

NATIONAL Assessment Centre Services: [wef 1 Jan 2002] **540926 T000B**

Date In: 29/06/2022 17:45	Job description	Date & Time Completed	Done by
Ref No: X/68/0132006231/4	SAS e-filing		
Veh No: G2 1965P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/06/2029 10:45	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: **STO 8531P** 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	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

NA2201799

Statement Particulars	Invoice Preparation Checklist	AM (C)	AM (B)
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) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
C. Checked by (Engr-In-Charge):	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Inc INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fees Charged	
	Invoice dated	Fees 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	29/06/2022 17:45 (SGT)
Reported by	Driver
Date of Accident	24/06/2022 10:45 (SGT)
Exact Location of Accident	61 Tai Seng Ave, Singapore 534167
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ1965P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PAN SEAS ENTERPRISES PRIVATE LIMITED
Company Reg No	1XXXXX200W
Email Address	local@panseas.com.sg
Mobile Phone No	(Phone) +65-62642233
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fb70abosrdeb
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	2835

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110117351210

DRIVER

Name of Driver	RAMOS JOHN VINCENT MENDOZA
Passport No/FIN	GXXXX990Q
Date Of Birth	19/09/1990
Occupation	Outdoor

Date Of Driving Pass	26/11/2015
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81881327
Alt. Phone Number	-
Email Address	local@panseas.com.sg
Address	35-B FISHERY PORT ROAD
Address complement	-
Postcode	619744
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	Collided into Parked Vehicle
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLEASE REFER TO SKETCH AND ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ8531Z
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
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

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

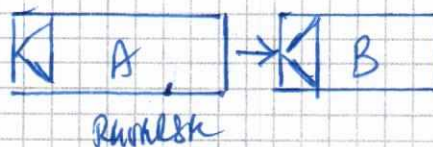
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

29/06/22
B1K 61 Tai Seng Avenue

29/06/2022
A) GZ1965P
B) SJQ8531Z



Refik Z. GÖRMEZ

29/06/22 J.R.

Witnessed by Reporting Centre Personnel



PAN SEAS ENTERPRISES PTE. LTD.

汎海企业（私人）有限公司

35-B, FISHERY PORT ROAD, JURONG CENTRAL FISH MARKET
SINGAPORE 619744

TEL: (65) 62642233 FAX: (65) 62650839

EMAIL: local@panseas.com WEBSITE: www.panseas.com.sg

EMAIL: order@makanmate.com WEBSITE: www.makanmate.com



I, John Vincent M. Ramos driver of the lorry GZ1965P yesterday I have delivery at Block 61 Tai Seng Avenue I eat my lunch first and after I unload my cargo around 10:45am on 24th June 2022 then after I go back to my lorry and start the engine I check my side mirror then reverse slowly then suddenly the lorry stop I feel that I hit something, I go down and I see that I knocked the car behind me, I did not see the car (SJQ8531Z) thru side because its blind spot. There is no people inside the car as it parked behind me and I decided to find the driver, I find the driver and talk to him regarding the car damage on the bonnet of SJQ8531Z. There are only two damages the bonnet and small scratch at the grill. We decided that we just going to settled it privately. We go to work shop at ubi to check the damage and then I go back to work then suddenly he change his mind that he want to go claim insurance after that he is not replying to my message and call.

RAMOS JOHN VINCENT MENDOZA

G312999OQ

Mobile: 81881327



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EMAIL: order@makanmate.com WEBSITE: www.makanmate.com



I, Ramos John Vincent Mendoza,
Licence Number: G312990Q,
reverse the lorry, GN GZ 1965 P and
knocked into SJZ SJQ 8531 Z and cause
damage on the bonnet of ~~SJR 8531 J~~ ^{SJQ 8531 Z}

I, hereby agreed to take full responsibility
on the cost of the damage ^{and} ~~for~~ repair, 100%

24/6/22

J.V.M. G3129990Q
John Vincent Ramos
GZ 1965 P

Lay Junming
~~SQ~~ SJQ 8531 Z
Hi
24/6/22

am 29/06/2022

ACCIDENT STATEMENT

ACCIDENT DATE: 24/06/2022 (DD/MM/YYYY), TIME: 10:45 (HH:MM)
LOCATION: Rte 61 9th Street, Abuja

1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: G2 965 P
b) INSURANCE COMPANY: WOL
c) POLICY NUMBER: M17845187

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: M17845187
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) YES
j) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
k) INSURED / POLICY HOLDER: JONAS EUGENE & DINA LINO

A) NAME: JONAS EUGENE & DINA LINO
B) NRIC/FIN/PASSPORT: 1966002002
C) ADDRESS: 1966002002
CONTACT: 62642233

* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER

DRIVER
a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: M881327
c) ADDRESS:

* DATE OF BIRTH: 19/05/1950 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 26/11/2015
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES
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) YES
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE
a) VEHICLE NUMBER: 5085312
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT:
CONTACT:
MODEL: HONDA

9. THIRD PARTY VEHICLE
a) VEHICLE NUMBER:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT:
CONTACT:
MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT:
CONTACT:

email = foun & founas.com
VINDO



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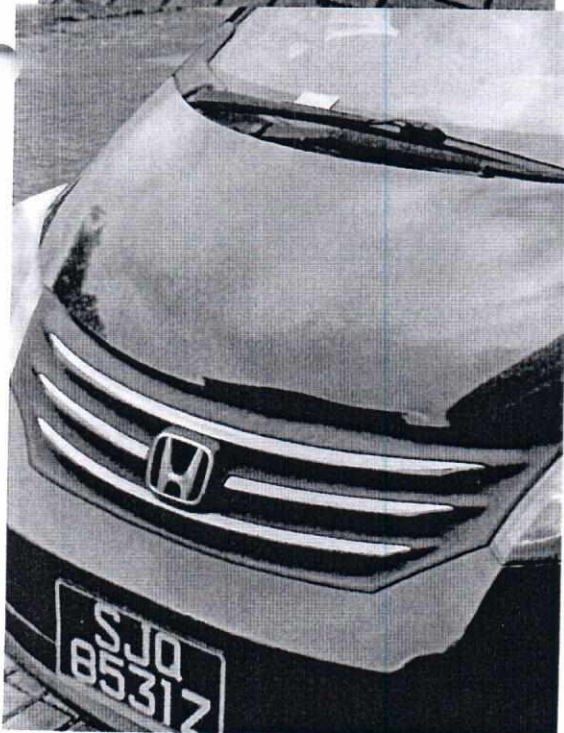
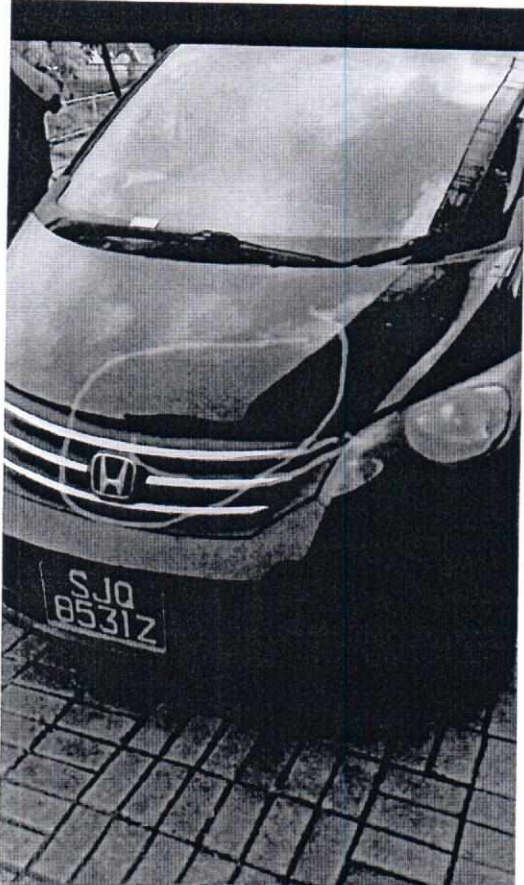
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CERT NO. Y1881-2015-0042
ISO 22000:2005



29/06/2022



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

146 Robinson Road
#02-01 UOI Building
Singapore 068909

Tel (65) 6222 7733
Fax (65) 6327 3869 / 6327 3870
Fax (65) 6327 3872 (claims)
Email: contactus@uoi.com.sg
uoi.com.sg

Co. Reg. No. 197100152R

Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO. DHOM110117351210 **Excess:** \$0/- NOT APPLICABLE
Type of Cover THIRD PARTY
Vehicle Number GZ1965P
Name of Insured PAN SEAS ENTERPRISES PRIVATE LIMITED
Restricted Driver(s) NOT APPLICABLE

Period of Insurance 17 January 2022 to 16 January 2023

Engine# 4M40GY9000
Chassis# FB70ABA00065

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person 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.

*Limitation rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and part IV of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD


For the Company

FSCPP Date : 22/12/2021