

# NATIONAL Assessment Centre Services

Date In: 07/06/22	Job description	Date & Time Completed	Done by
Ref No: NA/LPC00005416/13	SAS e-filing		
Veh No: YQ5000G	E-mail (within 5hrs, AIC 2hrs)		
DGA 27/04/22 1100	i-Motor Claim Form		
OD TP <u>Reporting Only</u>	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: ERP MACHINE 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st 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		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against JNC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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=INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 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	07/06/2022 18:08 (SGT)
Date of Accident	27/04/2022 11:00 (SGT)
Exact Location of Accident	416 Pandan Gardens, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ5000G
-----------------------------	---------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AVIALOG EXPRESS PTE LTD
Company Reg No	2XXXXX684H
Email Address	jeannie_lee@avialogexpress.com.sg
Mobile Phone No	(Phone) +65-63849123
Alternative Phone No	(Office) +65-63849123

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	7545

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VC05008414
Cover Note Number	-

#### DRIVER

Name of Driver	TEO ENG LEE
NRIC No	SXXXX911Z

Date Of Birth	29/07/1983
Occupation	Outdoor
Date Of Driving Pass	20/06/2019
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97676576
Alt. Phone Number	-
Email Address	jeannie_lee@avialogexpress.com.sg
Address	28 CONISTON GROVE
Address complement	-
Postcode	558323
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 by fallen tree / Other objects
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

PLS 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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	ERP MACHINE
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

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

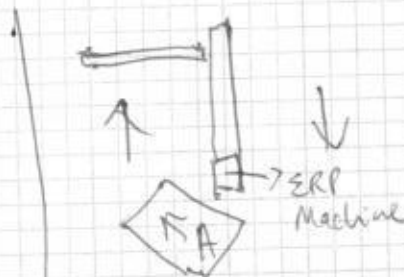
Witnessed by Reporting Centre Personnel

### Sketch Plan

416 PANDAN GARANS

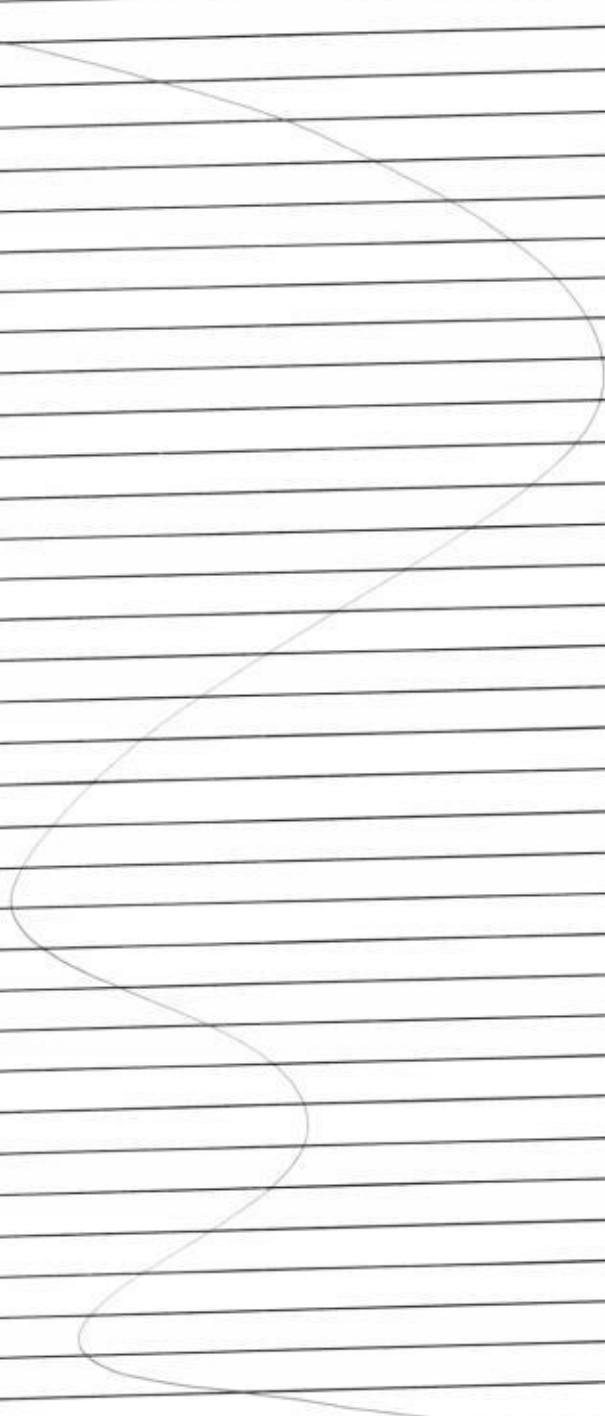
Vehicle A: YC25000G

Property: ERP Machine



### Describe Circumstances of the Accident

On 27 April 2022, when I was exiting the carpark probably my tail of the truck have touch fire machine. I was not aware because I did not hear any sound.



### 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

shym 07/06/22

Witnessed by Reporting Centre Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: 27/04/2022 (DD/MM/YYYY), TIME: 11:00 (HH:MM)

LOCATION: 416 PANDAN GARDENS

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ 5000 G  
b) INSURANCE COMPANY: LONPAC INSURANCE BHD  
c) POLICY NUMBER: Z21VCS008415  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mitsubishi Pajero AUTO/MANUAL  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Work  
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: AVILOG EXPRESS PTE LTD (COMPANY) (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 201507664 H CONTACT: 63849123  
c) ADDRESS: 2 KALLANG PUDDING ROAD #01-12  
S349307

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

### DRIVER

- a) NAME: TEO ENH WEE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S83229112 CONTACT: 97676576  
c) ADDRESS: 28 CONISTON GROVE S358323

\*d) DATE OF BIRTH: (29/07/1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20/JUN/2019

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: ERP Machine 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 = Jeannie-lee@avialogexpress.com.sg

fax = 63849153

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

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. : Z21VC05008414

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI FUSO FK62FMZ1RDEC  
- YQ5000G

2. Name of Policy Holder

AVIALOG EXPRESS PTE LTD

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

23/09/2021

4. Date of Expiry of the Insurance

22/09/2022

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 WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: S\$ 1,400.00 (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: GE2894

Date Issued: 14/09/2021





# LONPAC INSURANCE BHD (S98FC5635C)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.  
Tel: (65) 6250 7388 Fax: (65) 6296 2706 Website: www.lonpac.com.sg  
GST Reg No.: F0-0005635-C

Our Ref: 21/22/22/VC05/025790

Date: 13/05/2022

AVIALOG EXPRESS PTE LTD  
2  
KALLANG PUDDING ROAD MACTECH  
BUILDING  
#01-12  
SINGAPORE 349307

Dear Sir/ Madam

Policy No: Z/21/VC05/008414  
Insured: AVIALOG EXPRESS PTE LTD  
Vehicle No: YQ 5000G  
Location: 416 PANDAN GARDENS

Accident Date: 27/04/2022

We acknowledge your notification on 12/05/2022 of the above accident.

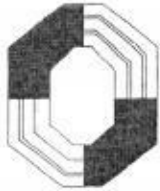
In order that we may proceed further with this matter, kindly arrange for the following information and/or documents marked ( X ) to be submitted to us:

- ( ) A copy of the driver's driving licence.
- (X) A copy of the Police Report and/or Police Investigation Result.
- (X) If the driver has not reported the accident, kindly arrange for him to do so at any of our Authorised Workshops or at our office.
- ( ) If you or your client is claiming against any third party, kindly keep us posted on the outcome of the third party claim & provide us with supporting document if your recovery is successful.
- ( ) A cheque for the policy excess of \_\_\_\_\_ applicable under Section II of the Motor Policy for third party claims.
- ( ) Driver's comments on the extent of injuries sustained by injured party/parties concerned.
- ( ) Did the Police issue any Notice of Intended Prosecution and/or Notice of Traffic Offence against you or the driver. If yes, to let us have a copy before you pay any traffic fine.
- ( ) Kindly let us have the driver's comments to the third party's claim (copy enclosed herewith) within 10 days of this letter failing which we shall proceed as we see fit.
- ( ) In the event that you/your client receives correspondences from any third party, kindly forward them to us unanswered. Do not admit liability nor make any promise or offer of settlement without our consensus.
- ( ) We have rejected the third party claim. If you receive a Writ of Summons from the third party, please forward to us immediately.
- ( ) Please let us have your urgent reply to our letter of \_\_\_\_\_
- ( ) \_\_\_\_\_

We look forward to hearing from you. Please quote our file reference in future correspondence.

Thank you.

CLAIMS DEPARTMENT  
LONPAC INSURANCE BHD



# LONPAC INSURANCE BHD

(S98FC5635C)

Our reference: 21/22/22/VC05/025790

20 May 2022

Avialog Express Pte Ltd  
2 Kallang Pudding Road  
Mactech Building #01-102  
Singapore 349307

**By Registered Post**  
**URGENT**

Dear Sir

**POLICY NO: Z/21/VC05/008414**  
**DAMAGE TO TERMINAL STATION CASING BY YQ5000G AT 416 PANDAN**  
**GARDENS ON 27 APRIL 2022**

We refer to the above matter.

We have received a third-party property claim from the carpark operators, Secure Parking Singapore Pte Ltd.

**This accident has not been reported to us. Please proceed to any of our authorized workshops to lodge the report immediately.**

Kindly note that we will be carrying out investigation and will proceed to defend and/ or negotiate a settlement of this claim and any further claims arising from this accident, as we deem appropriate.

If there are any further evidence which you would like to bring to our attention in support of your case and/or you have submitted a claim against the other driver please furnish us with the following within seven (7) days from the date of this letter.

- i) Evidence
- ii) Status of your claim against the owner of the other vehicle involved in the case

Should you require any information or details on this claim, please contact us.

Kindly also note that you are required to notify us immediately upon receipt of all letters of claims, Writ of Summons, Traffic Police action issued against you. This includes all or any impending prosecution, inquest, fatal inquiry or offer of composition fine in connection with the above accident.

Please note that any failure on your part to observe this will result in us exercising our rights of repudiation under the motor insurance policy.

Yours faithfully,

*Kenny*  
Kenny Lim  
Assistant Manager  
(Claims)

cc. Great Eastern Financial Advisors Pte Ltd  
Singapore