ATIONAL-Assessment Centre	16b description   Date & Time Completed   Done by
Daleln 31/03/2023 12:08	JGD (BSG) Proces
Retho NAILPC 23003396/04	
YehNo YM7773S	E-mail (within Stars, APC Phrs.)
DOA 30/03/2023 12:30	i-Motor Claim Form
the state of the s	i-Motor W/O (Within: OD 2hrs, TP 4hrs)
OD/ TP/ Reporting Only	i-Photo Uplonded :
	Assessment/Survey Report
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp.  Tol: Fax:
Preferred Wksp / INC Assign Wksp / QW: (	Vision NC( )
P Particulars: Veh No: S	Tel: )
Owner / Driver: (	) Cover Type: ( )
Policy No: (	Period: ( Time: )
Confirmed by : (	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]
Insured/Diver Bitotoy	Warranty: YES ( )/NO( )
Year of Registration: (	(52,000 ( ) )
EXCESS. (4	The state of the s
General Remarks;-	nformation strictly Confidential & Strictly NO refer of repairer.
( ) Walk-In Customer: Customers in	urer URGENTLY.
· in c-mail inst	
/ / / / / / / / / / / / / / / / / / / /	· VEC / ) / NO ( ); Towing Co. (
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Drive-In ( ) / Towed-In ( ); Invo Remarks: (INC harlines 6788 6616  1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:  Dafe/Time Actions  Claimant's Particulars  Driver/Owner:  Contact No:	Done
Drive-In ( ) / Towed-In ( ); Invo Remarks (INC Infoline 67884646  1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:  Date/Time: Actions  Claimant's Particular  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	Done
Drive-In ( ) / Towed-In ( ); Invo Remarks (INCAmorline 67884616  1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Uploud Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  Claimant's Particular  Driver/Owner:  Contact No:  Damaged Portion:	Done

## 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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 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 Police for investigation.
   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	31/03/2023 12:08 (SGT)
Reported by	Actual Driver
Date of Accident	30/03/2023 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	2A KIAN TECK AVENUE
Country/State of Loss	Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	*******************	YM7773S
-----------------------------	---------------------	---------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GEE HOE SENG
Company Reg No	2XXXXX350W
Email Address	eric@ghs.sg
Mobile Phone No	(Phone) +65-96661758
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hino
Model	Fd8jpka
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	7684

#### **INSURANCE COMPANY**

Name of Insurance Company		Lonpac Insurance Bhd
Policy Number / Cover Note Number	****************************	Z21VC05008743-002

#### DRIVER

Name of Driver	LI JINGTAO
Passport No/FIN	GXXXX997X
Date Of Birth	23/02/1982
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	09/04/2018 4 YEARS AND 11 MONTHS Male (Phone) +65-88285211 - eric@ghs.sg 53 UBI AVENUE 1 # 01-38 408934 No Employee
Does Driver Own Other Vehicles?  Vehicle Registration Number of Other Vehicle Owned by Driver	No
WARANA WA	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Parked Vehicle 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 phone number  Translator's email  Original language used in the statement	
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number	SLL1916X Private car

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

### IMPORTALIT NOTICE

- Pleas report correctly the details of the accident to speed up the claims process.
- 2. This = must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The is se and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

## 5. Any alse reporting may be referred to the Traffic Police Department for investigation.

- 5. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Sing Dre (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the indgement 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. Consertunder the Personal Data Protection Act (PDPA)

Lunderstaine, acknowledge, agree and consent that:

- (a) My insufficient 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 in tured 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 cut and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administ sing my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of teriain 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 the ir lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

W EN CONTRACTOR

olicyholder's Signature / Date & Time

\$ 31/03/23

policyholder) / Date & Time

Afthersod by Roporting South Report

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

ATMITTALE PORCE

Describe Circumstance of the Accident
on the above stated 11.
Avenue. My form your purised along the lune of DA Kian Teck
the Gourmet street conteen. After I came out from the conteen
The state of the s
The state of the sound bound and the state of the state o
TO ME DETITION TO TOWN AND THE
down and look there was no driver in the car. I went
almost half an-hour and the diver came and he took my
Puriculars and he did not give me any puriculars of him.
mane to bean party arivers.
eclaration

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE 30 03 JO23 DD/MM/TYTY, TIME 12 : 30 (HHMM)
LOCATION: 24 Kian teck Are
1. DETAILS OF VEHICLE
DIVEHICLE NUMBER: YM 7773S
IN THE COLUMN
CIPOLICY NUMBER: Z21 VC05008743-002
The state of the s
DIMAKE & MODEL: HIND / PD&JPKA THIRD PARTY FIRE ETHEM
11. 1. m. O.V. O. V. C.
D) PURPOSE OF HEILICE ET COMMITTION LI MOTORCYCLE)
DARE YOU CLUB IN THE COOP OF THE
IF NO. PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY)  2. INSURED / POUCY HOLDER
A)NAME CTOO HOO CONN
D) NRIC/FIN/RASSPORT: 2013/6350W CONTACT: 96661758
CONTINUE TO 3.4 IF DRIVER ALSO POUCY HOLDER
() order ding distract of NAME I Jingtgo
(_) DINRIC/FIN/PASSPORT: G8588997X CONTACT: 8828321
1 30 / 341180134
B)OCCUPATION: (INDOOR TOUTDOOR)
TO THE CONTROL OF THE PROPERTY
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
DIROAD SURFACE DRY WELL A MAINING / OTHERS
7. OJREPORTED TO POLICE (YES (NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE
duding driver) b) DRIVER'S NAME.
C) NRIC/FIN/PASSPORT
Y. THIRD PARTY VEHICLE
Charles of VEHICLE NUMBER: MODEL:
VISIC (FIN /P & SEPORT
CONTACT
Email = eric @ghs.sg

### LONPAC INSURANCE BHD (S98FC5635C)

CONFIDENTIAL

MZ300

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 (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.

: Z21vC05008743-002

Type of Cover

THIRD PARTY FIRE AND

THEFT

Index Mark and Vehicle Registration Number

HINO FD8JPKA - YM 7773S

2. Name of Policy Holder

GEE HOE SENG PTE LTD

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

13/12/2022

Date of Expiry of the Insurance

30/04/2023

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.

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** 

4.

: 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.

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)