

NATIONAL Assessment Centre Services

5110823570003

Date In: 05/05/2023 12:57	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: NHA/TP22045804	E-mail (within 24h, A/C 2013)		
Yeh No: VA 6841E	1-Motor Claim Form		
D.O.A: 05/05/2023 15:00	1-Motor W/O (within 24h, A/C 2013)		
OS: TP: Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'n Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars: Yeh No: CEILING	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note: Not Status (VO): N: 0-30%, F: 21-70%, 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: ()	Date & Time Completed:	Done by:
1) Apply to: Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: ()

Other: ()

Invoice Preparation Checklist	Ass'n
1) A/R: Accident Particulars (\$300)	
2) D/A: Damage Assessment (\$1000)	INC (\$50)
3) T/P: Towing Fee (\$10/\$45)	
4) P/C: Follow-Up Survey (\$150)	
5) T/P: Follow-Up Survey (Courtesy) (\$50)	
6) T/R: Re-insurance (\$25)	
7) N/A: New D/A + SMART Survey (\$140)	
8) N/A: Additional Fee (\$10)	
9) N/A: ()	
10) N/A: ()	
11) N/A: ()	
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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	05/05/2023 12:57 (SGT)
Reported by	Actual Driver
Date of Accident	03/05/2023 15:00 (SGT)
Exact Location of Accident	8 Temasek Blvd, Singapore 038988
Additional Location Information	SUNTEC TOWER 3 LOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6841E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HYPEX ENGINEERING & SERVICES PTE. LTD.
Company Reg No	2XXXXX610H
Email Address	teck@hypex.com.sg
Mobile Phone No	(Phone) +65-68977218
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	FRR90SUQA-C
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	Auto
CC	5193

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05014645

DRIVER

Name of Driver	TAN SER YIAN
NRIC No	SXXXX422A
Date Of Birth	07/07/1964
Occupation	Outdoor

Date Of Driving Pass	13/06/1991
Driving experience	31 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90516413
Alt. Phone Number	-
Email Address	teck@hypex.com.sg
Address	BLK 668D JURONG WEST STREET 64 #10-130
Address complement	-
Postcode	644668
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 Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	CEILING AT SUNTEC
	-

SKETCH PLAN

IMPORTANT NOTICE

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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.

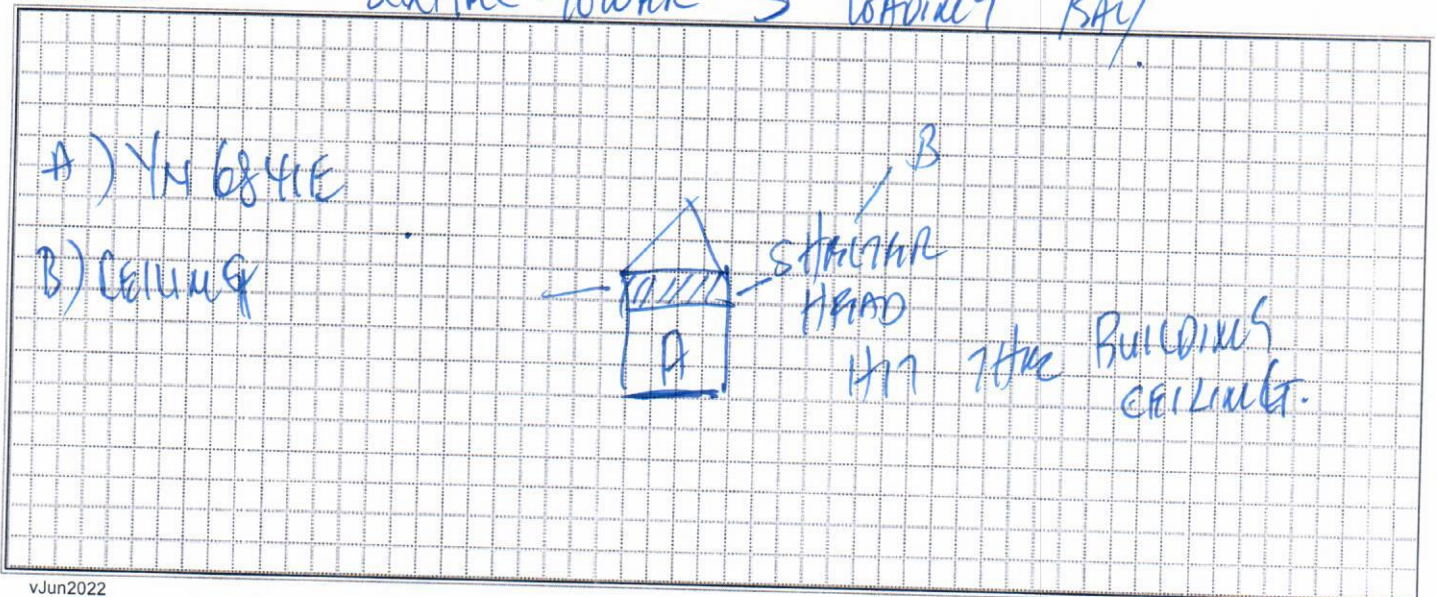


Policyholder's Signature / Date & Time

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

ON 03/05/2023 AT ABOUT 15:00 I WAS AT
 SUITE TOWER 3 LOADING THE FREIGHT STOW
 3.5 METRE WHEN I WAS IN THE GENTRY OF
 MY WHEN I REAR THE LOADING DOOR THE HEAD
 OF MY LORRY HIT THE CEILING & PARTITION
 OF THE WALL DROP ABOUT ON THE FLOOR THATS ALL

Declaration

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)

[Signature] 5/5/23

[Signature] 05/05/2023

ACCIDENT STATEMENT

ACCIDENT DATE: (3, 5, 23) (DD/MM/YYYY), TIME: (15, 00) (HH:MM)

LOCATION: Sinter Tower Three 8 Temasek Blvd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 6841E
 b) INSURANCE COMPANY: IONIC INSURANCE BHD
 c) POLICY NUMBER: Z 22VCO5014643
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: ISUZU FRZ 90 SQA - G YN 6841E
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: HYPER EMBROIDERING & SERVICES PTM LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2003006104 CONTACT: 0977218
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER TONI SHAR YION (MALE / FEMALE)
 a) NAME: TONI SHAR YION CONTACT: 90516413
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

d) DATE OF BIRTH: (07/07/1966) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 13/06/1991

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: CEIUM9 MODEL:
 b) DRIVER'S NAME: CONTACT:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

email: TECK@HYPERX.COM.SG
 VIDEO

**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.: 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. : Z22VC05014645

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

ISUZU FRR90SUQA-C
- YN6841E

2. Name of Policy Holder

HYPEX ENGINEERING & SERVICES PTE LTD

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

04/11/2022

4. Date of Expiry of the Insurance

03/11/2023

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 WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: S\$ 1,400.00 (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 3 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.

H.P. Owner : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

CHIEF EXECUTIVE
(Singapore Branch)

User ID: EMOTORCAT

Date Issued: 27/10/2022

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SMA8350003 Vehicle Registration No: YN 6841E
Name (as shown in NRIC): TAN SER YIAN NRIC/FIN/Passport No: SXXXXY42A
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 90516413

Email Address: _____

Date of Accident: 02/05/2023 Time of Accident: 15:00

Place of Accident: SUN TEE ROAD 3 WOODLANDS BAY

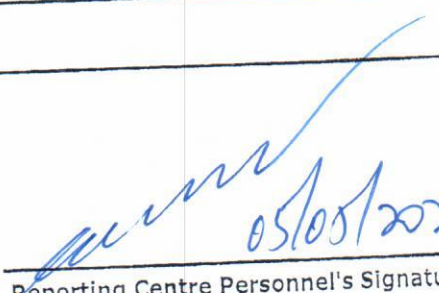
Insurance Company: LAIFAR

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TRANSFER VEHICLE NUMBER TO YN 6841E

Policyholder / Actual Driver's Signature
Date:


05/05/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: