

NATIONAL Assessment Centre Services

Date: 13/04/2023	Job description: SAS e-filing	Date & Time Completed:	Done by:
RefNo: NAI-LPC23003816/d4	E-mail (within 8hrs. Aft 2hrs):		
VehNo: XD 5780 T	i-Motor Claim Form		
DOA: 12/04/2023 17:00	i-MOTOR W/O (Within: OD 2hrs, TP 4hrs)		
OD/TP/Reporting Only	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: JPR 6406 .	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	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	Amc (\$)	Amc
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) RT: Follow-Through Survey (Resurvey) \$30		
Call 1:	For claiming against INC Only (wef 10 Jan 2005)		
Call 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: Idno Mobile 30		
	Invoice dated	Fee Charged	
	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	13/04/2023 13:35 (SGT)
Reported by	Actual Driver
Date of Accident	12/04/2023 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS WEST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5780T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BUILDMATE (S) PTE LTD
Company Reg No	1XXXXX401G
Email Address	jiwei@buildmate.com.sg
Mobile Phone No	(Phone) +65-65895388
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cyz52r
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	15681

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05011234

DRIVER

Name of Driver	THAY KIM PHEOW
NRIC No	SXXXX317Z
Date Of Birth	12/11/1957
Occupation	Outdoor

Date Of Driving Pass	01/11/1979
Driving experience	43 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97754358
Alt. Phone Number	-
Email Address	jiwei@buildmate.com.sg
Address	APT BLK 299B TAMPINES STREET 22
Address complement	# 02-628
Postcode	522299
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 - U-Turn
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JPR6400
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002659999
Alt. Police Station Phone No	(Fax) +65-62664987
Police Station Address	Blk 158 Yung Loh Road #01-58 Singapore 610158
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	JPR6400
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

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.

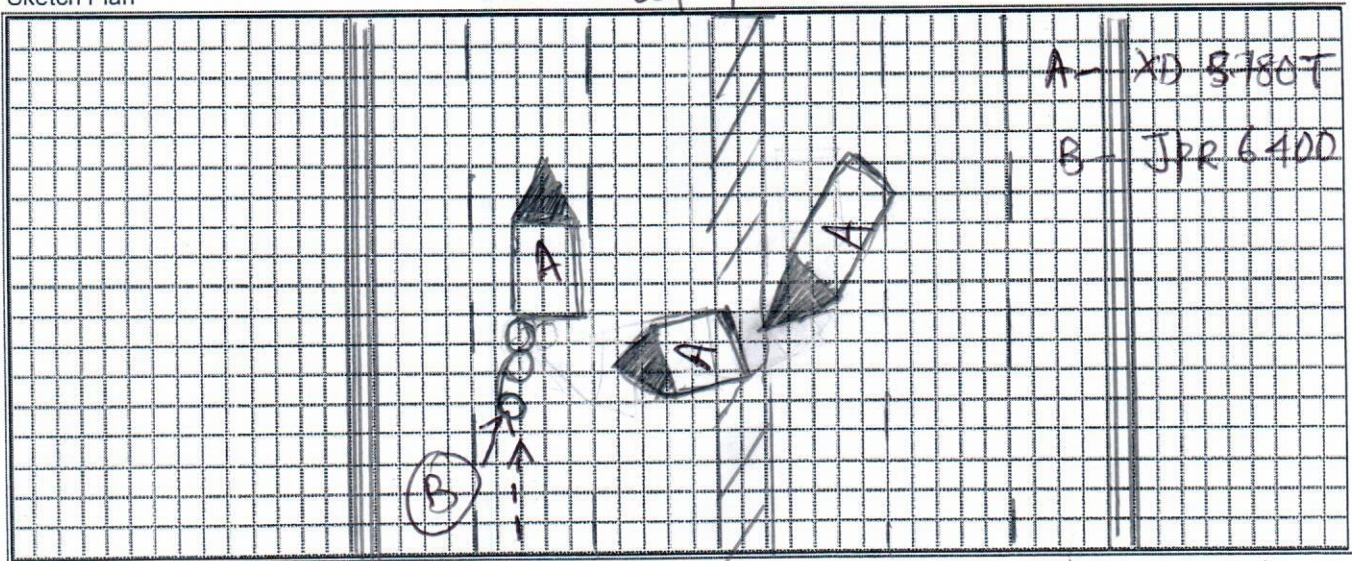


Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident

please refer to the attached police Report


-7/20230412/2121-

Declaration

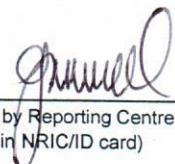
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 13/4/23

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

 13/4/23

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



SINGAPORE POLICE FORCE



T/20230412/2121

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

1 of 3

Report No. T/20230412/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2023 20:17	Vide Report No.: J/20230412/0094	Station Diary No.: 54
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Informant's Particulars

Name of Informant: TAY KIM PHEOW	Address: APT BLK 299B TAMPINES STREET 22 #02-628 SINGAPORE 522299
ID Type / ID No.: NRIC NO / S1277317Z	Contact No.: Home/Office: Mobile: 97754358
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 65 Date of Birth: 12/11/1957	Type of Informant: Driver
Race: Chinese	Language: Mandarin
Occupation: Lorry driver	Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 12/04/2023 17:00	Type of Location: TUAS WEST ROAD TOWARDS AYE
Location: TUAS WEST ROAD				
Weather: Clear	Road Surface: Dry			
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JPR6400	Motorcycle				Seriously Damaged	0
XD5780T	Lorry				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20230412/2121

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

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Report No. T/20230412/2121

CONTINUATION OF REPORT

Cyclist				
Name	LIEW GENG WOON		ID No.	750806085369
Related Vehicle	JPR6400 (Motorcycle)		Contact No.	97728184
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	TAY KIM PHEOW		ID No.	S1277317Z
Related Vehicle	XD5780T (Lorry)		Contact No.	97754358
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the above-mentioned date, time and location, after I was driving my lorry (XD5780T) and I had made a U-turn. There is one Malaysian motorcycle (JPR6400) travelling at a high speed and had collided onto my lorry. After the accident happened, I was not injured and no damages found on my lorry. The rider was injured and slight damages found on his motorcycle. The ambulance came and conveyed the rider to unknown hospital. The traffic Police officers had attended to the accident and provided a case card to me and advised me to lodge a police report. There is no in car camera installed inside my lorry. The incident number is J/20230412/0094 and TPIO is Wei Jie.



**SINGAPORE
POLICE FORCE**



T/20230412/2121

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

3 of 3

Report No. T/20230412/2121

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /
SR STAFF SGT ONG BOON
TIONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

Date/Time:
12/04/2023 20:17

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 12/04/2023 (DD/MM/YYYY) TIME: 17:00 (HHMM)

LOCATION: Tuas West Road

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: XD 5780T
 b) INSURANCE COMPANY: Lompac
 c) POLICY NUMBER: Z22VC05011234
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: ISUZU CYZ52R AUTO / MANUAL
 f) TYPE (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working time
 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: Buildmate (s) pte ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 1978014019 CONTACT: 6589 5388
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER
 a) NAME: Thay Kim pheow (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S12773172 CONTACT: 97754358
 c) ADDRESS: APT BIK 299B Tampines Street 22 #02-628
5522 299

* d) DATE OF BIRTH: 12/11/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 01/11/1979

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

5. a) WEATHER CONDITIONS: (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: Jurong

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: JPR 6400 MODEL: _____

b) DRIVER'S NAME: Liew Geng woon

c) NRIC/FIN/PASSPORT: _____ CONTACT: 97728184

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = jiwei@buildmate.com.sg

Phone = _____

Address = NO



LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300 Beach Road #17-04/07, The Concourse, Singapore 199555
Tel: (65) 6250 7388 Fax: (65) 6256 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.: Z22VC05011234

1. Index Mark and Vehicle Registration Number

Type of Cover : COMPREHENSIVE

ISUZU CYZ52R
- XD5780T

2. Name of Policy Holder

BUILDMATE (S) PTE LTD

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

07/05/2022

4. Date of Expiry of the Insurance

06/05/2023

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\$ 1,500.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 200.00 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.

Onele

CHIEF EXECUTIVE
(Singapore Branch)

User ID: HSLIM

Date Issued: 11/04/2022