

NATIONAL ASSOCIATION OF CERTIFIED SCRAPERS

Date In: 08/11/2021
 Ref No: N/A/C12100/29014
 Val No: 2100P
 O.A: 08/11/2021 1515

188008

Reporting Only

Job description	Date & Time Completed	Done by
SAS e-illing		
E-mail (by date time, A/G 3/11)		
Motor claim form		
Motor W/O (within 60 days, TP 4/11)		
Photos Uploaded		
Assessment Survey Report		
Accident Report by Box/Hand to Owner/Driver		

Preferred Wksp / HO Affili / Wksp / OWI ()
 TP Incident Type ()
 Owner / Driver ()
 Policy No () Period () Cover Type ()
 Confirmed by () Date ()

Insured/Driver Liability () % (None-25% (WO) N1 0-20% P1 25-75% P1 80-100%)
 Year of Registration ()
 License (\$) Load limit \$1,000 () / \$2,000 ()

() Within 30 days of accident
 () Total loss case - to e-mail insurer URGENTLY
 Driver-in () / Towed-in () / Towed-out () / Towing cost ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Recovery Photo (Repair cost > \$9,000) ()

Injury ()

NAD104352

Driver/Owner	1) Add on Work Done (500)	
Contract No	2) 25% Deductible (5100)	5100
Contracted Portion	3) 25% Follow up	1100
QC Checked by (Engineer-Chief)	4) 25% Follow up with survey	1100
	5) 25% Follow up with survey (Recovery)	1100
	6) 25% Follow up with survey (TP 4/11)	1100
	7) 25% Follow up with survey (TP 4/11)	1100
	8) 25% Follow up with survey (TP 4/11)	1100
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	49) 25% Follow up with survey (TP 4/11)	1100
	50) 25% Follow up with survey (TP 4/11)	1100

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 08/11/2021 19:12 (SGT)
Date of Accident 05/11/2021 13:15 (SGT)
Exact Location of Accident 213 Petir Rd, Block 213, Singapore 670213
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ2700P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HSIEN SHIH LOGISTICS PTE. LTD.
Company Reg No 2XXXXX751G
Email Address victor.koh@hsienshihlogistics.com
Mobile Phone No (Phone) +65-97342243
Alternative Phone No (Office) +65-67447709

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU720R
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 Manual
CC 4009

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VC05008171
Cover Note Number -

DRIVER

Name of Driver CHAN CHENG LEONG
NRIC No SXXXX684H

Date Of Birth	17/05/1976
Occupation	Outdoor
Date Of Driving Pass	28/03/2013
Driving experience	8 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97342243
Alt. Phone Number	-
Email Address	victor.koh@hsienshihlogistics.com
Address	BLK 28 HOY FATT ROAD #07-34
Address complement	-
Postcode	151028
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	Hit and run / Vandalism / Damaged whilst parked
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

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	SJG9889M
Vehicle Manufacturer	Jaguar
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) -

SKETCH PLAN

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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.



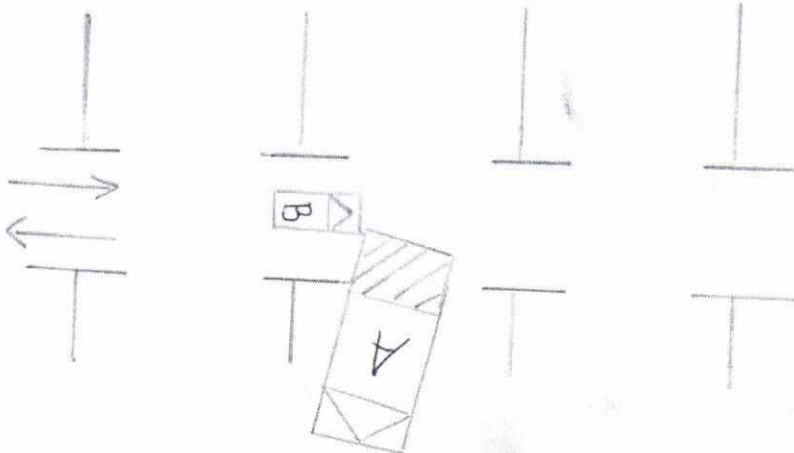
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BIK 213 PAVIL ROAD CORPARK



A - YK 2700 P
B - SJG 9889 M

Describe Circumstances of the Accident

On the stated date and time, I was stationary along the stated location, unloading goods off my vehicle A. I saw vehicle B approaching my vehicle A and stopped before the right side of my vehicle. I quickly tried to close my power tailgate to allow vehicle B to cross more safely. As I was doing so, vehicle B suddenly moved and collided into the rear of my vehicle with its vehicle front portion.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature in black ink, appearing to be 'J. J. J.' or similar.

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

A handwritten signature in blue ink, appearing to be 'J. J. J.' or similar.

Witnessed by Reporting Centre Personnel

(N)

Date of Accident : 05/11/2021 Accident Time: 1315 (24-HR-Format)

Accident Place : Blk 213 petir road carpark

Vehicle No. (Car Plate No.) : YQ2700P Make/Model: Hino XZU720R

Insurance Company : Lonpac Policy No: Z21VC05008171

Owner or Company Name / IC No. : Hsien shih logistics pte ltd / 201436751G

Owner or Company Contact No. : 67447709 Owner's Hp _____ Company Tel _____

DRIVER'S Name/IC No. : Chan Cheng Long / 57620684H

DRIVER'S Date of Birth : 17/05/1976 DRIVER'S License Pass Date: 26/03/2014

Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: _____

DRIVER'S Address : Blk 28 Hoy Fatt rd #07-3F S(151028)

DRIVER'S Contact No./ Alt No. : 1) 97342243 2) _____

DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : VICTOR.KOH@HSIENSHIHLOGISTICS.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): 1

Was there any video Captured by car camera: YES / NO

Exact purpose for which vehicle was being used at the time of accident: Private Use / Work Purpose

Any injury (If YES, Pleas state): _____

Other Party Driver's Particular (if any)

Vehicle No	: <u>S569889M</u>	Vehicle No	: _____
Vehicle Make/Model	: <u>Jaguar</u>	Vehicle Make/Model	: _____
Name Driver	: _____	Name Driver	: _____
IC No. Driver/Contact:	: _____	IC No. Driver/Contact:	: _____

Passenger's name & gender:





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

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.: Z21VC05008171

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HINO XZU720R 16FT WID CAB 8.5T MT
- YQ2700P

2. Name of Policy Holder

HSIEN SHIH LOGISTICS PTE. LTD.

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

31/08/2021

4. Date of Expiry of the Insurance

30/08/2022

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.

Excess

: S\$ 1,200.00 (SECTION 1)

S\$ 2,500.00 (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 : UNITED OVERSEAS BANK LIMITED

CHIEF EXECUTIVE
(Singapore Branch)

User ID: PI2436

Date Issued: 16/08/2021