

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

Date In: 14/11/22	Job description	Date & Time Completed	Done by
Ref No: NA/LPC22011393/12	SAS e-filing		
Veh No: 9P89524	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/11/22 1015	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: 5N659525	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	Amt (\$) Est. Bill	Amt (\$) Add. Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$30)		
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 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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: Idac Mobile 30		
At 1:	Invoice dated	Fee Charged	
At 2 / 3:	Invoice dated	Fee 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	14/11/2022 16:29 (SGT)
Reported by	Driver
Date of Accident	12/11/2022 10:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DEFU LANE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8952U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIN FU LEE COMPANY
Company Reg No	2XXXX900X
Email Address	contactus@sinfulee.com.sg
Mobile Phone No	(Phone) +65-96395868
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R 14FT WIDE CAB 5T
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	4009

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05012415

DRIVER

Name of Driver	MARIYAPPAN VENKADESAN
Passport No/FIN	GXXXX235X
Date Of Birth	11/12/1981
Occupation	Outdoor

Date Of Driving Pass	18/05/2016
Driving experience	6 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88240260
Alt. Phone Number	-
Email Address	contactus@sinfulee.com.sg
Address	28 DEFU LANE 10
Address complement	#01-154
Postcode	539209
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	Collision - Head to Rear
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

PLS REFER TO THE ATTACHED STATEMENT

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	SNG5952S
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)		-

SKETCH PLAN

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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. The 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.
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.

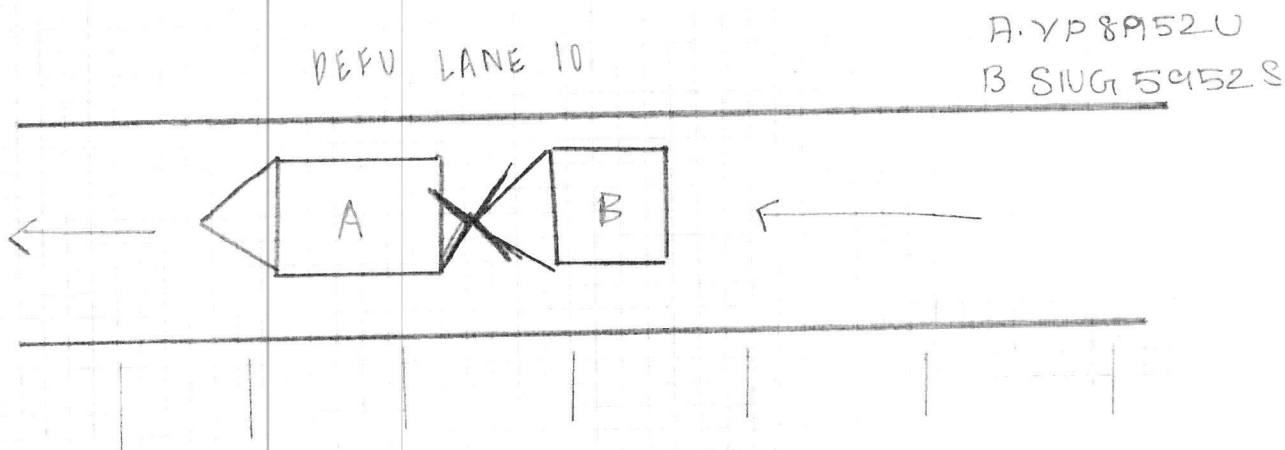
SIN FU LEE COMPANY
551-016637-001
TEL: 6280 4734

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident:

I was driving along BFA lane 10, when I stop on the lane 2. Suddenly a Vehicle (SIN 5952 S) hit my rear. Nobody injured in the accident.

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

(ACCIDENT STATEMENT FORM)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement claim.

This form is to facilitate the mobile reporting service for E-filing

Chew Goon Motor

Date of Accident	Time	Exact Location of Accident
12-11-2022	10:15	DEFU Lane 10.6, Singapore 539187

REGISTERED OWNER VEHICLE DETAILS

Registration No: YP 89520	Vehicle Make:	Model:	Colour:
Name of Registered Owner: SIV FU LEE CO		NRIC/FIN/Company Reg. No:	
Owner Contact: 96395868	Office:	Owner Email: contact us @ sifu lee.com.sg contact us @ sifu lee.com.sg	

INSURANCE

Name of Insurance Company:	Policy No:
Policy Type: <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party, Fire & Theft <input type="checkbox"/> Third Party	Fleet Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Category: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Private Hire	Are you claiming your own insurance Policy for the repair of your Vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No, Reporting Only <input checked="" type="checkbox"/> No, Claim 3rd Party

DRIVER'S DETAIL

Name of Driver: MARIYAPPAN VENKATESAN	NRIC/FIN/Passport No:	
Driver Address: 28 DEFU Lane 10, #01-154, Singapore 539209	Date of Birth:	
Driver Contact: 88240260	Driver Email:	
Occupation: <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	<input type="checkbox"/> Male <input type="checkbox"/> Female	Driving Pass Date:
Was Driver an Employee of the Insured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Relationship of the Driver with the Insured if not an Employee: Employee	
If Yes, please state Name of Company:		

ACCIDENT DETAILS

Exact Purpose for which vehicle was being used at the time of accident: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Hire & Reward <input type="checkbox"/> Others	Weather Condition: <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Other: _____
	Road Surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Other: _____

POLICE DETAILS

Was Accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Notice of Prosecution Given? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please state which Police Station the report made?	If Yes, against whom?

WAS ANY OTHER VEHICLE OR PROPERTY INVOLVED?

* Registration No: SNG 59528	Vehicle Category:	Vehicle Make:	Colour:
Name of Driver:	NRIC / FIN:	Contact:	
* Registration No:	Vehicle Category:	Vehicle Make:	Colour:
Name of Driver:	NRIC / FIN:	Contact:	
* Registration No:	Vehicle Category:	Vehicle Make:	Colour:
Name of Driver:	NRIC / FIN:	Contact:	

DETAILS OF INJURED PERSON

Name of Injured Person:	Contact:	If passenger, State which Vehicle:
Conveyed to Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	Was seat belts worn? <input type="checkbox"/> Yes <input type="checkbox"/> No

WITNESS

Name of Witness:	NRIC/FIN/Passport No:
Witness Contact:	Email Address:
Is Witness a passenger or insured or third party?	<input type="checkbox"/> Insured <input type="checkbox"/> Third Party <input type="checkbox"/> Independent Witness

Declaration:

We declare that the above particulars & information provided above are true in every aspect.

Video Footage: Yes or No

Total Pax (Included driver): 2

Name Of Passenger: mongusling

Gender: M

Registered Owner or Driver's Signature

**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. : Z22VC05012415

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HINO XZU710R14FTWIDE CAB5T
- YP8952U

2. Name of Policy Holder

SIN FU LEE COMPANY

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

26/06/2022

4. Date of Expiry of the Insurance

25/06/2023

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

Excess

: S\$ 700.00 (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.

CHIEF EXECUTIVE
(Singapore Branch)User ID: EMOTORPAM
Date Issued: 21/06/2022