NATIONAL Assessment C	entre Services 🙄	-18-4				
Date In: 24/11/2021 16:31	Job description	11 Sane & 156	ic Completed	Done b	Y	
REINO NA /LPC21011953/-3	SAS e-filing	40				
Veh No GBF 6629S	E-mail (w.bm. 8)	as AP. 2krs				
DOA 23/11/2021 19:00	i-Motor Claim	Form				
	i-Motor W/O	Within: OD 2hrs. TP 4hrs)				
OD TP (Reporting Only)		i-Photo Uploaded				
1100	Assessment/Sur	vey Report				
TP Insurer	Ass't Report by	Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QV		Tel:	Fax:		)	
TP Particulars: Veh No:		INC ( )/Non-l	NC()		10000011100011	
Owner / Driver: (		Tel:		)		
Policy No: ( )	Period (	) Cover Typ	e: (	)		
Confirmed by : (		Date: T	line:	)		
	%) [Note-Est. Status (W	O): N: 0-20%; P: 21-	79%. F: 80-100%	6]		
Year of Registration: (	) Warranty: YES (	)/NO( )			ar Micheller (1992)	
Excess: (\$ ) Loading	: \$1,000 ( ) / \$2,000 (	)				
General Remarks:-	Maria de la Fermania					
Drive-In ( )/ Towed-In ( ); I	nvoice: YES ( ) / N				)	
Remarks:- (INC horline: 6788 60	516)	Date&Tirr	e Completed	Done	by	
1) Apply for Transport Allowance (	) / Courtesy Car (					
2) QC Check / Post Repair Inspection	( )					
3) Upload Resurvey Photo [Repair Co	st > \$3000] ( )					
Injury :						
Date/Time Actions	TALES INC.	NO STANDARD STA				
Date/Time Actions		8-77-3-32-48-1-222				
		7				
	2000					
		Invoice Preparation C	hecklist	Ant (S)	Amt (\$) Add Bill	
		1) AR: Accident Reporting (\$30);				
Particulars:-         2) DA: Damage Assessment (\$100);         INC (\$80)           3) TF: Towing Fee         \$40/\$45		s				
iver/Owner: 4) FT : Follow-Through Survey \$120		-				
Contact No:	act No: For claiming against INC Only (wef 10 Jan 2005)					
Damaged Portion:		6) TR : Re-inspection 7) N1 : Idae DA + SMRT Surve	\$7. S16			
		8) NTUC Additional Services.				
QC Checked by (Engr-In-Charge):		* N5: Courtesy Car / Tpt Allo	wante \$			
		*N6: Repair Co-ordination *N7: Fost Repair Inspection	\$1 \$2	The second secon		
Auditors' Comments :-		*N8: DV / Collect Excess Co	pordination \$	5		
Cat. 1:		TP (N11) : TP (Non INC) ag 9) N12: Idae Mobile	ainst INC S2	0]		
at 2/3:		Invoice dated	Fee Charged	BIES COS	的证金	
		Lessiew dated	Fee Charges	BOOK INCH		

# SINGAPORE ACCIDENT STATEMENT

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 witholding 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

24/11/2021 16:31 (SGT) 23/11/2021 19:00 (SGT) Singapore

JUNCTION OF JALAN AWANG AND JALAN EUNOS

Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

**GBF6629S** 

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No

Yes HWA FU CONSTRUCTION PTE LTD 1XXXXXX519Z hwafu86@gmail.com (Phone) +65-63449798

VEHICLE PARTICULARS

Manufacturer Model Variant

Nissan Nv200

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

Employment

+65-63449798

No - Reporting only Commercial vehicle

Manual 1500

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

Lonpac Insurance Bhd Comprehensive No

z/21/vc00/109671

DRIVER

Name of Driver NRIC No

TOH JOO HENG (ZHUO YUXING) SXXXX488J



02/09/1976 Date Of Birth Outdoor Occupation 25/03/1998 Date Of Driving Pass

23 YEARS AND 8 MONTHS Driving experience

Male Gender

(Phone) +65-98232746 Mobile Number

Alt. Phone Number hwafu86@gmail.com Email Address

APT BLK 347A YISHUN AVENUE 11 Address #07-503

Address complement 761347 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Employee

No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Side Swipe Type of Accident Clear Weather Conditions Dry Road Surface

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 1

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Yes Are accident photos available for attachment? No Was there any video captured by Car Camera? No Was there any audio recorded?

# DETAILS OF OTHER VEHICLE PROPERTY 1

SMT2112M Vehicle Registration Number BMW Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car Vehicle Category

CHEAH KIM HONG 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

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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)

Lunderstand, 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.

Policyholder's Signature / Date & Time Sketch Plan	Driver's Signatur & Time	e (If driver is not the policyholder)	y) / Date Witnessed by Reporting Centre Personnel
	+		
A = GBF 66295			Junction of Jalan awarg and jalan &
B = SmT 2112m			
			Bus conve
		4/1.	

Describe Circumstances of the Accident
I was travelling from jalan awang turning right into jalan Eunas on the right lane.  While making a right turn my vehicle hit onto the front right side position of vehicle B that was making a right turn too.
while making a right turn my vehicle hit onto the front right side portion of
solvicle B that was making a right from too.
VALIDE DI 190 TO THE

## Declaration

IWWe declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Jeh 24/11/21

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

R 24/11/2021

Witnessed by Reporting Centre Personnel

ACCIDENT	STA	TEM	EN
----------	-----	-----	----

•	ACCIDENT STAT	TEMENT (Fpm)
ACC	IDENT DATE: 23 / 11 / 2021 (DD/MM/Y	The state of the s
- LOCA	ATION: Junction of Jolan awarg ar	nd Jalan euros
1	a) VEHICLE NUMBER: GBF 66295 b) INSURANCE COMPANY: LONPAC	to see
*	C)POLICY NUMBER: Z/21/VC00/1096 d)POLICY TYPE: (COMPREHENSIVE / THIRD	
	e)MAKE & MODEL: NISSAN NV 200 f)TYPE:(SALOON / COUPE / MPV (VAN / LO	1500CC (M)
	g) VEHICLE CATEGORY: (PRIVATE / COMME h) PURPOSE OF USING AT ACCIDENT TIME:	RCIAL / MOTORCYCLE)
	I) ARE YOU CLAIMING UNDER YOUR OWN II IF NO, PLEASE STATE (THIRD PARTY CLAIM	NSURANCE (YES(NO)
2.	ANAME: HWA FU CONSTRUCTION P	TE LTO (MALE / FEMALE)
	b)NRIC/FIN/PASSPORT: 198601519Z c)ADDRESS: #	CONTACT: 63449798
M1	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
(Including driver)	DRIVER  ANAME: TOH JOO HENG (ZHUO)	YUXING) (MALE FEMALE)
(1)	b)NRIC/FIN/PASSPORT: S7626 488J c)ADDRESS: APT BLK 347A YISHUN S 761347	
	*d)DATE OF BIRTH: ( 02 / 09 / 1976 )(D e)OCCUPATION: (INDOOR (OUTDOOR)	7
4.	f)YEARS OF DRIVING EXPRERIENCE: 25/3 WAS DRIVER AN EMPLOYEE OF THE INSI	JRED'S COMPANY? (YES / NO)
5	IF NO, RELATIONSHIP OF THE DRIVER W	
	b)ROAD SURFACE (DRY / WET / OTHERS_	
6.	WAS ANYBODY INJURED (YES KNO)	11
	a) REPORTED TO POLICE (YES/NO)	
	IF YES, PLEASE STATE WHICH POLICE STATIC	DN:
. 8.	THIRD PARTY VEHICLE	
the of passenger	a) VEHICLE NUMBER: SMT 2112 M	MODEL: BMW
(Induding driver)	b) DRIVER'S NAME: Cheah Kim Hong	
( )	c) NRIC/FIN/PASSPORT:	CONTACT:
9.	THIRD PARTY VEHICLE	
6 Na of account	d) VEHICLE NUMBER:	MODEL:
a tra of harrander	OL DOIVEDIC MANE.	
(Including driver)	f) NRIC/FIN/PASSPORT:	CONTACT:

email = hwafu 86@gmail com fax = VIDEO =

# 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

## 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/vc00/109671

Type of Cover

: COMPREHENSIVE

Index Mark and Vehicle Registration Number

NISSAN NV200 1.5 MT ABS AIRBAG 2WD

6DR E5 W/RC GBF 6629S

2. Name of Policy Holder

HWA FU CONSTRUCTION PTE LTD

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

25/01/2021

4. Date of Expiry of the Insurance

24/01/2022

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\$500.00 (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.

CHIEF EXECUTIVE (Singapore Branch)

User ID

: eslinyeo / nfwong

Date Issued

: 04-01-2021