

# NATIONAL Assessment Centre Services

Date: 12 / 12 / 2022	Job description	Date & Time Completed	Done by
Ref No: NA/LPC22012414/r3	SAS e-filing		
Veh No: GBB 5786Z	E-mail (within 3hrs. AP: 2hrs)		
DOA: 11/12/2022	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLR 4880M	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%; 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 repairer.

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

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

Remarks:-	Date & Time Completed	Done by
(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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1st Bill	Add'l		
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	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:-			
	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: Idac Mobile 30			
Call 1:	Invoice date:	Fee Charged		
Call 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	12/12/2022 18:19 (SGT)
Reported by	Both
Date of Accident	11/12/2022 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG AVENUE 10
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5786Z
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CONNECTION WORKS PTE LTD
Company Reg No	2XXXXX301Z
Email Address	eugene.connectionworks@gmail.com
Mobile Phone No	(Phone) +65-93878047
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	2953

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z21VC05007815-001

#### DRIVER

Name of Driver	YEO YU JIN
NRIC No	SXXXX679I
Date Of Birth	10/11/1978
Occupation	Outdoor



Date Of Driving Pass	13/04/2017
Driving experience	5 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93878047
Alt. Phone Number	-
Email Address	eugene.connectionworks@gmail.com
Address	98 EDGEDALE PLAINS
Address complement	05-40
Postcode	828689
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	Collision - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

#### 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 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	SLR4880M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE CHUN PING
NRIC No	SXXXX235G

Contact Number	.....	(Phone) +65-90672077
Address	.....	-
Address complement	.....	-
Postcode	.....	-
Insurance Company Name	.....	-
Nature Of Damage	.....	-
Details of property damaged in accident	.....	-
No. Of Passenger (Including Driver)	.....	-



# ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 12 / 2012) (DD/MM/YYYY), TIME: (13 : 30) (HH:MM)

LOCATION: Hougang Avenue 10

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB 57862  
b) INSURANCE COMPANY: Low Pac Insurance  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Nissan Urban 3.0cc AUTO / MANUAL  
f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Employment  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Connection Works PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 2020013012 CONTACT: 9387 8047  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Yeo Yu Jin (Yang Youren) (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 579316791 CONTACT: 9387 8047  
c) ADDRESS: B1K 98 Edgedale Plains  
Edgedale Plains 4 05-40 828689

\* d) DATE OF BIRTH: (10 / 11 / 1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13/04/2017

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS After rain)

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: SLR 4880 M MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Lee Chun Ping  
c) NRIC/FIN/PASSPORT: 576262356 CONTACT: 9067 2077

## 9. THIRD PARTY VEHICLE

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

Email: eugene.connectionworks@gmail.com

Fax: -

VIDEO: NO



## 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.

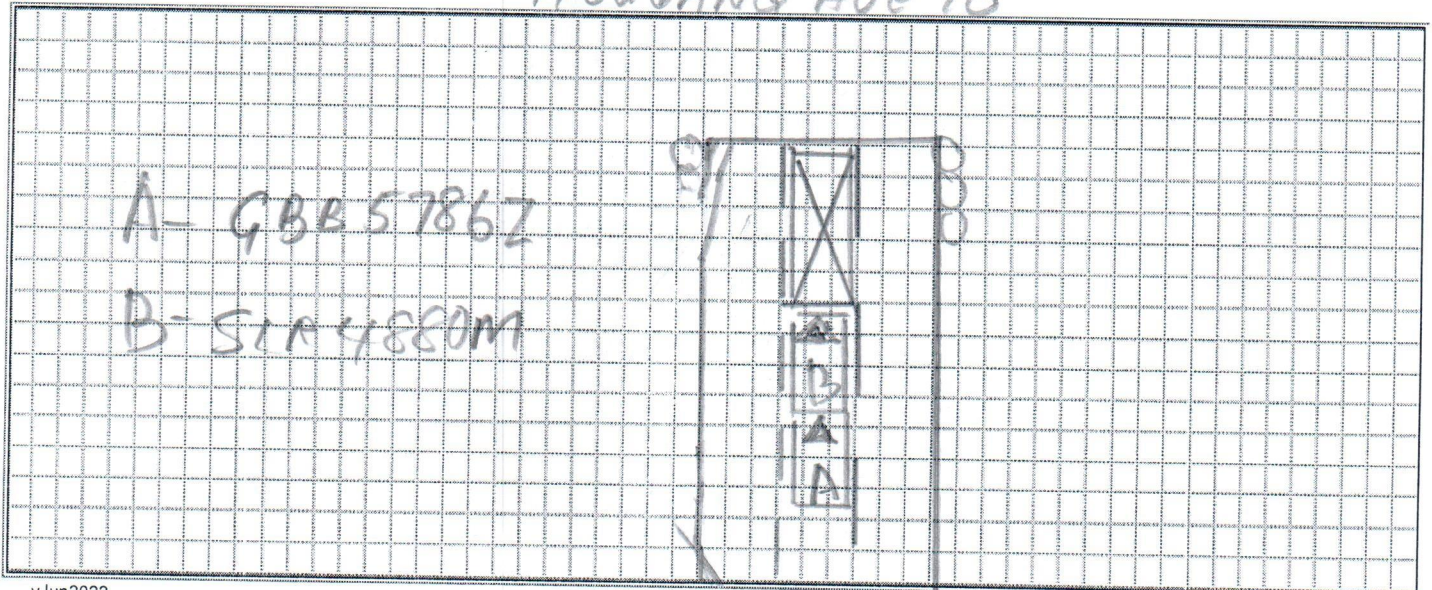
Policyholder's Signature / Date & Time

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

HOUGANG AVE 10





Describe Circumstance of the Accident

In front of my vehicle, there is a car that stop due to traffic light behind the yellow box.

I ~~also~~ have also braked due to traffic light, however my vehicle moved forward and hit onto the rear portion of Vehicle B due to the road surface being wet.

Upon impact, I went to check with vehicle B driver and confirmed that there is no need ~~for~~ for ambulance ~~and~~

Declaration

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

Policyholder's Signature / Date & Time

 12/12/22

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

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



12/12/2022



# 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.: FD-0005635-C

CONFIDENTIAL

MZ300

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No. : Z21VC05007815-001

Type of Cover : THIRD PARTY FIRE AND THEFT

1. Index Mark and Vehicle Registration Number

NISSAN URVAN PANEL LWB  
3.0 5DR 5MT  
- GBB 5786Z

2. Name of Policy Holder

CONNECTION WORKS PTE. LTD.

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

06/08/2022

4. Date of Expiry of the Insurance

25/12/2022

5. Persons or Classes of Persons entitled 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 : NOT APPLICABLE

\* 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 to be included under heading.

/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

: ABWIN PTE LTD

*Onele*

CHIEF EXECUTIVE  
(Singapore Branch)



## INFORMATION RESOURCES

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

## Business Profile (Company) of CONNECTION WORKS PTE. LTD. (202001301Z)

Date: 09/01/2020

## The Following Are The Brief Particulars of :

Registration No.	:	202001301Z
Company Name.	:	CONNECTION WORKS PTE. LTD.
Former Name if any	:	
Incorporation Date.	:	09/01/2020
Company Type	:	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Status	:	Live Company
Status Date	:	09/01/2020

## Principal Activities

Activities (I)	:	GENERAL CONTRACTORS (NON-BUILDING CONSTRUCTION) (42101)
Description	:	
Activities (II)	:	
Description	:	

## Capital

Issued Share Capital (AMOUNT)	Number of Shares *	Currency	Share Type
2	2	SINGAPORE, DOLLARS	ORDINARY

\* Number of Shares includes number of Treasury Shares

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

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency
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## Business Profile (Company) of CONNECTION WORKS PTE. LTD. (202001301Z)

Date: 09/01/2020

Registered Office Address	:	18 UPPER BOON KENG ROAD #01-1139 BOON KENG VILLE SINGAPORE (380018)
Date of Address	:	09/01/2020
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)
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## Officers/Authorised Representative(s)

Name	ID	Nationality	Source of Address	Date of Appointment
Address		Position Held		
YEO YU JIN	S7831679I	SINGAPORE CITIZEN	ACRA	09/01/2020
465 UPPER SERANGOON ROAD #13-1199 SINGAPORE (530465)		Director		
KHAIRUNNISAH BINTE ABDUL RAHIM	S9038306Z	SINGAPORE CITIZEN	ACRA	09/01/2020
80 ROBINSON ROAD #08-01 SINGAPORE (068898)		Secretary		
CHENG KOK YONG, VINCENT	S8836733B	SINGAPORE CITIZEN	ACRA	09/01/2020
80 ROBINSON ROAD #08-01 SINGAPORE (068898)		Secretary		

## Shareholder(s)

Name	ID	Nationality/Place of incorporation/Origin	Source of Address	Address Changed
Address				

Authentication No. : Z20019287Y



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## Business Profile (Company) of CONNECTION WORKS PTE. LTD. (202001301Z)

Date: 09/01/2020

## Shareholder(s)

Name		ID	Nationality/Place of incorporation/Origin	Source of Address	Address Changed
Address					
1	YEO YU JIN	S7831679I	SINGAPORE CITIZEN	ACRA	
465 UPPER SERANGOON ROAD #13-1199 SINGAPORE (530465)					
Ordinary(Number)		Currency			
1		SINGAPORE, DOLLARS			
2	EILEEN CHUA	S8425703F	SINGAPORE CITIZEN	OSCARS	07/07/2017
465 UPPER SERANGOON ROAD #13-1199 SINGAPORE (530465)					
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 &amp; Checkpoint Authority.

## Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- 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](http://www.acra.gov.sg).

Authentication No. : Z20019287Y

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**INFORMATION RESOURCES**

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**Business Profile (Company) of CONNECTION WORKS PTE. LTD. (202001301Z)**

Date: 09/01/2020

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES  
SINGAPORE

RECEIPT NO. : ACRA200109030218 (Free Business Profile by ACRA)

DATE : 09/01/2020

This is computer generated. Hence no signature required.



Authentication No. : Z20019287Y