

NATIONAL Assessment Centre Services

(Rev 1 Jan 2021)

SNO 22 C20003

Date In: 02/12/2022 10:56	Job description	Date & Time Completed	Done by
Ref No: NBA/PC20/2070/Y	SAS e-filing		
Veh No: GB 3234L	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 9/11/2022 09:40	I-Motor Claim Form		
OO: TP / Reporting Only	I-Motor W/O (White: QD 2hrs, TP 4hrs)		
TP Insured:	I-Photo Uploaded		
	Assessment/Survey Report		
	Asst Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SPV 399	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % (Note: Est. Status (WO): N: 0-30%, P: 21-79%, F: 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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time Actions:

Injunctant's Particulars:	Invoice Preparation Checklist:
Driver/Owner:	1) AR: Accident Reporting (330)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$10/\$40
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$150
for Comments:	5) FT: Follow-Through Survey (Resurvey) \$30
	Resurveying within 14 days from 15 Jan 2023
	6) TR: Re-inspection \$75
	7) NI: New DA + SMRT Survey \$140
	8) NTUC Additional Fee: \$10
	QW:
	*NI: Courtesy Car / Tel Allowance \$5
	*NI: Repair Coordination \$10
	*NI: Post Repair Inspection \$25
	*NI: DV / Collect Excess Coordination \$5
	*NI: TP (INC) against INC \$10
	2) NI: 24hrs Mobile
	Invoice dated
	Fee Charged
	Fee Received

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	02/12/2022 10:56 (SGT)
Reported by	Driver
Date of Accident	29/11/2022 07:40 (SGT)
Exact Location of Accident	Clementi Ave 2, Singapore
Additional Location Information	TOWARDS AYE (TUAS) SLIP RD BEFORE AYE (TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3234L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ANG'S FAMILY FOOD ENTERPRISE PTE LTD
Company Reg No	2XXXXX831H
Email Address	smsthaver@gmail.com
Mobile Phone No	(Phone) +65-87970808
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05012055

DRIVER

Name of Driver	SHANMUGAN MUTHUKUMAR SATEESH
Passport No/FIN	GXXXX475L
Date Of Birth	14/06/1991
Occupation	Outdoor

Date Of Driving Pass	26/06/2020
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87970808
Alt. Phone Number	-
Email Address	smsthaver@gmail.com
Address	BLK 451 CHOA CHU KANG AVENUE 4 #13-153
Address complement	-
Postcode	680451
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

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	SFX39S
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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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.
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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

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

Witnessed by Reporting Centre Personnel

02/12/2022

Sketch Plan

AXE(TURS)



Vehicle A: 4B6 3234L

Vehicle B: 5FX 39S

Describe Circumstances of the Accident

On the stated date and time, I vehicle A was traveling at the stated location. Vehicle B in front of me moved on, I was checking the traffic from the right. I did not realise vehicle A stopped, I could not stop in time and hit onto vehicle A's rear portion.

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature Date & Time

S.M. S. P.

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

Witnessed by Reporting Centre Personnel

02/12/2022

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Date of Accident : 29/11/22 Accident Time: 0740 hrs (24-HR-Format)
Accident Place : Clementi Ave 2 towards AYE (TUAS) Slip Rd before AYE (TUAS)
Vehicle No. (Car Plate No.) : 4B6 3234L Make/Model: Toyota Duga
Insurance Company : Lompac Policy No: 222VC05012055
Owner or Company Name /IC No. : Ang's Family Food Enterprise Pte Ltd / 201711831H
Owner or Company Contact No. : 87970809 Owner's Hp Company Tel
DRIVER'S Name / IC No. : Shanmugan Muthukumar Sateesh / G3236475L
DRIVER'S Date Of Birth : 14/6/1991 DRIVER'S License Pass Date 26/6/2020
Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others:
DRIVER'S Address : 451 Choa Chu Kang Ave 4 #13-153 S 680451
DRIVER'S Contact No./ Alt No. : 1) 86171442 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : smethaver@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
Any Injury (If YES, Pls state): Nil

Other Party Driver's Particular (if any)

Vehicle. No: SFX 398	Vehicle. No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

• NEW – Passenger's name & gender:



LONPAC INSURANCE BHD (598FC5633G)

(Incorporated in Malaysia)

Singapore Office: 350, Beach Road #17-04/06, The Centria, Singapore 109555

Tel: (65) 6330 7308 Fax: (65) 6258 2767 Website: www.lonpac.com.sg

ROD Reg No: FD-0006035-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.: Z22VC05012055

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA DYNA 150 5MT
- GBG3234L

2. Name of Policy Holder

ANG'S FAMILY FOOD ENTERPRISE PTE LTD

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

31/05/2022

4. Date of Expiry of the Insurance

30/05/2023

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\$ 2,000.00 (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.

Amek

CHIEF EXECUTIVE
(Singapore Branch)

User ID: KYCHONG

Date Issued: 31/05/2022