

NATIONAL Assessment Centre Services: (wef 1 Jan 08) **SN0822590005**

Date In: 09/05/2022 14:58	Job description	Date & Time Completed	Done by
Ref No: N/A/1107220047634	SAS e-filing		
Veh No: GBL 37175	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/05/2022 17:00	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: SMN 7777 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

N/A 2201226

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) 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		
	4) FT: Follow-Through Survey \$120		
	5) FT: 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*		
	*N3: 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		
	9) N12: Idac Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

C Checked by (Engr-In-Charge): _____

Auditors' Comments:

t. 1: _____

t. 2/3: _____

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	09/05/2022 14:28 (SGT)
Date of Accident	07/05/2022 17:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL3717J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIP TAT ENGINEERING ENTERPRISE
Company Reg No	2XXXX900L
Email Address	liptatengineering@yahoo.com.sg
Mobile Phone No	(Phone) +65-81332174
Alternative Phone No	+65-81332174

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2953

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120061152100
Cover Note Number	-

DRIVER

Name of Driver	MERENCILLO MARLON LORILLA
Passport No/FIN	GXXXX789T

Date Of Birth	05/08/1984
Occupation	Outdoor
Date Of Driving Pass	18/04/2013
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81332174
Alt. Phone Number	-
Email Address	liptatengineering@yahoo.com.sg
Address	BLK 61 CHAI CHEE ROAD #04-834
Address complement	-
Postcode	460061
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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

WHEN DRIVING ALONG PIE TOWARDS CHANGI ABOUT 5PM. SUDDENLY THERE WAS A HEAVY DOWNPOUR COINCIDENTALLY IT OCCURED WHILE I WAS OVER TAKING THE LORRY IN FRONT OF ME FROM LANE 2 TO LANE 3. TO MY FAVOUR I DID NOT ANTICIPATE THE CAR INFRONT TO SUDDENLY REDUCED SPEED, I IMMEDIATE APPLIED MY BRAKES BUT COULDN'T STOP IN TIME TO AVOID HITTING THE CAR DUE TO THE SLIPPERY ROAD CONDITIONS.

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	SMN7777T
Vehicle Manufacturer	Toyota
Vehicle Model	Alphard
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBL1603S
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GF8009J
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 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. 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Marcus Monlan Lallia 9/5/22
12:49
PIE 20WRSOS chong

9/5/2022



- A) GBL 3717J
- B) SMN 7117T
- C) GBL 1603S
- D) GF 8009J

Describe Circumstances of the Accident

WHEN DRIVING ALONG PIE HWAY TOWARDS CHANGI ABOUT 5pm,
SUDDENLY there was a heavy downpour. Coincidentally, it occurred
while I was overtaking the lorry in front of me from L3 - L2.
To my horror, I did not anticipate the car in front to suddenly reduced
speed. I immediately applied my brakes but couldn't stop in time
to avoid hitting the car due to the slippery road conditions.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Meremith Martin Lorilla

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

12:49 PM

9/5/22

Witnessed by Reporting Centre
Personnel

09/05/2022

ACCIDENT STATEMENT

ACCIDENT DATE: (07 / 05 / 2022) (DD/MM/YYYY), TIME: (15 : 00) (HH:MM)

LOCATION: PIE H-WAY / PANDAS CHONG

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBL 3717 J
 b) INSURANCE COMPANY: WOI
 c) POLICY NUMBER: DHOM 120261152100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN CASHSTAR
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: LIPTAT ENGINEERING ENTERPRISE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 27255900L CONTACT: 81331274
 c) ADDRESS: 25 TUAJ AVE B3 # 01-13

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: MERENCILLO MARLON LORULA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G5225789T CONTACT: 81331274
 c) ADDRESS: 61 CHAN CITE RD # 04-824 460061

- * d) DATE OF BIRTH: (05 / 8 / 1984) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS: 18 APR. 2013
 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: SMN 7777 T MODEL: TOYOTA ALPHARD
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBL 1603 S MODEL: TOYOTA HILUX
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

GF 8009 J

NISSAN NV250

email = liptatengineering@yahoo.com.sg

VIDEO

ORIGINAL

R

BIZDRIVE-COMM
 THE SCHEDULE

Agency	A000408	Class of Policy	MOTOR	Policy Number DHOM120061152100
Account	A000408	Issued on 16/07/2021 in UOI		
Client	0001029	Acceptance Date	13/07/2021	Replacing Cover Note	20135574

Period of Insurance from 29/06/2021 to 28/06/2023 , both dates inclusive

Insured's Name....	LIP TAT ENGINEERING ENTERPRISE
Mailing Address....	25 TUAS AVENUE 13 #01-13 SINGAPORE 638991

Business/Occupn...	ELECTRICAL WORKS
Financial interest	UNITED OVERSEAS BANK LIMITED

Premium	BASIC ANNUAL PREMIUM	SGD1,356.53	
	NO CLAIM BONUS	20.00%	SGD294.90-
	SRCC & FLOOD		SGD50.00
	Total Annual Premium	SGD1,111.63	
	Premium Due		SGD2,223.26
	Premium GST		SGD155.63
	Total Due		SGD2,378.89

Risk No. 001	BIZDRIVE-COMM		
1. Registration	GBL3717J	Make/Model ..	NISSAN CABSTAR WITH HOOD [CANVAS]
Type of Cover	COMPREHENSIVE	No. of seats	1
Engine No. ..	QR20018228R	Capacity cc's	0
Chassis No. .	JN1SA2F24Z0000329		
		Tonnage	2.00
INDEMNITY FOR TOTAL LOSS.....		MARKET VALUE	
SECTION 1			SGD500.00
WINDSCREEN DAMAGE CLAIM			SGD100.00
APPL TO <25 YRS & OR <3YRS EXP			SGD3,000.00

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY

2 YEAR PLAN

15 & 15(B) & 15 (C)

AIR-CON/RADIO-CASS/CD COVERAGE INCLUSIVE

2 - EXCESS - DAMAGE CLAIMS

AN EXCESS OF \$100 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM

25 - STRIKE RIOT AND CIVIL COMMOTION

2 E - YOUNG AND INEXPERIENCED DRIVERS

30 - REPLACEMENT PARTS

57 - INCLUSION OF SPECIAL PERILS

89 [UNLIMITED WINDSCREEN COVER]

72(B) - LEGAL LIABILITY OF PASSENGERS FOR ACTS OF NEGLIGENCE

POLICY OWNERS' PROTECTION SCHEME

SANCTION LIMITATION AND EXCLUSION CLAUSE

Authorised Drivers for vehicle(s) with Certificate Ref. STT

MZ 801