NATIONAL Assessment Centre	Services. well Jan'05		
Date In: 07/11/22	Jeb description	Date & Time Completed	Done py.
Res No: NA/LAC220/1082/13	SAS e-filing		2
Veh No: GBC 7685M	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 05/11/2 0630	i-Motor Claim Form	ن	
	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)	
OD : (TP): Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hane	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax;)
	WE8320G INC	(
Owner / Driver: (Tel:)
Policy No: () Peri	od: (Cover Type: ().
Confirmed by : (Date:	Time:)
	ote-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-1	00%]
	arranty: YES ()/NO (<u> </u>	
Excess: (\$) Loading: \$1,00	0()/\$2,000()		TWO THE TAXABLE PARTY OF THE PA
General Remarks:			
() Walk-In Customer: Customer's inform		Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer		Towing Co: (. ,)
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();		72.022
Remarks: (INC hotline: 6788 6616)		Date& Time Completed (Done by
	urtesy Car ()		Y
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()		
Injurý:			
Dute/Time! Actions	2.1		858 CANADA
		,	
	1	7	
NA.		ALC: NO.	
	[2008.2004.000000]	reparation Checklist	ht Bill Add Bill
Claimant's Particulars:-	1) AR : Accid 2) DA : Darna	ge Assessment (\$100); INC (\$3	man description of the second
Driver/Owner:	3) TF: Towin 4) FT: Follow	8 1.00	/ \$45 \$120
Contact No:	5) FT : Follow	-Through Survey (Resurvey) g against INC Only (wef 10 Jon 2005	330
	6) TR : Re-ins	pection	\$75 \$160
Damaged Portion:	7) 'N1 : Idao D 8) NTUC Add	A + SMRT Survey lilional Services:-	
QC Checked by (Engr-In-Charge):	OD*	csy Car / Tpt Allowance	\$5
AC Cuecken by (Fußt-fu-Cum ke).	•N6: Repai	r Co-ordination	310
Auditors! Comments:2	*N7: Fost I	Collect Excess Coordination	\$25
Anditors! Comments :: E	TP(NII):	TP (Non INC) against INC	\$20
	9) N12: Idac Involce dated	Fee Charged	
at. 2/3;	Invoice dated	Fee Charged	S144.27

i print the



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver
 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 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.

 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 07/11/2022 14:33 (SGT) Reported by Driver Date of Accident 05/11/2022 06:30 (SGT) Exact Location of Accident Singapore Additional Location Information CTE TOWARDS ANG MO KIO Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number **GBC7685M**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner B-TEAM CONSTRUCTION SUPPLIES PTE LTD Company Reg No 2XXXXX711W **Email Address** UEMOTOR@HOTMAIL.COM Mobile Phone No (Phone) +65-62711890 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Dyna 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 2982

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05013271

DRIVER

Name of Driver SEAH LYE HOCK NRIC No SXXXX457D Date Of Birth 19/10/1961 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	25/05/1988 34 YEARS AND 6 MONTHS Male (Phone) +65-93896222 - UEMOTOR@HOTMAIL.COM BLK 701 CHOA CHU KANG STREET 53 #05-20 - 680701 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO ATTACHED REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SNE8320G -

Vehicle Colour	
Vohicle Cotegory	_
Name of Driver	Private car
	JUSTIN CHUA HAO TERN
NRIC No	SXXXX062A
Contact Number Address	-
	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
rio. Or asseriger (including Driver)	





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20221107/7082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2022 13:20		ade:	Vide Report No.:	Station Diary No.:	
Informant	's Particu	lars			
Name of Informant: SEAH LYE HOCK			Address: 701 CHOA CHU KANG STREET 53 #05-20 SINGAPORE 680701		
ID Type / I NRIC NO / Nationality SINGAPOR	S148145		Contact No.: Home/Office: Mobile: 93896222 Email:		
Sex: Male	Age: 61	Date of Birth: 19/10/1961	uemotor@hotmail.com Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: driver			Driving Licence Information: Class: 3	Date of Expiry:	

General Inform	nation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2022 06:	30	Type of Location: Straight Road
Location:				00	L
cte ang mo kio					
			Sr.		
Weather:					
Heavy rain		Road Surface: Wet		Road	Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffi Light	c Volume:
Type of Collision rear ended	on:				ne conveyed by llance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBC7685M	Lorry	ТОУОТА	dyna	Silver	Totally Damaged	0
SNE8320G	Car	MERCEDES BENZ	E 300	Red	Slightly Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

2 of 3

Tel No: 65470000

Report No. T/20221107/7082

CONTINUATION OF REPORT

Details of Person	on Involved					
Any Pedestrian I						
No. of Pedestria			Use of Po	doctrio	n C	
Driver			Use of Pe	uesina	ii Cross	sing: NA
Name	SEAH LYE HOCK			ID No).	S1481457D
Related Vehicle	GBC7685M (Lorry)			Conta	act No.	93896222
Hospital/Clinic	UBI FAMILY CLINIC	& SURGER	Y	Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	05/11/2022		Date	Lxpiry		
No. of Days grant	ed Medical Leave	03	Date Degree of		NIL Slight	

Brief Details.

while driving on a highway at 60kmh a car from my rear skided and hit the rear of my lorry and my lorry skided and while skided the same car still hit the back of my lorry due to heavy rain and wet floor, mostly all the part of my lorry we damage as i was hit hard by the car. i got no camera on my lorry. before the incident there is no any mechanical fault on my lorry. I went to clinic to and was given 3 days mc as i was having a heart pain and hand aching.

OWNER OF THE CAR: JUSTIN CHUA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20221107/7082

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/11/2022 13:20
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:
This report is lodged at Traffic Police Kiosk 1	

be Circumstance of the A Plase refer	10 police	16/001	1/2000110	11.408.5	
	,,====				
9					
					-
					-
					MARKET CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel / Date & Time

(Name as in NRIC/ID card)

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

Policyholder's Signature / Date & Time

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

2/11/2021

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

Sketch Plan CTE Mo towards Aug kin GBC 7685 M SNE 8320 G

ACCIDENT STATEMENT

ACCIDENT DATE: (5/11/2022)(DD/MM/YYYY), TIME: (0) LOCATION: CTE towards And Market	
LOCATION: CTE HULLEND AND TIME: (O	6 . 30 MUNIMUM
CTE towards Ang Mo KIO	(ULWW)
1. DETAILS OF VEHICLE	
O) VEHICLE NUMBER GROZIEC M	
DINSUKANCE COMPANY	
CI OII ANIMADED. 300	
CIPOLICY NUMBER: 222VCO 5013271	8
G)MAKE & MODEL: Toyota Dung 150	PARTY FIRE ATURE
111111111111111111111111111111111111111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
GIVEHICLE CATEGORY (DRIVE LORRY / MOTORO	CYCLE / OTHERS
IF NO, PLEASE STATE (THIRD PART CLAIM / REPORTING O	/t@O)
2. INSURED / POUCY HOLDER A) NAME: B- TEAM (CHARLE OF A) NAME: B- TEAM (CHARLE OF A)	NLY)
A) NAME: B- TEAM CONSTRUCTION SUPPLIES PTE	TALE / FEMALE
CJADDRESS:CONTAC	r: 6271 1890
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
	•
() including chicar) OINAME SEAH EYE HOCK DINRIC/FIN/PASSPORT: S14814570 (MC	ME (FELLALE)
CJADDRESS: SIK 301 CHOA CHU KANG CHURANG	9389 6222
31 000 7(1)	3 HS-20
e)OCCUPATION: (INDOOR (OUTDOOR)	
DOCCUPATION: (INDOOR / OUTDOOR)	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPAN IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. GIWEATHER CONDITION: (CLEAR A PANIS)	Y? (YES / NO)
CHILATER CONDITION (C. 2)	
6. WAS ANYBODY IN MISSE (CLEAR / RAINING / OTHERS	
6. WAS ANYBODY INJURED (YES / NO) 7. OJREPORTED TO POLICE (YES / NO) IF YES PLEASE STATE OF THE YES PL	
" CLASE STATE WILLIAM .	
He of passinger of VEHICLE NUMBER: SHE 8320 G MODEL:	
Chicheling drives b) DRIVER'S NAME: SNE 8320 G MODEL:	
CI LIDIO I MOTERIA	
V FOU AT PROSEGUAGE OF VEHICLE NUMBER:	
Profusion by ORIVER'S NAME	
() NRIC/FIN/PASSPORT: CONTACT:	· ·
CONTACT	-
•	i
Const 110 maters Al to a	•
email = Ve motor & hotmail · com	

Cax =

VIDEO = NO



(incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/06, 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.: Z22VC05013271

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA DYNA 150 - GBC7685M

2. Name of Policy Holder

B-TEAM CONSTRUCTION SUPPLIES PTE LTD

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

17/09/2022

4. Date of Expiry of the Insurance

16/09/2023

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 TRIALOR SPEED TESTING.

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

Excess

: S\$ 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

Ornele.

CHIEF EXECUTIVE (Singapore Branch)

User ID: HSLIM Date Issued: 10/08/2022