expiry of the Insurance

23/11/2021

5. Person 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 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 WHILE 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: HSLIM  
Date Issued: 16/11/2020

Certificate of Insurance - Page 1 of 1

**LONPAC INSURANCE BHD** (599FC9635C)

(Incorporated in Malaysia)

Singapore Office: 305, Beach Road #17-04/07, The Concourse, Singapore 189558

Tel: (65) 6220 7368 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: P9-0005535-C

**TAX INVOICE**

Name : CU WATER SERVICES PTE LTD  
Address : 21  
TOH GUAN ROAD EAST TOH GUAN CENTRE  
#05-03  
SINGAPORE 606609  
Account No : Z70479(D)

Date

