

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 7/11/2022	Job description	Date & Time Completed	Done by
Ref No: NA/LPC22011098/r3	SAS e-filing		
Veh No: GBB 3767S	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 5/11/2022 1545	i-Motor Claim Form		
OD : (P) 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: GBL 4702 U	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%. P: 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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
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) FT: 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*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

At 1:

At 2 / 3:

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	07/11/2022 13:27 (SGT)
Reported by	Driver
Date of Accident	05/11/2022 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LAU PA SAT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB3767S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THE LONGBOARD ACADEMY PTE LTD
Company Reg No	2XXXXXX249W
Email Address	LUCASLIEW@ROCKETMAIL.COM
Mobile Phone No	(Phone) +65-98575133
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Acty
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	Auto
CC	656

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05014147

DRIVER

Name of Driver	LUCAS LIEW GUAN RONG
NRIC No	SXXXX043B
Date Of Birth	02/10/1995
Occupation	Outdoor

Date Of Driving Pass	25/10/2022
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98575133
Alt. Phone Number	-
Email Address	LUCASLIEW@ROCKETMAIL.COM
Address	BLK 147 PASIR RIS STREET 13 #07-16
Address complement	-
Postcode	510147
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	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)	2
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	-

PASSENGER 1

Name	PASSENGER
Gender	Female

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 ATTACHED REPORT

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	GBL4702U
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)	-

Describe Circumstance of the Accident

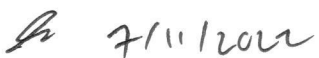
I was turning to the right on the second lane towards Chinatown. As I was turning Vehicle B collided into the rear right side of my vehicle causing my vehicle to turn facing opposite direction.

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)
/ Date & Time

 7/11/2022
Witnessed by Reporting Centre Personnel
(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.
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;

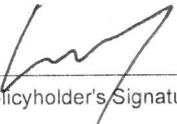
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

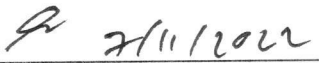
(collectively the "Purposes")

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

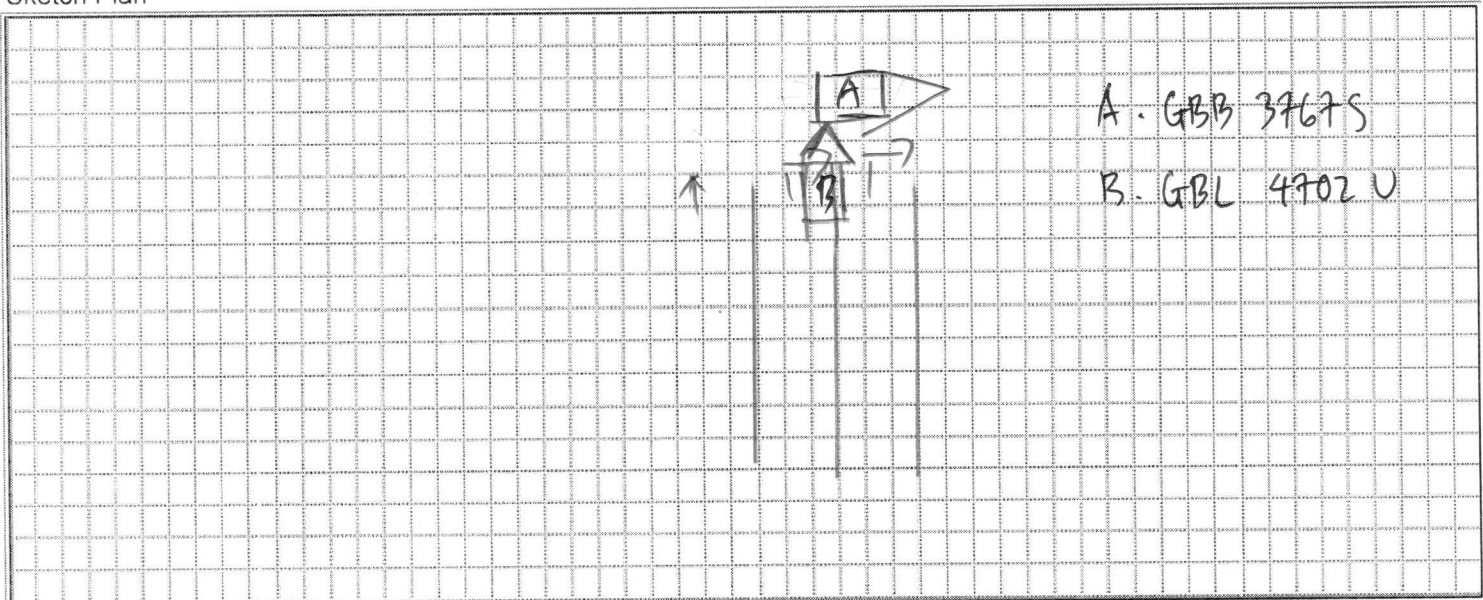

Policyholder's Signature / Date & Time

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


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

Sketch Plan

LAV PA SAT 1



INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHOR OF THIS DOCUMENT DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of THE LONGBOARD ACADEMY PTE. LTD. (202132249W)

The Following Are The Brief Particulars of :

UEN	:	202132249W
Company Name.	:	THE LONGBOARD ACADEMY PTE. LTD.
Former Name if any	:	
Incorporation Date.	:	15/09/2021
Company Type	:	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Status	:	Live Company
Status Date	:	15/09/2021

Principal Activities

Activities (I)	:	TRAINING COURSES FOR SPORTS AND GAMES (85407)
Description	:	
Activities (II)	:	
Description	:	

Capital

Issued Share Capital (AMOUNT)	Number of Shares *	Currency	Share Type
1	1	SINGAPORE, DOLLARS	ORDINARY

* Number of Shares includes number of Treasury Shares

Paid-Up Capital (AMOUNT)	Number of Shares	Currency	Share Type
1		SINGAPORE, DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency
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DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of THE LONGBOARD ACADEMY PTE. LTD. (202132249W)

Registered Office Address : 10 ANSON ROAD
#10-11
INTERNATIONAL PLAZA
SINGAPORE (079903)

Date of Address : 15/09/2021

Date of Last AGM :

Date of Last AR :

FYE As At Date of Last AR :

Audit Firms

NAME

Charges

Charge No.	Date Registered	Currency	Amount Secured	Chargee(s)

Officers/Authorised Representative(s)

Name	ID	Nationality/Citizenship	Source of Address
LUCAS LIEW GUAN RONG	S9536043B	SINGAPORE CITIZEN	ACRA
147 PASIR RIS STREET 13 #07-16 SINGAPORE (510147)		Director	
TAN WEI QI, FELICIA	S9350222A	SINGAPORE CITIZEN	ACRA
160 ROBINSON ROAD #14-04 SINGAPORE (068914)		Secretary	
NURUL ALIEYA BINTE RASHID	S9931713B	SINGAPORE CITIZEN	ACRA
160 ROBINSON ROAD #14-04 SINGAPORE (068914)		Secretary	

Shareholder(s)

Name	ID	Nationality/Citizenship Place of incorporation/ Origin/Registration	Source of Address
Address			

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE REGISTRAR OF COMPANIES AND BUSINESS NAMES
DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of THE LONGBOARD ACADEMY PTE. LTD. (202132249W)

Shareholder(s)

Name	ID	Nationality/Citizenship Place of incorporation/ Origin/Registration	Source of Address
Address			
1 LUCAS LIEW GUAN RONG	S9536043B	SINGAPORE CITIZEN	ACRA
147 PASIR RIS STREET 13 #07-16 SINGAPORE (510147)			
Ordinary(Number)	Currency		
1	SINGAPORE, DOLLARS		

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this product is collated from lodgements filed with ACRA, and/or information collected by other sources.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit [www.acra.gov.sg](#)

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA220407144672

DATE : 07/04/2022

INFORMATION RESOURCES

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DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR

**Business Profile (Company) of THE LONGBOARD ACADEMY PTE. LTD.
(202132249W)**

This is computer generated. Hence no signature required.

ACCIDENT STATEMENT

ACCIDENT DATE: 5 / 11 / 2022 (DD/MM/YYYY), TIME: 15 : 45 (HH:MM)

LOCATION: LAU PA SAT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8B 3767S
 b) INSURANCE COMPANY: LONPAC Insurance
 c) POLICY NUMBER: 222VC05014147
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) ACT / MANUAL
 e) MAKE & MODEL: HONDA ACTY S0X 660 A
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: THE LONGBOARD ACADEMY PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 202132249W CONTACT: 9857 5133
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LUCAS LIEW GUAN RONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9536043B CONTACT: 9857 5133
 c) ADDRESS: Blk 147 PASIR RIS STREET 13 #07-16 S (510147)

* d) DATE OF BIRTH: 2 / 10 / 1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 25/10/2022

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: G8L 4702 V MODEL:
 b) DRIVER'S NAME: ER SIOW SIONG
 c) NRIC/FIN/PASSPORT: CONTACT: 8608 0222

9. THIRD PARTY VEHICLE

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

Email = lucastiew@rocketmail.com

Fax =

VIDEO = NO

No. of passengers
 (including driver)
(2)
 Female

No. of passengers
 (including driver)
()

No. of passengers
 (including driver)
()



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) 6296 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. : Z22VC05014147

Type of Cover : THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

HONDA ACTY SDX 660 A
- GBB3767S

2. Name of Policy Holder

THE LONGBOARD ACADEMY PTE. LTD.

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

27/09/2022

4. Date of Expiry of the Insurance

26/09/2023

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 TRIAL OR SPEED TESTING.

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

* 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.

Amele

CHIEF EXECUTIVE
(Singapore Branch)

User ID: WOOALAN

Date Issued: 27/09/2022