

# NATIONAL Assessment Centre Services:

(Unit 1 Jan 2002)

SN09229 K000A

Ref No: 20/09/2022 16/32	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBSA/LPC22009238/7	E-mail (with date, A/C date)		
Ref No: GTZ 8868 R	1-Motor Claim Form		
Ref No: 20/09/2022 12/48	1-Motor W/O (With/Out OD, 2hrs, 7P 4hrs)		
D (T) Reporting Only	1-Photo Uploaded		
P Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Ref No: 20/09/2022 16/32	Tell	Fax:
Ref No: NBSA/LPC22009238/7	INC ( ) / Non-INC ( )	
Ref No: GTZ 8868 R	Tell	
Ref No: 20/09/2022 12/48	Cover Type: ( )	
D (T) Reporting Only	Period: ( )	
P Insurer:	Date:	Time:
	Insured/Driver Liability: ( ) % (Note: Est. Status (W/O): N: 0-20% P: 21-79% P: 80-100%)	
	Year of Registration: ( ) Warranty: YES ( ) / NO ( )	
	Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )	

Ref No: 20/09/2022 16/32	General Remarks:
Ref No: NBSA/LPC22009238/7	( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
Ref No: GTZ 8868 R	( ) Total Loss Case: to e-mail Insurer URGENTLY.
Ref No: 20/09/2022 12/48	Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )
D (T) Reporting Only	Ref No: ( ) ; Ref No: ( ) ; Ref No: ( )
P Insurer:	1) Apply for Transport Allowance ( ) / Courtesy Car ( )
	2) QC Check / Post Repair Inspection ( )
	3) Upload Resurvey Photo (Repair Cost > \$3,000) ( )

Ref No: 20/09/2022 16/32	Injury:
Ref No: NBSA/LPC22009238/7	
Ref No: GTZ 8868 R	
Ref No: 20/09/2022 12/48	
D (T) Reporting Only	
P Insurer:	

Ref No: 20/09/2022 16/32	Damage Particulars:	Invoice 2-Referral On Hold
Ref No: NBSA/LPC22009238/7	Driver/Owner:	1) AR: Accident Reporting (\$30)
Ref No: GTZ 8868 R	Contact No:	2) DA: Damage Assessment (\$100) R/C (\$50)
Ref No: 20/09/2022 12/48	Damaged Portion:	3) TT: Towing Fee \$100/24h
D (T) Reporting Only		4) FT: Follow-Through Survey \$120
P Insurer:		5) PT: Follow-Through Survey (Pre-survey) \$70
		For claimant's use only (over 10 Jan 2002)
		6) TR: Re-inspection \$75
		7) NI: NI: DA + SMRT Survey \$140
		8) NTUC Additional Services
		OR:
		9) NI: NI: DA + Tpl Allowance \$3
		10) NI: NI: Repair Coordination \$10
		11) NI: NI: Post Repair Inspection \$25
		12) NI: NI: DV / Follow-Through Coordination \$5
		13) NI: NI: TE (NI) : TP (NI) : INC against INC \$30
		14) NI: NI: NI: Mobile \$10
		Invoice dated
		Ref Charged
		Invoice dated
		Ref 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 Actual 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	20/09/2022 16:32 (SGT)
Reported by	Driver
Date of Accident	20/09/2022 12:45 (SGT)
Exact Location of Accident	Toh Tuck Ave, Singapore
Additional Location Information	SLIP ROAD TOWARDS PIE(TUAS)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ8868R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	QSAFE PTE. LTD.
Company Reg No	2XXXXX848Z
Email Address	admin@qsafe.com.sg
Mobile Phone No	(Phone) +65-81234812
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1598

### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05013414

### DRIVER

Name of Driver	SUBRAMANIYAN KRISHNAMOORTHY
Passport No/FIN	GXXXX503N
Date Of Birth	24/04/1991
Occupation	Outdoor

Date Of Driving Pass	12/04/2022
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91321852
Alt. Phone Number	-
Email Address	admin@qsafe.com.sg
Address	48 TOH GUAN ROAD EAST #08-155
Address complement	ENTERPRISE HUB
Postcode	608568
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	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 PLAN

#### 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	SLR9545Z
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG6870E
Vehicle Manufacturer	-
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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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) which may be sited outside of Singapore, for one or more of the above Purposes.

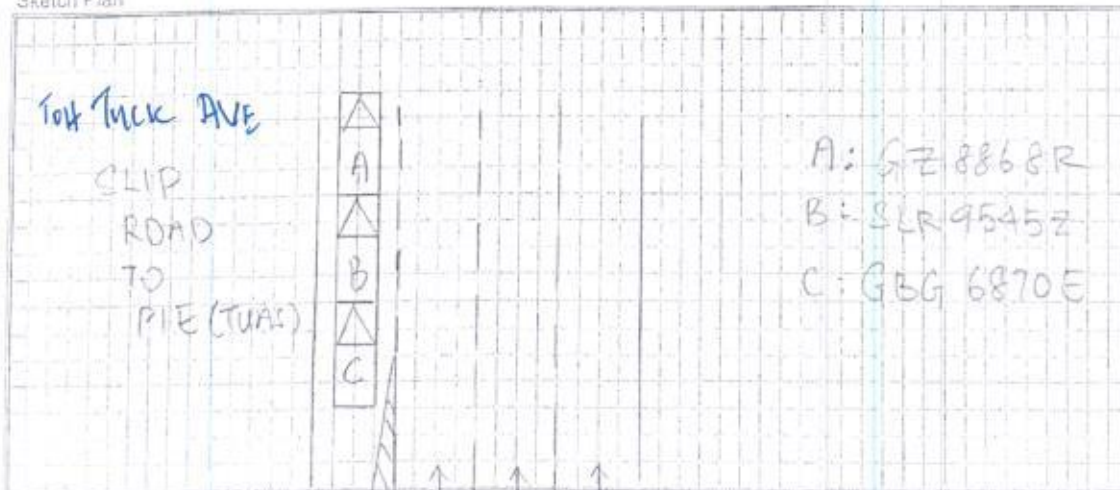


Policyholder's Signature /

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ND card)

Sketch Plan



Describe Circumstance of the Accident

On 20<sup>th</sup> September 2022, at about 12:45hrs, I was travelling along the slip road from Toh Tuck Ave to enter PIE (Tuas). The vehicle in front of me jammed brake suddenly. Noticing that, I followed suit and stopped my vehicle. Out of a sudden, I felt an impact from the rear. I alighted and realised vehicle B had collided onto the rear portion of my vehicle and it was a chain collision involving 3 vehicles in total.

Declaration

(We declare the foregoing statements are true in every respect)



Policyholder's Signature / Name

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

# ACCIDENT STATEMENT

## ACCIDENT DETAIL

Accident Location	Slip road to enter PIE (Tuas)
Accident Date / Time:	20/09/2022 / 12:45hrs
Weather Conditions	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Drizzling / Others ( )
Road Surface	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / Others ( )

## VEHICLE INFORMATION

Vehicle No.	GZ 8868 R	Transmission	Auto / <input checked="" type="checkbox"/> Manual
Vehicle Make / Model	FIAT DOBLO	C.C	
Insured Name	QSAFE PTE LTD		
NRIC / FIN / UEN	201634848Z	Contact Number	8123 4812
Are you claiming under your own insurance policy for repair to your vehicle?			
Own Damaged Claim	<input checked="" type="checkbox"/> Third Party / <input type="checkbox"/> Reporting only	Insurance Company	Lompac
Type of Policy	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / TPTF	Policy Number	Z22VC05013414

## SAME AS INSURED ( )

Name Driver	SUBRAMANIAN KRISHNAMOORTHY		
NRIC / FIN / UEN	G 2503503N		
Date of Birth	24/04/1991	Contact Number	9132 1852
Driving Pass Date	12/04/2022	Occupation	Indoor / <input checked="" type="checkbox"/> Outdoor
Email	admin@qsafe.com.sg	Gender	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
Number of passenger include driver (Please provide name & gender of the passenger)			
DRIVER ONLY			

Was driver an employee of the Insured's Company? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
If No, Relationship of the Driver with the Insured
Owner / Spouse / Friend / Relative / Children / Sibling / Other ( )
Does the driver own any other vehicle? Yes <input checked="" type="checkbox"/> No (If Yes, Please provide veh/model: )
Was any Foreign vehicle involved in this Accident? Yes <input checked="" type="checkbox"/> No
Was anybody body injured in the Accident? Yes <input checked="" type="checkbox"/> No
If Yes, Injured details:
Convey By Ambulance: Yes / <input checked="" type="checkbox"/> No
Was there any video capture by Car Camera? Yes <input checked="" type="checkbox"/> No
Was there Accident Report to the Police? Yes <input checked="" type="checkbox"/> No (If Yes, Pls provide Police Report: )

Third Party Vehicle	Thrid Party Name / NRIC	Contact Number
Vehicle B	SLR 9545 Z	
Vehicle C	GBG 6870 E	
Vehicle D		
Vehicle E		
Vehicle F		



**LONPAC INSURANCE BHD (S98FC5635C)**

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/06, The Concourse, Singapore 199555.  
Tel: (65) 6250 7388 Fax: (65) 6298 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. : Z22VC05013414

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

FIAT DOBLO CARGO MAXI 1.6 MTJ 6MT GLAZE  
- GZ8868R

2. Name of Policy Holder

QSAFE PTE. LTD.

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

01/09/2022

4. Date of Expiry of the Insurance

31/08/2023

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\$ 500.00 (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 : GOLDBELL FINANCIAL SERVICES PTE LTD

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: KWEECHOO

Date Issued: 17/08/2022