ATIONAL Assessment Centre	Selyices: [well shoe]	" S'ALOS	127 300	02
Date lin: 19/07/2022 12:27	Job description	Date Eline	Completed	. Done by
Res No NBB/LPC 2200 Billy.	SAS e-filing .			
Veh No: GBD. 7897L	E-mail (within shrs, Ale 2hr	s) .	•	٠٠٠ عد د٠٠
D.O.A: 17/07/2022 20:00	i-Motor Claim Form	•		
	i-Motor W/O (Within: OD	2hes, 7'P 4hrs')	. '	
OD / TP / Reporting Only .	i-Photo Uploaded.			
The state of the s	Assessment/Survey Repo			
TP Insurer:	Ass't Report by Fax / Ha			
Preferred Wksp / INC Assign Wksp / QW: (Tel:		.).
TP Panticulars: Yeh No: &	51 AA231, IM	C(,)/Non-Tr Tel:	().	·)
Owner / Driver: () Cover Type	: ().
Policy No: (·) Per	iod: (TRU:)
. Confirmed by : (Date: Note-Èst, Status (WO): N			00%]
Induced Date of Date o		()		-,
· Teat of Registration (17 attumpt the	` '		
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General Remarks as () Walk-In Gustomer : Customer's info	rmation strictly Confidentia	I & Strictly NO ref	er of repairer	;
() Yalk-In Customer: Customer symbol () Total Loss Case : to e-mail Insur	er URGENTLY.			
	:c: YES () / NO () ; Towing Co:	(
20110-22 ()			ne Completed	Done by · ·
Remarks (In 6 bothing: 6788 5646)	Courtesy Car () .			<u> </u>
1) Apply 101 Items[1721.	(,)	•		1 3.3
2) QC Check/ Post Repair Inspection . 3) Upload Resurvey Photo [Repair Cost >	\$3000]:			b
3) Optoad Resulted Those (2007)				
Injury:			5.5	3 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Date/Time (Agaigns)				
				
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	1) /	AR: Accident Reporting DA: Damaga Assessmen	(\$30); at (\$100); I	NC (380)
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)river/Owner:		FT : Follow-Through Su PT : Follow-Through Su		\$30
ontactivo:		For claiming against Nic For claiming against Nic TR: Re-inspection	Conly (wef 10)	W. T.
	7)	N1: Idao DA + SMIR.T	Survey	. \$160
amaged Portion:	3)	NTUC Additional Serv	1002:•	
C. Charles L. (Char. In Charge)		* MS: Courtesy Car / Tp	sanavellA i	\$5 .
C Checked by (Engr-In-Charge):		*No: Repair Co-ordina *No: Post Remair Inspe	tion etion •	\$25
30183207 - 2025 555 555 555	_	+N8: DY / Collect Exco	ess Coordination	\$5
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate

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.

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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

19/07/2022 12:27 (SGT)

Driver

13/07/2022 20:00 (SGT)

Keppel Bay View, Singapore 098417

REFLECTION CONDOMINIUM ENTRANCE

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBD7889L

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No.

HANA AIRCON & ENGINEERING PTE, LTD.

2XXXXX509K

hanaaircon@gmail.com

(Phone) +65-81576779

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Nissan

Nv350

Employment

No - Reporting only

Commercial vehicle

Manual

2488

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Lonpac Insurance Bhd Z22VC05011372

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

KIM JO HEONG SXXXX795D 07/08/1963 Outdoor

Date Of Driving Pass	06/06/1996
Driving experience	26 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81576779
Alt. Phone Number	(1 110110) -00 01070770
Email Address	hanaaircon@gmail.com
Address	BLK 768 YISHUN AVENUE 3 #10-333
Address complement	E
Postcode	760768
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	2
The second secon	
OFFICE ALL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet
Trodd Gariago	1101
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?	14
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	8 :
Translator's ID	±:
Translator's phone number	_
Translator's email	_
Original language used in the statement	
Original language used in the statement	
DETAILS OF POLICE ACTION	
DETAILS OF POLICE ACTION	
	Ma
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	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
	602
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

SLV4453S
-
2 9
=1
-
Private car
HENG MENG WEE STANLEY
(Phone) +65-85188158

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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 (GM) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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)

l 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 coffectively 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

Witnessed by Reporting Centre

Personnel

Sketch Plan

KEPPEL REFUNCTION G

A GBD HOPPL

B SLV DUESS

Describe Circumstances of the Acci	ited time and date,	1 toda or	O of Do	1
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THE ENTRANCE.	which to be in time	and Int	hat anto	SLV 4453S
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (I offwer is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13 / 07 / 2022 (dd/mm/yy) Time of Accident: 20 : 00 (24-HR-FORMAT)
Vehicle No.: GBD7889L Vehicle Make & Model: NISSAN NV350
*Transmission : Manual o Auto *C.c :
Exact location of Accident: KEPPEL REFLECTION CONDO
Policyholder's Name: HANA AIRCON & ENGINEERING PTE LTD NRIC/FIN/REG No.: 201016509K
*Policyholder's email address : HANAAIRCON@GMAIL.COM
Driver's Name: KIM JO HEONG NRIC/FIN/REG No.: S2713795D
*Driver's email address : HANAAIRCON@GMAIL.COM
Driver's Contact No.: Company Contact No (If any):
Date of birth: 07/08/1963 Driving Pass Date: 06/06/1996
Driver's Address:BLK 768 YISHUN AVENUE 3, #10-333, SINGAPORE (760768)
Insurance Company:LONPAC
Policy No.:Type of Coverage: Comprehesive/ Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please CIRCLE one only)
Owner /Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
o Own Insurance / o Other Vehicle (The one you want to claim against) Le Reporting (For Record Purpose)
Tyce of Accident
o Chain Collision o Head To Rear o Side Swipe o Other
Occupation (nature job) o Indoor Looutdoor *No. of Passengers / Including Driver):1
*Passenger Name: Gender: Male / Female
*Passenger Name: Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
o Clear & Dry / o Raining & Wet / o After-Rain & Wet 🖊 Drizzling & Wet / Others:
Was there any video captured by your car Car camera? O Yes Lo No
Any Injuries: o Yes Lo No (If YES) Injured Person' Name:
Injuries Sustain : Injured Person in Which Vehicle:
Police Report field: o Yes Lo No (If YES) Which Police Station:
The Other Party (S) Details:
1. Driver's Name / IC No:HENG MENG WEE STANLEY Vehicle No:SLV4453S
Driver's Contact No: 85188158 Insurance Company :
2. Driver's Name / IC No (If Any): Vehicle No:
Driver's Contact No: Insurance Company :
*Independent Witness (If Any): Contact No:
Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681



LONPAC INSURANCE BHD (S88FC5635C)

Bingapore 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

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.: Z22VC05011372

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN NV350 PANEL VAN 2.5 5MT 5DR EURO V

- GRD78891

Name of Policy Holder

HANA AIRCON & ENGINEERING PTE, LTD.

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

07/05/2022

Date of Expiry of the Insurance

06/05/2023

(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.

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 TRIALOR SPEED TESTING.

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

Excess

: \$\$ 600.00 (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: AGNESTAN Date Issued: 19/04/2022

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

509K

Vehicle Details

Vehicle No.:

GBD7889L

Vehicle to be Exported:

Yes

Intended Deregistration

16 Jul 2022

Date:

Vehicle Make:

NISSAN

Vehicle Model:

NV350 PANEL VAN 2.5 5MT 5DR EURO V

White

Primary Colour:

2014

Manufacturing Year:

YD25363065A

Engine No.: Chassis No.:

JN1MC2E26Z0004218

Maximum Power Output:

\$23,612.00

Original Registration Date:

07 May 2015

First Registration Date:

07 May 2015

Transfer Count:

Open Market Value:

Actual ARF Paid:

\$1,181.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

06 May 2025

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

OP Paid:

\$64,001.00

COE Rebate Amount:

\$17,952.00

Total Rebate Amount:

\$17,952.00

The information contained herein is correct as at 16 Jul 2022