

# NATIONAL Assessment Centre Services

Form 128 (1/11)

Date In: 07/03/22	Job description	Date & Time Completed	Done by
Ref No: N/A/LPC22002051/13	SAS e-filing		
Veh No: XE 5434M	E-mail (within 8hrs, MP 2hrs)		
D.O.A: 06/03/22 1215	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: SFZ1802M	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
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Driver/Owner:</b>	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
<b>Contact No:</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
<b>Damaged Portion:</b>	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
<b>QC Checked by (Engr-In-Charge):</b>	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
<b>Auditors' Comments :-</b>	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
<b>Cat. 1:</b>	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
<b>Cat. 2/3:</b>	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	07/03/2022 16:53 (SGT)
Date of Accident	06/03/2022 12:15 (SGT)
Exact Location of Accident	Tampines Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE5434M
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	L. K. ANG CONSTRUCTION PTE LTD
Company Reg No	1XXXXX969E
Email Address	autohub325@gmail.com
Mobile Phone No	(Phone) +65-96933880
Alternative Phone No	+65-88691342

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cyh52t
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	15681

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VC05009303
Cover Note Number	-

#### DRIVER

Name of Driver	TAN KOH CHANG
NRIC No	SXXXX659C

Date Of Birth	09/08/1968
Occupation	Outdoor
Date Of Driving Pass	25/08/2010
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86532618
Alt. Phone Number	-
Email Address	autohub325@gmail.com
Address	BLK 406 BEDOK NORTH AVE 3
Address complement	#10-193
Postcode	460406
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	SIDDIQ
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220306/2020

#### 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	SFZ1802M
Vehicle Manufacturer	-

Vehicle Model		-
Vehicle Variant		-
Vehicle Colour		-
Vehicle Category		-
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)		-

Private car

# SKETCH PLAN

## IMPORTANT NOTICE

1. I hereby report the details of the accident to speed up the claims process.
2. This form is to be completed by the Policyholder and/or the Authorised Driver.
3. The information provided must be truthful and accurate as possible. Any willful misrepresentation of facts may lead to the insurer's refusal to pay claims and may result in the policy being voided.
4. I understand that the acceptance of this Form by insurance companies is not an admission of policy liability on my part.
5. This report 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 submission of this report to the insurers, you hereby consent to the archiving of this report at the insurer's discretion.
8. I consent under the Personal Data Protection Act (PDPA) to the insurers, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, store and process my personal data/personal information set out in this form and any other personal information provided to me or disclosed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to the insurers 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 Ministry of Transport, the Ministry of Police and any other government agency/authority (such as the police) for the purposes of:
  - a. processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations;
  - b. investigating the accident and/or my claims;
  - c. carrying out and/or dealing with my instructions or responding to any enquiries of me;
  - d. administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could include the mailing of detailed personal data about me to bring about delivery of the same as well as on the external cover of envelopes, etc.); and/or
  - e. complying with applicable law in administering, processing, handling and/or dealing with my claims.
9. I understand that the Insurers (who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms) may be permitted to collect, use, store and process my Personal Information for one or more of the above Purposes.
10. I understand that my Personal Information may also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (such as lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

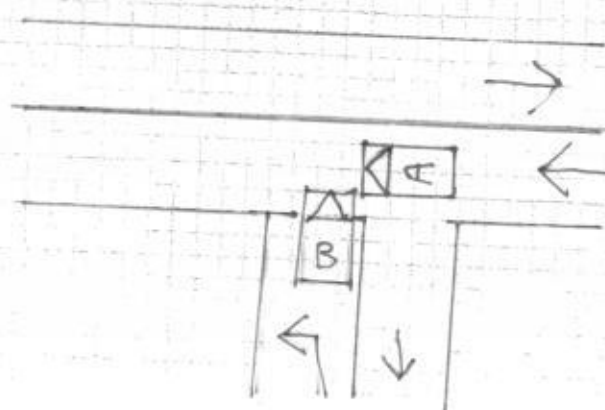
Driver's Signature (if driver is not the policyholder) / Date & Time

Witness / Reporting Centre Personnel

Sketch Plan

A-XES434M

B-SFZ1802M



Describe Circumstances of the Accident

P/s refer to the police report: T/20220306/2020

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



**SINGAPORE  
POLICE FORCE**



T/20220306/2020

1 of 3

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20220306/2020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/03/2022 13:23	Vide Report No.:	Station Diary No.: 10
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**Informant's Particulars**

Name of Informant: TAN KOH CHANG	Address: APT BLK 406 BEDOK NORTH AVENUE 3 #10-193 SINGAPORE 460406		
ID Type / ID No.: NRIC NO / S6869659C	Contact No.:	Mobile: 8653 2618	
Nationality: MALAYSIAN	Home/Office:	Email:	
Sex: Male	Age: 53	Date of Birth: 09/08/1968	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Lorry Crane Driver	Driving Licence Information: Class:	Date of Expiry:	

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2022 12:15	Type of Location: Straight Road
Location:  TAMPINES LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFZ1802M	Car				Slightly Damaged	0
XE5434M	Lorry				No Damage	0





**SINGAPORE  
POLICE FORCE**



T/20220306/2020

2 of 3

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20220306/2020

**CONTINUATION OF REPORT**

**Brief Details.**

On 06/03/2022 at around 1215hrs, I was travelling in my vehicle XE5434M, a lorry crane and I was on the way back to my work site with one of my other colleagues. I was driving along Tampines Link and was travelling straight, when suddenly another vehicle, SFZ1802M suddenly made a right turn onto the main road where I was at and approaching in front of me.

I tried to make my vehicle come to a stop and applied the brakes however, my vehicle was rather big and long and I did not have enough time to make my vehicle come to a complete stop and we collided head on. It was a minor collision, and no one was injured.

The other vehicle's front right portion was damaged and broken. I made a check with all the persons involved and no one was injured. There was no police and no ambulance activated. I exchanged particulars with the other driver and left the scene.

I am lodging this report for record and insurance reporting purposes.





**SINGAPORE  
POLICE FORCE**



T/20220306/2020

3 of 3

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20220306/2020

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:  
G / SGT 3 CHANG JUN KAI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Other MUHAMMAD NOOR BIN ABDUL  
RAHMAN  
Contact No.: 65476201

Signature Of Informant:

Date/Time:  
06/03/2022 13:23

Classification Of Case:

NP168

# ACCIDENT STATEMENT

ACCIDENT DATE: 06/03/22 (DD/MM/YYYY), TIME: 12:15 (HH:MM)

LOCATION: TAMPINES LINK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XE5434M  
b) INSURANCE COMPANY: LONPA  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_ AUTO/MANUAL  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96923880/86691342  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: TAN KOH CHANG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S6869659C CONTACT: 86532618  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 09/08/1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 25/08/2010

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: SFZ1802M MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

Email = autobus6325@gmail.com

fax = \_\_\_\_\_

video = N/A

\* No of passengers  
(including driver)  
(2)

Siddiq (M)

\* No of passengers  
(including driver)  
( )

\* No of passengers  
(including driver)  
( )

**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. : Z21VC05009303

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number ISUZU CYH52T  
- XE5434M
2. Name of Policy Holder L.K. ANG CONSTRUCTION PTE LTD
3. Effective Date of the Commencement of Insurance  
for the purpose of the Act 20/12/2021
4. Date of Expiry of the Insurance 19/12/2022
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\$ 2,000.00 (SECTION 1)  
S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS  
S\$ 200.00 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: T12003  
Date Issued: 30/11/2021