

NATIONAL Assessment Centre Services

Date In: 08/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/IPC21009469/13	SAS e-filing		
Veh No: SJF29T	E-mail (within 3hrs / MC 2hrs)		
DOA: 07/09/21 1350	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: FORKLIFT	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:- (INC hotline: 6788 6616)	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

	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
Contact No:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against JNC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	9) N12: Idac Mobile 30		
Auditors' Comments :-	OT*		
	*N5: Courtesy Car / Tpt 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		
Cat 1:			
Cat 2 / 3:			
	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	08/09/2021 15:04 (SGT)
Date of Accident	07/09/2021 13:50 (SGT)
Exact Location of Accident	8 Kaki Bukit Rd 2, Singapore 417841
Additional Location Information	RUBY WAREHOUSE COMPLEX
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF29T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JANG SEOW LENG
NRIC No	SXXXX249J
Email Address	lengsvc@singnet.com.sg
Mobile Phone No	(Phone) +65-96349063
Alternative Phone No	+65-96349063

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E300
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20VP05027596
Cover Note Number	-

DRIVER

Name of Driver	JANG SEOW LENG
NRIC No	SXXXX249J



Date Of Birth	29/10/1962
Occupation	Indoor
Date Of Driving Pass	07/08/1981
Driving experience	40 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96349063
Alt. Phone Number	+65-96349063
Email Address	lengsvc@singnet.com.sg
Address	BLK 114 HOUGANG AVE 1
Address complement	#07-1280
Postcode	530114
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit by fallen tree / Other objects
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 vehicle 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	FORKLIFT
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Mobile equipment
Name of Driver	HO ZHI YONG, BRYAN(MASANDAO PTE LTD)
NRIC No	SXXXX151E
Contact Number	-
Address	8 KAKI BUKIT RD 2

Address complement	@01-22 RUBY WAREHOUSE COMPLEX
Postcode	417841
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

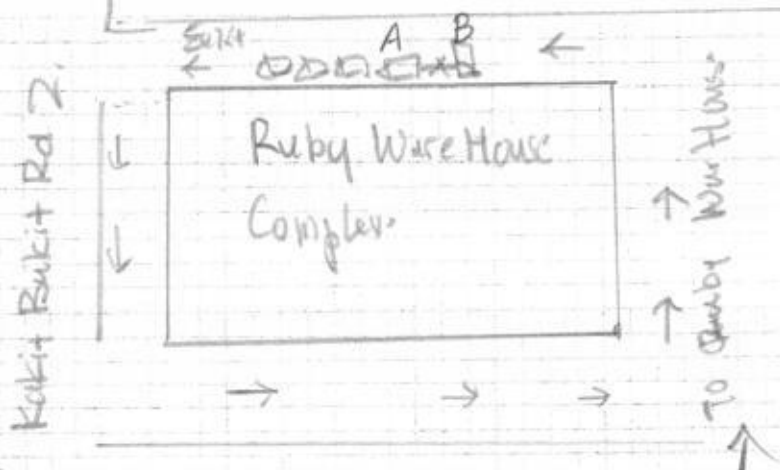
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policy holder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SJF29T

B - FORKLIFT

Describe Circumstances of the Accident


Today 07/09/21 1:50pm I was waiting the queue
to go out from Rady House Complex one Forklift was
Carry ~~to~~ Full Carton From Behind my car SFJ29T
Neder Stop Hit my car Back. Then The Forklift
Driver Ho Zhi Yong (IC 9515151E) From
Masando Pte Ltd Staff

Declaration

We declare the foregoing particulars are true in every respect.

 07/09/21
Policyholder's Signature / Date &
Time

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

 08/09/21
Witnessed by Reporting Centre
Personnel

On 07/09/2021 afternoon 1:50pm I was driving my car SJF29T queueing to exit from Ruby Warehouse Complex, suddenly a forklift hit my car from behind the forklift was lifting full of carton box, blocking the forklift driver's view in front, there were 4 vehicle waiting queueing to exit from Ruby Warehouse Complex, I was last in the queue.

The forklift driver's details below was given to me by Mr Ronald Goh the person in charge to handle this incident

Name: Ho Zhi Yong, Bryan

NRIC: S9515151E

Company Name: Masandao Pte Ltd – No 8 Kaki Bukit Road 2 #01-22 Ruby Warehouse Complex Singapore 417841

Owner of SJF29T,

Jang Seow Leng

NRIC: S1540249J

Contact No. 96349063



08/09/21

ACCIDENT STATEMENT

ACCIDENT DATE: (07/09/21) (DD/MM/YYYY), TIME: (13:50) (HH:MM)

LOCATION: Ruby Warehouse Complex (Kaki Bukit Rd 2)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF29T
 b) INSURANCE COMPANY: DENPA
 c) POLICY NUMBER: Z20VPC3037596
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: MAZDA L300 (A) 2000
 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: JANGL SEOW LENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1540249J CONTACT: _____
 c) ADDRESS: BLK 114 HOUGANG AVE 1
#07-1280 (S30114)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: (29/10/1962) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 07/08/1981

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: FORKLIFT MODEL: _____
 b) DRIVER'S NAME: MO ZHI YUWU, BRYAN
 c) NRIC/FIN/PASSPORT: S9515151E CONTACT: _____

9. THIRD PARTY VEHICLE

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

MASANDAO (company)

Ronald Goh 98191689

8 Kaki Bukit Rd 2

#01-22

Ruby Warehouse Complex

417841

lengsvc@singnet.com.sg

Email =

Fax =

VIDEO =

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

**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

MX1

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.: Z20VP05027596

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MERCEDES-BENZ E300 2.0
- SJF29T

2. Name of Policy Holder

JANG SEOW LENG

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

04/10/2020

4. Date of Expiry of the Insurance

03/10/2021

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/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 ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE
OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION
WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

Excess : S\$ 500.00(SECTION 1) INSURED / NAMED DRIVERS
S\$ 3,500.00(SECTION 1) UNNAMED DRIVERS
S\$ 3,000.00(SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS
S\$ 100.00WINDSCREEN EXCESS

LONPAC'S AUTHORISED WORKSHOPS
AN ADDITIONAL EXCESS OF \$500 FOR 2ND & SUBSEQUENT CLAIM DURING THE POLICY PERIOD (FOR COMPREHENSIVE COVER ONLY).

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: MAYBANK

CHIEF EXECUTIVE
(Singapore Branch)

User ID: LHLOW
Date Issued: 14/09/2020