

NATIONAL Assessment Centre Services

Date In: 06/12/2021 18:18	Job description	Date & Time Completed	Done by
Ref No: NA/LPC21012347/m4	SAS e-filing		
Veh No: YP 6917 K	E-mail (within 3hrs. AP: 2hrs)		
D.O.A: 04/12/2021 15:40	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within: OD: 2hrs. TP: 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SMC 5475K** 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: 80-110%]

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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (N-a INC) against INC \$20		
	9) N12: Idac Mobile \$10		
	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	06/12/2021 18:18 (SGT)
Date of Accident	04/12/2021 15:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANGI RD BEFORE JLN TURI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6917K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GX TRADING PTE LTD
Company Reg No	2XXXXX637D
Email Address	mike@gxtrading.com.sg
Mobile Phone No	(Phone) +65-88628951
Alternative Phone No	+65-88628951

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R-HKFMS3
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	Z21VC05008083
Cover Note Number	-

DRIVER

Name of Driver	XU JINGGANG
Passport No/FIN	GXXXX853M

Date Of Birth	17/01/1982
Occupation	Outdoor
Date Of Driving Pass	26/04/2018
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84813808
Alt. Phone Number	-
Email Address	mike@gxtrading.com.sg
Address	1 MAUDE RD
Address complement	#02-40
Postcode	200001
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	COLLEAGUE
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

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	SMC5475K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	JAKARIA BIN DAWOOD MARICAN
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

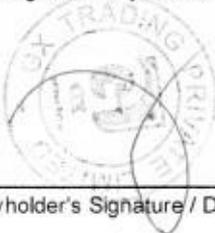
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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. 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

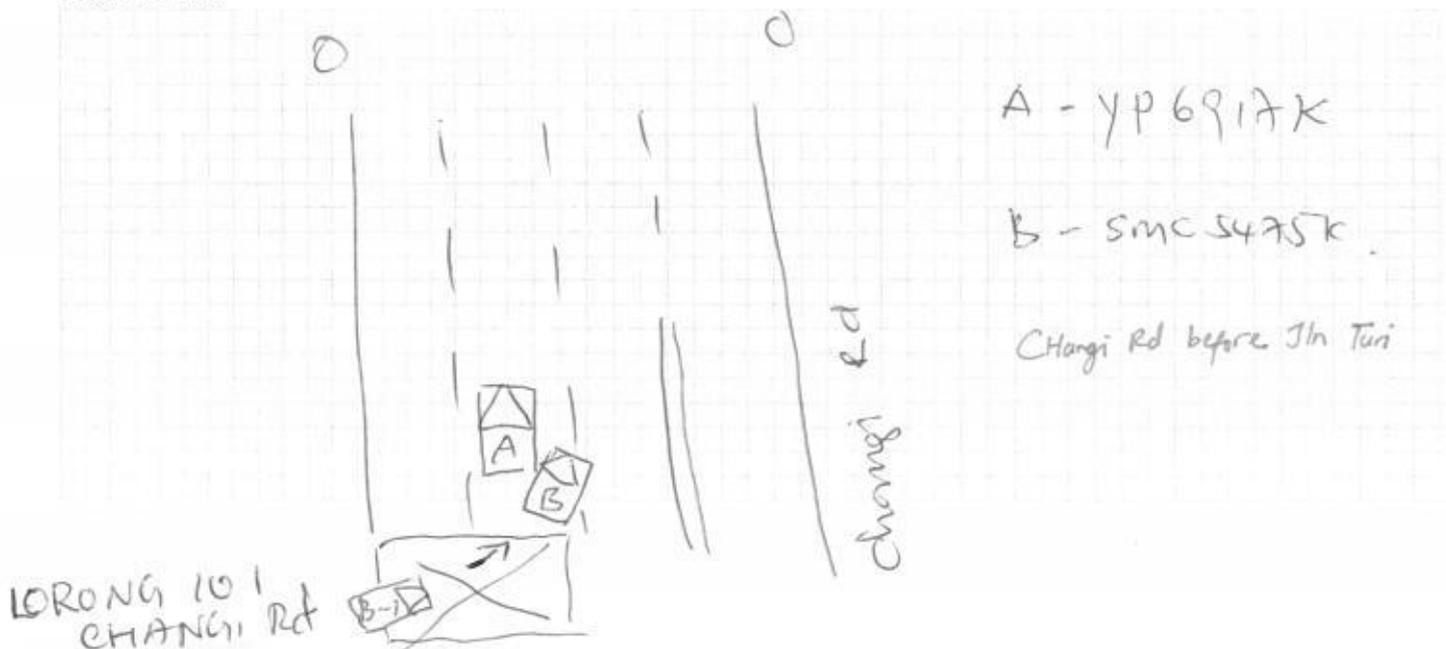
徐景刚

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

Dem 06/12/21

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

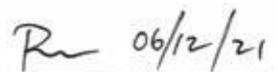
On the date and time, I driving my company lorry JP6917K along Changi Rd. When I was stop to waiting for in front car to moved suddenly I felt a impact from my back and come out from my lorry to check, I realise a car was come out from Lorong 101, Changi Rd intend to turn and his car left side hit onto my car back portion, and the driver continue to drag his car. my car sustain damage in the back, and his car was dent from the front to the rear.

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


Witnessed by Reporting Centre Personnel

VEHICLE NO: <u>YP6917K</u>	MAKE & MODEL: <u>Hino XZ4710R</u>	AUTO (MANUAL)
DATE OF ACCIDENT: <u>04/10/2021</u>	CC: <u>3.020 (4009cc)</u>	
TIME OF ACCIDENT: <u>1540 HRS (PM)</u>		
LOCATION OF ACCIDENT: <u>Changi Rd before Jln Turi</u>		
EXACT PURPOSE USE DURING ACCIDENT: <input checked="" type="checkbox"/> EMPLOYMENT <input type="checkbox"/> PRIVATE USE <input type="checkbox"/> PRIVATE HIRE		
NAME OF OWNER: <u>GX Trading P/L</u>		
TEL NO:	H/P: <u>82628957</u> OFFICE:	HOME:
NRIC: <u>ROC</u>	<u>201620637D</u>	
ADDRESS: <u>35, Kallang Pudding Rd #04-03</u>		
EMAIL: <u>Mike@gxtrading.com.sg</u>	<u>Zong Lee Bids S'24931x</u>	
CLAIM TYPE: <input type="checkbox"/> OD (THIRD PARTY) <input type="checkbox"/> REPORTING ONLY		
FLEET POLICY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> (NO?)		
INSURANCE COMPANY: <u>Lonpac Ins. BHD</u>		
TYPE OF COVERAGE: <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire & Theft		
POLICY NO: <u>221VCO5008083</u>		
NAME OF DRIVER: <u>AS ABOVE / IF NO: XU JINGGANG</u>		
NRIC: <u>G3364853M</u>	ANY PASSENGER: <u>1 (M)</u>	
DATE OF BIRTH: <u>17/01/1982</u>	LICENCE PASSED DATE: <u>26/04/2018</u>	
OCCUPATION: <input checked="" type="checkbox"/> (OUTDOOR) <input type="checkbox"/> INDOOR		
GENDER: <input checked="" type="checkbox"/> (MALE) <input type="checkbox"/> FEMALE		
CONTACT NO:	H/P: <u>84813808</u> OFFICE:	HOME:
ADDRESS: <u>1 Mqude Rd #02-40 S'200001</u>		
EMAIL: <u>mike@gxtrading.com.sg</u>		
DOES DRIVER OWNED ANY VEHICLE: <input type="checkbox"/> NO / IF YES, REG NO: <u>NIL</u>	INSURER: <u>NIL</u>	
RELATIONSHIP: <u>employee</u>		
WEATHER CONDITION: <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAINING <input type="checkbox"/> OTHERS:		
ROAD SURFACE: <input checked="" type="checkbox"/> (DRY) <input type="checkbox"/> WET <input type="checkbox"/> OTHER:		
ANY INJURIES: <input checked="" type="checkbox"/> (NO) <input type="checkbox"/> IF YES, WHO?		
NAME & CONTACT: <u>NIL</u>		
NAME & CONTACT: <u>NIL</u>		
POLICE REPORT: <input type="checkbox"/> NO / IF YES, WHERE? <u>NIL</u>		
NOTICE OF INTENDED PROSECUTION GIVEN? <input type="checkbox"/> NO / IF YES, WHO? <u>NIL</u>		
VEHICLE B REG NO: <u>SMC 5475K</u>	ANY PASSENGERS: <u>0</u>	
NAME OF DRIVER: <u>Jakaria Bin Darwood</u>	CONTACT NO:	
VEHICLE C REG NO: <u>marican</u>	ANY PASSENGERS:	
VEHICLE D REG NO:	ANY PASSENGERS:	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> (NO)		
WAS THERE ANY AUDIO RECORDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> (NO)		
ACCIDENT SCENE PHOTOS TAKEN? <input checked="" type="checkbox"/> (YES) <input type="checkbox"/> NO		
ACCIDENT PORTION: <u>RHS Rear portion.</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
WORKSHOP PARTICULAR: <u>N-51 Automotive P/L</u>		
CONTACT NO: <u>68420051 / 67440510</u>		
CONTACT PERSON:		
FAX NO: <u>67410510</u>		
WORKSHOP EMAIL: <u>sales@n51.com.sg</u>		



(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

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. : Z21VC05008083

Type of Cover : COMPREHENSIVE

- 1. Index Mark and Vehicle Registration Number : HINO XZU710R-HKFMS3
- YP6917K
- 2. Name of Policy Holder : GX TRADING PTE LTD
- 3. Effective Date of the Commencement of Insurance for the purpose of the Act : 04/08/2021
- 4. Date of Expiry of the Insurance : 03/08/2022
- 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 TRIALOR SPEED TESTING.
USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess : S\$ 700.00 (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.

CHIEF EXECUTIVE
(Singapore Branch)

User ID: GRANDIOSE2
Date Issued: 03/08/2021

