

# NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 14/06/22	Job description	Date & Time Completed	Done by
Ref No: CANA/LPC22005641/r3	SAS e-filing		
Veh No: YN5036U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/06/22	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: SKA1976S	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

NA2201644	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) iFT : 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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile 30		
	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	14/06/2022 15:40 (SGT)
Date of Accident	09/06/2022 10:30 (SGT)
Exact Location of Accident	Holland Dr, #01-457 Blk 18A, Singapore 272018
Additional Location Information	loading bay
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5036U
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RIGEL TECHNOLOGY (S) PTE LTD
Company Reg No	1XXXXXX991D
Email Address	SALES@RIGEL-GROUP.COM
Mobile Phone No	(Phone) +65-68126288
Alternative Phone No	+65-68126288

### VEHICLE PARTICULARS

Manufacturer	Hino
Model	HINO
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	5123

### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z22VC05011272
Cover Note Number	-

### DRIVER

Name of Driver	LIEW LIP SAN
NRIC No	SXXXX891D



Date Of Birth .....  
 Occupation .....  
 Date Of Driving Pass .....  
 Driving experience .....  
 Gender .....  
 Mobile Number .....  
 Alt. Phone Number .....  
 Email Address .....  
 Address .....  
 Address complement .....  
 Postcode .....  
 Is the driver the policyholder? .....  
 If No, Relationship of the Driver with the Insured .....  
 Does Driver Own Other Vehicles? .....  
 Vehicle Registration Number of Other Vehicle Owned by Driver .....  
 Insurance Company of Other Vehicle Owned by Driver .....

09/07/1979  
 Outdoor  
 30/04/2009  
 13 YEARS AND 2 MONTHS  
 Male  
 (Phone) +65-97737068  
 -  
 SALES@RIGEL-GROUP.COM  
 BLK 886A WOODLANDS DR 50 #13-519  
 -  
 731886  
 No  
 Employee  
 No  
 -  
 -

#### 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) ..... 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

#### REFER TO REPORT

#### 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 ..... SKA1976S  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 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)	.....	-



## 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.

REGEL TECHNOLOGY (S) PTE LTD  
28 Changi Business Park Central 2  
Singapore 486031  
Tel: 6512 6288 6512 6388

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

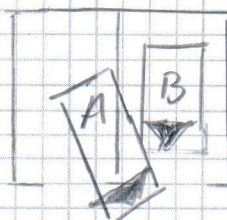
### Sketch Plan

HOLLAND DRIVE BLK 18 LOADING

UNLOADING  
BAY

A- 4N5036U

B- SKA1976S



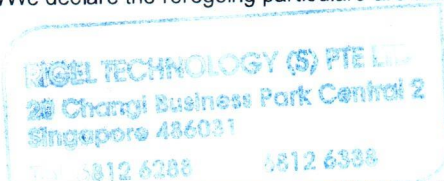


**Describe Circumstances of the Accident**

I was exiting my veh from loading & unloading bay at Holland Dr Blk 18. While moving out, my veh ~~hit~~ grazed onto veh B front right side portion.

**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

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No: SNO9226E 000D Vehicle Registration No: YN50360  
Name (as shown in NRIC): Liew Lip San NRIC/FIN/Passport No: S7964891D  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: Blk 886A Woodlands Dr 50 #13-519 Singapore 731896  
Contact (Tel): 97737068 Mobile No.: \_\_\_\_\_  
Email Address: Sales@Rigel-group.com  
Date of Accident: 09/06/22 Time of Accident: 1030  
Place of Accident: Holland Drive Blk 18 Leading Bay  
Insurance Company: Lonpac

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Vehicle or property damaged yes -  
Vehicle Registration NO SKA 19765  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

 14/06/22  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



# ACCIDENT STATEMENT

ACCIDENT DATE: (09/06/22) (DD/MM/YYYY), TIME: (10:30) (HH:MM)

LOCATION: HOLLAND DRIVE BCK 18 LOADING & UNLOADING BAY

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4N5036U  
b) INSURANCE COMPANY: LONRAC  
c) POLICY NUMBER: 222VC05011272  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: HINO 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: RIGEL TECHNOLOGY (S) PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 68126288  
c) ADDRESS:

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

### DRIVER

- a) NAME: LIEW LIP SAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 57964891D CONTACT: 97737068  
c) ADDRESS: BCK 886A WOODLANDS DR 50  
#13-519 (731886)

\*d) DATE OF BIRTH: (09/07/1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 30/04/2009

## 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: SKA19765 MODEL:  
b) DRIVER'S NAME: TAY ZHI CAI, ANDREW  
c) NRIC/FIN/PASSPORT: 587156406 CONTACT: 94367861

## 9. THIRD PARTY VEHICLE

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

Email = sales@rigel-group.com

Fax =

VIDEO = NO



**LONPAC INSURANCE BHD** (598FC5635G)

(Incorporated in Malaysia)

Singapore Office: 300 Beach Road #17-04/07, The Centurion, Singapore 189555

Tel: (60) 6230 7200 Fax: (60) 6256 3767 Website: www.lonpac.com.sg

GST Reg No: ZU-0085635-C

M2306

**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.: 222VC05011272

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HINO XZU710R-HKFW53  
- YN5036U

2. Name of Policy Holder

RIGEL TECHNOLOGY (S) PTE LTD

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

23/04/2022

4. Date of Expiry of the Insurance

22/04/2023

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\$ 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.

H.P. Owner: UNITED OVERSEAS BANK LIMITED

CHIEF EXECUTIVE  
(Singapore Branch)User ID: Q94CHRA  
Date Issued: 12/04/2022