

# NATIONAL Assessment Centre Services.

1st Jan 2021

842250005

Date In: 05/01/2021 16:29	Job description	Date & Time Completed	Done by
Ref No: 116/116 200/260/4	SAS e-Milling		
Veh No: 6BH 91617	E-mail (by date time, A/C time)		
D.O.A: 04/02/2021 21:32	I-Motor Claims Form		
OT: TP Reporting Only	I-Motor W/O (with: OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pbx / Hand to Owner/Vikar		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Vch No: SMP 67000	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 ( )	

( ) Wall-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.

( ) 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: ( )

( )

( )

( )

( )

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NIUC: Additional Services	
	9) NI: Idea Mobile	\$3
	10) NI: Idea Mobile	\$3
	11) NI: Idea Mobile	\$3
	12) NI: Idea Mobile	\$3
	13) NI: Idea Mobile	\$3
	14) NI: Idea Mobile	\$3
	15) NI: Idea Mobile	\$3
	16) NI: Idea Mobile	\$3
	17) NI: Idea Mobile	\$3
	18) NI: Idea Mobile	\$3
	19) NI: Idea Mobile	\$3
	20) NI: Idea Mobile	\$3

NA2101058

Invoice dated

Invoice dated

Fee Charged

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	05/02/2021 16:09 (SGT)
Date of Accident	04/02/2021 21:32 (SGT)
Exact Location of Accident	Depot Rd, Singapore
Additional Location Information	TOWARDS HENDERSON ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9161T
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LPH CATERING
Company Reg No	5XXXX165B
Email Address	ADMIN@LPH.COM.SG
Mobile Phone No	(Phone) +65-91189163
Alternative Phone No	(Office) +65-64747866

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Claiming third party
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070154023
Cover Note Number	-

#### DRIVER

Name of Driver	CHUA KAI LOON
Passport No/FIN	GXXXX968U

Date Of Driving Pass	13/02/2018
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-97527590
Alt. Phone Number	-
Email Address	shoan.lee@lph.com.sg
Address	BLK 37 JALAN RUMAH TINGG
Address complement	#02-421
Postcode	100537
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

#### PLEASE REFER TO SKETCH PLAN

#### 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	SMP6780D
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHU LAI KAM
NRIC No	SXXXX734C
Contact Number	-
Address	-
Address complement	-



## 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.

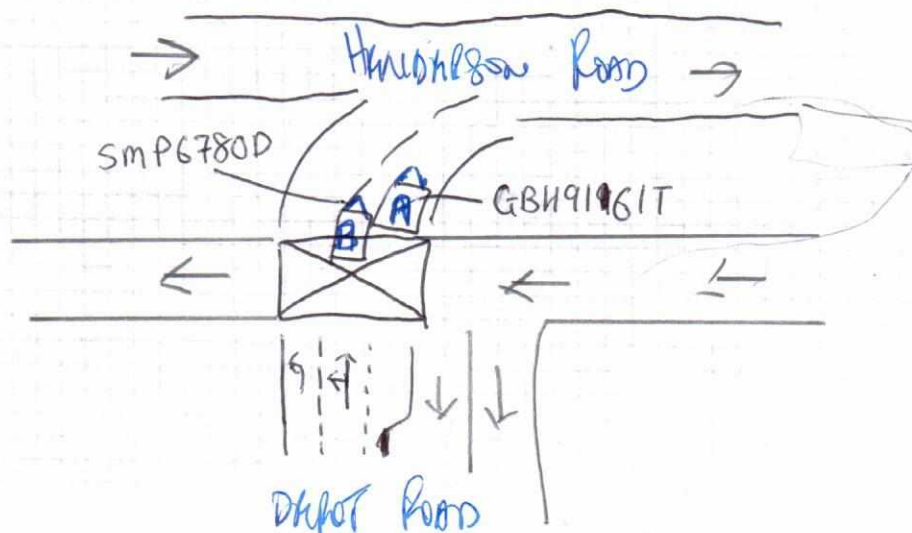


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

ON 04/02/2021 AT ABOUT 21:32 HRS I WAS AT DEPOT ROAD WANTED  
TO TURN RIGHT INTO HENDERSON ROAD. SLOW DOWN AT THE TRAFFIC  
LIGHT, & MOVE ON WHEN THE LIGHT CHANGED TO GREEN. A CAR ON THE  
2ND LANE. MOVE & SWITCH TO MY LANE & BRUSH AGAINST MY LEFT  
REAR MY VAN GBH 91617. SHE CLAIMS THAT IT WAS MY FAULT VIDEO  
ATTACHED.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

ch 5/2/2021 14:40

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

Witnessed by Reporting Centre  
Personnel

## ACCIDENT STATEMENT

ACCIDENT DATE: (04/02/2021) (DD/MM/YYYY), TIME: (21:32) (HH:MM)

LOCATION: depot turn right to henderson Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH9161T  
b) INSURANCE COMPANY: ntuc  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: toyota  
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: LPH Catering (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G28779684 CONTACT: 97527590  
c) ADDRESS: 4008

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

#### DRIVER

- a) NAME: Chua Kai Loon (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G28779684 CONTACT: 97527590  
c) ADDRESS: blk 37 JIN blk 4008 depot lane, #01-88 Singapore 109762

\* d) DATE OF BIRTH: (23/09/1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/2/2018

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: SMP6780D MODEL: Toyota Corolla  
b) DRIVER'S NAME: Chua Lai kam  
c) NRIC/FIN/PASSPORT: S2612734C CONTACT:

### 9. THIRD PARTY VEHICLE

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

email: shoon.lee@lph.com.sg  
VIDEO



Blk 4008 Depot Lane, #01-88

Singapore 109762

Tel: 64747866 Fax: 64757507

Email: shoan.lee@lph.com.sg

Mobile: 91189163

UEN No.: 52860165B



5<sup>th</sup> February 2021

**TO WHOM IT MAY CONCERN**

RE : VEHICLE INSURANCE CLAIM

I, Lee Shao Xiong, Shoan NRIC N/O: S8717371B is aware of the collision incident on 04/02/21. I hereby authorize my staff, Mr Chua Kai Loon FIN N/O: G2877968U to act / arrange on behalf of me during my absence with regards to the above.

Kindly render him the necessary assistance and your kind cooperation is highly appreciated. Thank you.

Yours Faithfully



Lee Shao Xiong, Shoan  
LPH Catering  
General Manager  
Contact No.: 91189163



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : LPH CATERING  
Period of Insurance : 28 Oct 2020 To 27 Oct 2021  
Engine No. : 1KD2830718  
Chassis No. : JTFHT02P000246168

Vehicle No. : GBH9161T  
Policy No. : 2070154023  
Endorsement No. :  
Issued Date : 28 Oct 2020

### ABOUT THE COVER

Make/Model : TOYOTA HIACE 1.1 ton [Van]  
Engine Capacity/Tonnage : 1.1 Tonnage Sum Insured : Market Value First Year of Registration : 2018  
Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

#### Person or Classes of Persons Entitled to Drive\* :

- a) Any person who is driving on the Policyholder's order or with their permission.  
b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

#### Limitation as to use\* :

- 1) Use in connection with the Policyholder's business.  
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.  
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle.c) use for any purpose in connection with Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: ABWIN PTE LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504625000  
SYMPLE & ASSOCIATES PTE LTD

BLK 1003 BUKIT MERAH CENTRAL #05-02A  
SINGAPORE 159836

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

Symple & Associates Pte Ltd