

NATIONAL Assessment Centre Services. SM 09212 F000P

Date In: 15/12/21 17:12	Job description	Date & Time Completed	Done by
Ref No: MA1 LPC21002131/h4	SAS e-filing		
Veh No: GX 6100X	E-mail (within 2hrs, AIC 2hrs)		
DDA: 15/12/21 12:05	1-Motor Claim Form		
Ch: TP Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: #	Fax: #
TP Particulars:	Veh No: SCA 3802..	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 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 ()	Done by	Date
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Damage: _____

<p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Invoice Breakdown (Excludes GST):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100);</td> <td>INC (\$80)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$43</td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2">For claiming against INC Only (w/c 10 Jan 2023)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td> QD:</td> <td></td> </tr> <tr> <td> *NS: Courtesy Car / Tpt Allowance</td> <td>\$3</td> </tr> <tr> <td> *NG: Repair Co-ordination</td> <td>\$10</td> </tr> <tr> <td> *NT: Post-Repair Inspection</td> <td>\$23</td> </tr> <tr> <td> *NB: DV / Collect Excess Coordination</td> <td>\$3</td> </tr> <tr> <td> TE (Nil): TP (Non INC) against INC</td> <td>\$20</td> </tr> <tr> <td>9) N12: Idao Mobile</td> <td>\$0</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> </table>	1) AR: Accident Reporting (\$30);		2) DA: Damage Assessment (\$100);	INC (\$80)	3) TP: Towing Fee	\$40/\$43	4) PT: Follow-Through Survey	\$120	5) FT: Follow-Through Survey (Resurvey)	\$30	For claiming against INC Only (w/c 10 Jan 2023)		6) TR: Re-inspection	\$75	7) NI: Idao DA + SMRT Survey	\$160	8) NTUC Additional Services:		QD:		*NS: Courtesy Car / Tpt Allowance	\$3	*NG: Repair Co-ordination	\$10	*NT: Post-Repair Inspection	\$23	*NB: DV / Collect Excess Coordination	\$3	TE (Nil): TP (Non INC) against INC	\$20	9) N12: Idao Mobile	\$0	Invoice dated	Fee Charged	Invoice dated	Fee Charged
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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 15/02/2021 17:12 (SGT)
Date of Accident 15/02/2021 12:05 (SGT)
Exact Location of Accident Geylang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GX6100X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JAMES HYDRAULIC SUPPLY & SERVICES PTE LTD
Company Reg No -
Email Address zoomautowerks@gmail.com
Mobile Phone No (Phone) +65-96668954
Alternative Phone No +65-96668954

VEHICLE PARTICULARS

Manufacturer Toyota
Model Liteace
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 Lonpac
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number Z20VC05005730
Cover Note Number -

DRIVER

Name of Driver ANG CHEE HUAT
NRIC No SXXXX454D
Date Of Birth 15/06/1963
Occupation Outdoor

Date Of Driving Pass	27/11/2014
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96668954
Alt. Phone Number	-
Email Address	zoomautowerks@gmail.com
Address	BLK 114 RIVERVALE WALK #17-61
Address complement	-
Postcode	540114
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 - Major/Minor Rd
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

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	SCA380L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

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.**
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7. By the lodging 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:

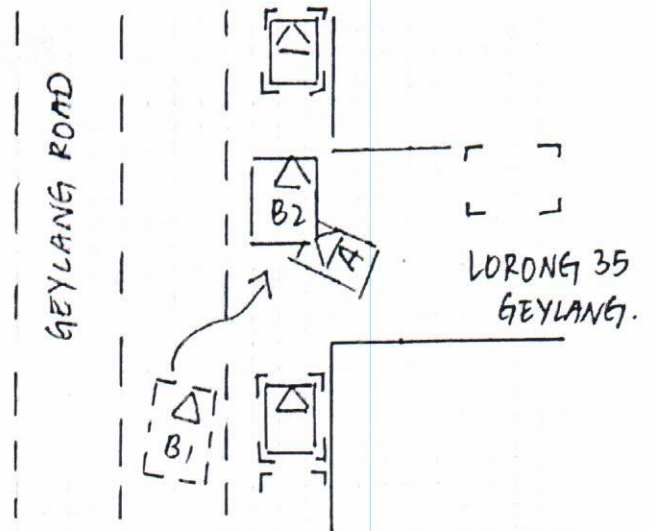
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Vehicle A: GX6100X

Vehicle B: SCA 380L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', GX6100X, was turning from Lorong 35 Geylang onto Geylang Road. Traffic was clear and my vehicle had already passed the stopline on Lorong 35. Suddenly, vehicle 'B', SCA 380L, cut in from the 2nd lane along Geylang Road and made an abrupt brake. Our vehicles collided, damaging my vehicle's front portion. I wish to state that there were cars parked along and before Lor 35 Geylang, thus vehicle 'B' abruptly cut in as he intended to go to Sean Kee Duck Rice.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder
Date & Time:



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

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

**LONPAC INSURANCE BHD** (S96FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 189555

Tel: (65) 6250 7388 Fax: (65) 6296 3787 Web site: www.lonpac.com.sg

GST Reg No.: P0-0005635-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. : Z20VCD5005730

Type of Cover : THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

TOYOTA LITEACE SDR
- GX6100X

2. Name of Policy Holder

JAMES HYDRAULIC SUPPLY & SERVICES PTE LTD

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

23/07/2020

4. Date of Expiry of the Insurance

22/07/2021

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: ROYCHIA

Date Issued: 14/07/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 02 / 2021 (DD/MM/YYYY) TIME: 12 : 05 (HH:MM)

LOCATION: Heylang Road x Lorong 35 Heylang

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EX 6100 X
 b) INSURANCE COMPANY: ION PAC
 c) POLICY NUMBER: 720V(02005730
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA MIRAGE
 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: James Hydraulic Supply & Services Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: A CONTACT: 9666 8954
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ang Chee Huat (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1583454D CONTACT: 9666 8954
 c) ADDRESS: 114 Rivervale Walk #17-61 S(540114)

* d) DATE OF BIRTH: 15 / 06 / 1963 (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: owner

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: SCA 380L MODEL: _____

b) DRIVER'S NAME: _____ CONTACT: _____

c) NRIC/FIN/PASSPORT: _____

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____ CONTACT: _____

f) NRIC/FIN/PASSPORT: _____

No of passenger
 (including driver)
(01)

No of passenger
 (including driver)
(02)

male driver
 female driver

No of passenger
 (including driver)
()

Email =

fax =