

NATIONAL Assessment Centre Services. [10/11/2008]

NATIONAL Assessment Centre Services		Date of Job	Job Description	Date & Time Completed	Done by
Date In:	06/09/2021 10:44		SAS e-illing		
Ref No:	NBA/PC21009319/4		E-mail (E-jobs sheet, AIG sheet)		
Val No:	GBR 68631		1-Motor Claim Form		
UOA:	03/09/2021 15:00		1-Motor W/O (W/inter OD sheet, TP sheet)		
			1-Photo Uploaded		
			Assessment Survey Report		
			Assessment Report by Rmx / Hand to Owner / W/inter		

TP Insurer:

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	06/09/2021 10:44 (SGT)
Date of Accident	03/09/2021 15:50 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	EXIT PIE (CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6863L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	K & T AIR-CON ENGINEERING ENTERPRISE
Company Reg No	5XXXX924M
Email Address	asrakk839@gmail.com
Mobile Phone No	(Phone) +65-96884562
Alternative Phone No	+65-96408122

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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
Transmission	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/21/VC00/110133
Cover Note Number	-

DRIVER

Name of Driver	KU YONG KOI @ KHOO THUAN KIAT
NRIC No	SXXXX428Z

Date Of Birth	08/01/1944
Occupation	Outdoor
Date Of Driving Pass	13/07/1982
Driving experience	39 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96408122
Alt. Phone Number	-
Email Address	asrakk839@gmail.com
Address	BLK 165 TAMPINES STREET 12 #08-315
Address complement	-
Postcode	521165
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KOK WAI LOON
Gender	Male

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4989X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF7637L
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	KU YONG KOI @ KHOO THUAN KIAT
Gender	Male
Phone No	(Phone) +65-96408122
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBE6863L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KOK WAI LOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBE6863L
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.
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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.
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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.



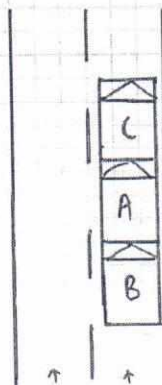
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(TE Exit PIE (chang))



Vehicle A: G8E6863L
Vehicle B: SHA4989X
Vehicle C: G1BF7637L

Describe Circumstances of the Accident


On the stated date & time, I, vehicle A (GIBE6B3L) was travelling straight at the stated location on the extreme right lane. As the front vehicle slowed down and came to a stop, I followed suit. Out of sudden, I felt a huge impact from the rear portion of my vehicle, vehicle B (SHA4989X) collided onto the rear portion of my vehicle causing me to surge forward and collided onto vehicle (G8F7637L)


Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time


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

 06/09/2021
Witnessed by Reporting Centre Personnel

Date of Accident : 03/09/2021 Accident Time: 1556hrs (24-HR-FORMAT)
Accident Place : (TE Exit PIE (Changi))
Vehicle Reg. No (Car plate No.) : G1BE6863L Vehicle Make/Model: NISSAN NV350
Insurance Company : Lompac Policy No. Z/21/VL00/110133
Name of Registered Owner : Company / Individual KKT Air - Con Engineering Enterprise
ID of Registered Owner : Co Reg No: 52800924M Owner's NRIC No: -
Co Contact No: - Owner's Contact No: 96884562

DRIVER'S Name : Ku Yong Koi @ Koo Thuan Kiat DRIVER'S NRIC No: S2660428Z
DRIVER'S Date of Birth : 08 Jan 1944 DRIVER'S License Pass Date 13 Jul 1982
Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others:
DRIVER'S Address : APT B1K 165 Tampines Street 12 #08 - 315 Singapore 521165
DRIVER'S Contact No./ Alt No. : 1) 96408122 2) -
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an office)
Email Address : astrakk839@gmail.com
Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance

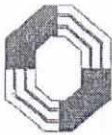
Number of Passengers (including Driver): 02 Passenger Name: Kok Wai Loon Gender: M/F
Was the accident reported to the police? YES / NO Passenger Name: - Gender: M/F
Was there any video Captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: Ku Yong Koi @ Koo Thuan Kiat
Injured Name: Kok Wai Loon
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SHA4989X</u>	Vehicle Reg No: <u>G1BF7637L</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>-</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>

**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*Insured's Copy*

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/21/VC00/110133

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number
NISSAN NV350
- GBE 6863L
 2. Name of Policy Holder
K & T AIR-CON ENGINEERING
ENTERPRISE
 3. Effective date of the Commencement of Insurance
for the purpose of the Act.
09/03/2021
 4. Date of Expiry of the Insurance
08/03/2022
 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\$ 600.00 (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.

H.P. Owner : HITACHI CAPITAL
ASIA PACIFIC PTE
LTDCHIEF EXECUTIVE
(Singapore Branch)User ID : eslinyeo / p1tan
Date Issued : 24-02-2021

19/VC00/Nov v-5.10.0 Z704B6(D) - B12