

NATIONAL Assessment Centre Services

|                               |  |                       |         |
|-------------------------------|--|-----------------------|---------|
| Date: 19/04/2023              | Job description                          | Date & Time Completed | Done by |
| Ref No NA/LPC23004061/d4      | SAS e-filing                             |                       |         |
| Veh No YP9232H                | E-mail (within 8hrs, A/P 2hrs)           |                       |         |
| DOA 18/04/2023 14:16          | 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: ( ) Tol: ( ) Fax: ( )

TP Particulars: Vch No: YN 5558E 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 |
|---|-----------------------|---------|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

Injury: \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| Invoice Preparation Checklist                   |             | Amnt (\$) | Amnt |
|---|-------------|-----------|------|
|   |             | 1st Bill  | Add  |
| 1) AR: Accident Reporting (\$30);               |             |           |      |
| 2) DA: Damage Assessment (\$100); INC (\$80)    |             |           |      |
| 3) TP: 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) NI: Idno DA + SMRT Survey                    | \$160       |           |      |
| 8) NTUC Additional Services:-                   |             |           |      |
| ON*   |             |           |      |
| *N5: Courtesy Car / Tpl 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 |           |      |

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cont. 1:

Cont. 2/3:

# 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 .....              | 19/04/2023 16:11 (SGT)       |
| Reported by .....                     | Actual Driver                |
| Date of Accident .....                | 18/04/2023 14:16 (SGT)       |
| Exact Location of Accident .....      | Singapore                    |
| Additional Location Information ..... | ANG MO KIO INDUSTRIAL PARK 2 |
| Country/State of Loss .....           | Singapore                    |

## DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | YP9232H |
|-----------------------------------|---------|

### INSURED/POLICYHOLDER

|                                |                              |
|--------------------------------|------------------------------|
| Is company? .....              | Yes                          |
| Name Of Registered Owner ..... | CHINA GOODS RESOURCE PTE LTD |
| Company Reg No .....           | 2XXXXX169Z                   |
| Email Address .....            | support@cgrlogistics.com     |
| Mobile Phone No .....          | (Phone) +65-85115070         |
| Alternative Phone No .....     | -                            |

### VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer .....   | Mitsubishi          |
| Model .....  | Fuso                |
| 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 .....   | 7545                |

### INSURANCE COMPANY

|   |                      |
|---|----------------------|
| Name of Insurance Company .....         | Lonpac Insurance Bhd |
| Policy Number / Cover Note Number ..... | Z2ZVC05012734        |

### DRIVER

|                       |            |
|-----------------------|------------|
| Name of Driver .....  | MA WENJIAN |
| Passport No/FIN ..... | GXXXX886K  |
| Date Of Birth .....   | 14/10/1991 |
| Occupation .....      | Outdoor    |

|  |                          |
|--|--------------------------|
| Date Of Driving Pass .....   | 20/08/2019               |
| Driving experience .....   | 3 YEARS AND 8 MONTHS     |
| Gender .....   | Male                     |
| Mobile Number .....  | (Phone) +65-85115070     |
| Alt. Phone Number .....  | -                        |
| Email Address .....  | support@cgrlogistics.com |
| Address .....  | 512 CHAI CHEE LANE       |
| Address complement .....   | #01-05                   |
| Postcode .....   | 469028                   |
| 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 .....   | Collided into Parked Vehicle |
| 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 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 ..... | YN5558E              |
| Vehicle Manufacturer .....        | -                    |
| Vehicle Model .....               | -                    |
| Vehicle Variant .....             | -                    |
| Vehicle Colour .....              | -                    |
| Vehicle Category .....            | Commercial vehicle   |
| Name of Driver .....              | -                    |
| Contact Number .....              | (Phone) +65-98534237 |

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.

B. 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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

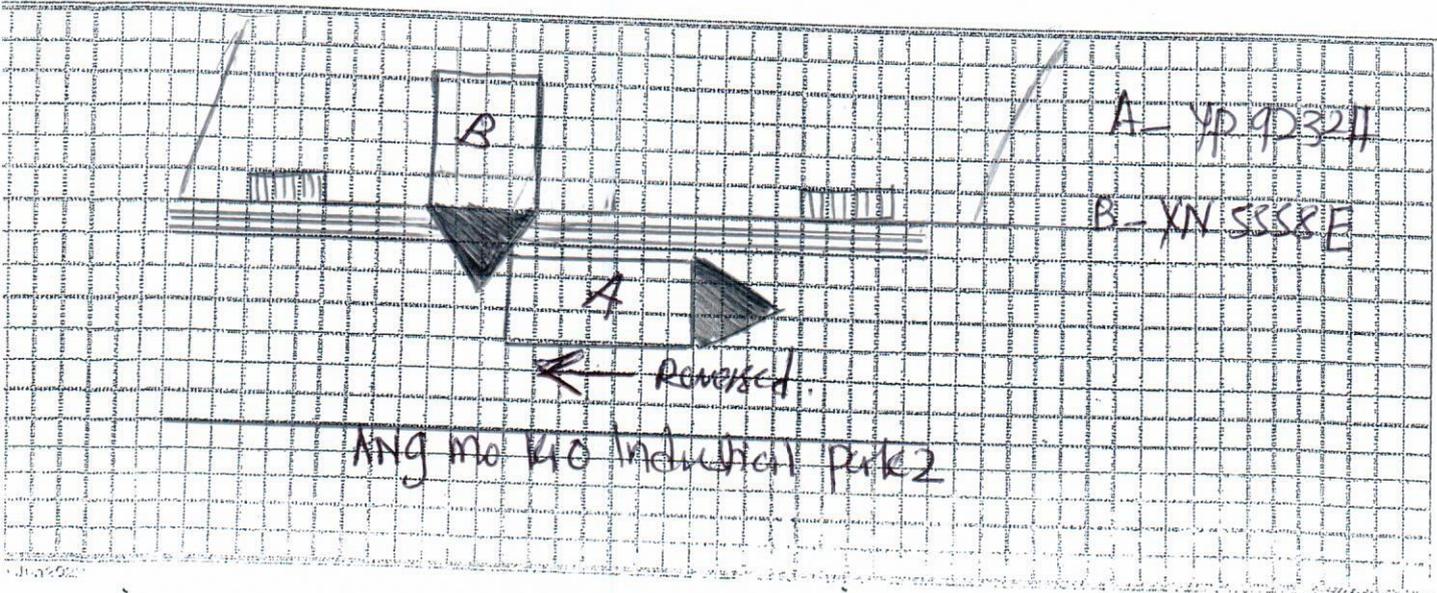


Policyholder's Signature / Date & Time

Ma Wenjian 19/4/2023  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 19/4/2023  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

on the above stated date and time, I was at AMK Industrial park 2. Vehicle B was parked outside the pavement along the road. his front portion was slightly on front and was touching the yellow line. while reversing my vehicle, I hit Vehicle B front side left portion of his vehicle. Vehicle B was stationary and no driver inside the vehicle.

Declaration

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



Policyholder's Signature / Date & Time

Ma Wenjian 19/4/2023

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

Witnessed by Reporting Centre Personnel (Name as in NRJC/ID card) 19/4/2023

ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 04 / 2023 (DD/MM/YYYY), TIME: 14 : 16 (HH:MM)

LOCATION: AMK Industrial park 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 92324
- b) INSURANCE COMPANY: Lonpac
- c) POLICY NUMBER: Z22VCO5012734
- d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: Mitsubishi Fuso : 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) NO
- IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: China Goods Resource Pte Ltd (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 200305169Z CONTACT: 85115070
- c) ADDRESS: \_\_\_\_\_

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

DRIVER

- c) NAME: Ma Wenjian (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 68778886K CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 14 / 10 / 1991 (DD/MM/YYYY)

- b) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: 20/08/2009

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. c) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YN 5558E MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: \_\_\_\_\_
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9853 4237

9. THIRD PARTY VEHICLE

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

was I a passenger  
( ) including driver

was I a passenger  
( ) including driver

was I a passenger  
( ) including driver

email = support@cgrlogistics.com

fax = NO



(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

## 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. : Z22VC05012734

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI FUSO  
- YP9232H

2. Name of Policy Holder

CHINA GOODS RESOURCE PTE LTD

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

07/08/2022

4. Date of Expiry of the Insurance

06/08/2023

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\$ 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: TI2003

Date Issued: 07/07/2022