

NATIONAL Assessment Centre Services (part 1 of 4) **SN0823610006**

Date In: **01/06/2023 18:18** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **X138/20230065941** E-mail (within 24hrs, A/C 2hrs)

Veh No: **GB17283R** 1-Motor Claim Form

D.O.A: **21/05/2023 15:30** 1-Motor W/O (within 24hrs, A/C 2hrs)

OD: **TP** Reporting Only 1-Photo Uploaded

TP Insured: Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Preferred Wksp / INC Assgn Wksp / QW: Tel: Fax:

TP Particulars: Veh No: **SMP 3952U** INC () / Non-INC ()

Owner / Driver: Tel:

Policy No: () Period: () Cover Types: ()

Confirmed by: () Date: Time:

Insured/Driver Liability: () % (Note: Inc Status (WO): 10-0-30%, P: 21-70%, P: 30-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO report of repel.

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

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

Damage: () (Note: 0615) Date & Time Completed: Done by:

1) Apply to: Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Insurance Particulars: ()

Owner/Driver: ()

Driver No: ()

Assigned Portion: ()

Checked by (Engr-In-Charge): ()

Comments: ()

Invoice: Preparation Charge			
1) A/R: Accident Package	(\$300)		
2) DA: Damage Assessment	(\$1000)	INC (\$50)	
3) TP: Towing Fee		\$10540	
4) PE: Follow-Through Survey		\$120	
5) PE: Follow-Through Survey (Part 2)		\$50	
6) TR: Towing Fee		\$120	
7) NI: New DA + CHIT Survey		\$120	
8) NIUC Additional Fee			
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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	01/06/2023 18:15 (SGT)
Reported by	Actual Driver
Date of Accident	31/05/2023 15:30 (SGT)
Exact Location of Accident	Bukit Timah, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2383R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JC CABLEWERKS SERVICES
Company Reg No	5XXXX143B
Email Address	kaseng_353@hotmail.com
Mobile Phone No	(Phone) +65-83667781
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Berlingo
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1560

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05016896

DRIVER

Name of Driver	JUSTIN CHUA BOON KIAT
NRIC No	TXXXX631J
Date Of Birth	12/07/2000
Occupation	Outdoor

Date Of Driving Pass	07/06/2019
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83667781
Alt. Phone Number	-
Email Address	kaseng_353@hotmail.com
Address	BLK 507 BUKIT BATOK STREET 52 #06-127
Address complement	-
Postcode	650507
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230601/7047

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	SMP3952U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JUSTIN CHUA BOON KIAT
Gender	Male
Phone No	(Phone) +65-83667781
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH2383R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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 Authorised 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. The 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.
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.

Reg No. 53249143B
JC Cablewerks Services

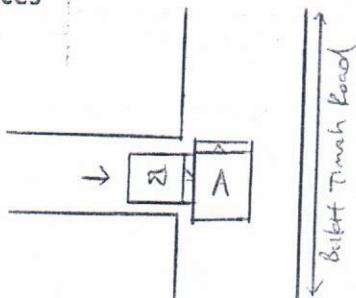
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

JC Cablewerks Services
Reg No. 53249143B



Vehicle A - GBH2383R

Vehicle B - SMP3952U

Describe Circumstances of the Accident

Refer to Police Report : 7/20230601/7047

Declaration

We declare the foregoing particulars are true in every respect.

JC Cablewerks Services

Reg No. 532491438

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

21/06/2023



**SINGAPORE
POLICE FORCE**



T/20230601/7047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230601/7047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2023 16:52		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JUSTIN CHUA BOON KIAT			Address: 507 BUKIT BATOK STREET 52 #06-127 SINGAPORE 650507		
ID Type / ID No.: NRIC NO / T0023631J			Contact No.: Home/Office: Mobile: 83667781		
Nationality: SINGAPORE CITIZEN			Email: justinchuaboonkiat@gmail.com		
Sex: Male	Age: 22	Date of Birth: 12/07/2000	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: NSF			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/05/2023 15:30	Type of Location:
Location: BUKIT TIMAH ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH2383R	Van					0

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



**SINGAPORE
POLICE FORCE**



T/20230601/7047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20230601/7047

CONTINUATION OF REPORT

Driver			
Name	JUSTIN CHUA BOON KIAT	ID No.	T0023631J
Related Vehicle	GBH2383R (Van)	Contact No.	83667781
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was driving GBH2383R along Bukit Timah Road towards Upper Bukit Timah direction when SMP3952U abruptly dashed out from the exit of Coronation Plaza and slammed into the left portion of my vehicle.

I was caught completely off guard as prior to passing the junction of said exit, SMP3952U was still behind the stop line.

The impact was massive and my airbags were deployed as my vehicle rocked violently.

When I came to a stop, I immediately felt pain in my head, right hand and left knee areas.

Later the same day, I started feeling aches over my neck, shoulders and lower back areas as well.

The following morning, the pain in these areas got worse.

As such, I went to seek treatment at Unihealth Jurong East and was given 3 days MC.

After my visit, I also started experiencing dull aches over my chest and left ribcage areas.

I will seek further treatment if the pain does not go away.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230601/7047

3 of 3

Report No. T/20230601/7047

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
01/06/2023 16:52

Classification Of Case:

DATE OF ACCIDENT : 31/05/2023

TIME : 1530 hrs

LOCATION : Bukit Timah Road

INFORMANT'S PARTICULARS

- 1) VEHICLE NO.: 6BH2383R MODEL: Citroen Berlingo
2) INSURANCE CO.: Lonpac POLICY NO.: 223VC05016896
3) CLAIM TYPE : OWN DAMAGE / THIRD PARTY / REPORTING ONLY (PLS CIRCLE)
4) OWNER NAME : JC Cablewerks Services I/C 332491143B TEL: _____
5) OWNER EMAIL : kaseng_353@hotmail.com ALTERNATIVE PHONE NO.: _____
6) DRIVER NAME : Justin Chua Boon Kiat I/C T0023631J TEL: 83667787
7) DRIVER OCCUPATION : NSF EMAIL : justinchuafoonkiat@gmail.com
8) RELATIONSHIP WITH OWNER : friend
9) DOES DRIVER OWN ANY CAR? YES/NO (QN 9 & 10 APPLY FOR NON OWNER ONLY)
10) DRIVER'S OWN VEHICLE REG NO.: _____ INS CO.: _____
11) WEATHER CONDITION : CLEAR / RAINING / OTHERS _____
12) ROAD SURFACE : DRY / WET / OTHERS _____
13) ANY SCENE PHOTOS : YES/NO
14) ANY VIDEO CAPTURED BY CAR CAMERA : YES/NO
15) EXACT PURPOSE OF VEHICLE BEING USED AT TIME OF ACCIDENT : _____
16) I HAVE BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING
ACCIDENT CLAIMS ASSISTANCE : YES/NO
17) NO. OF PASSENGERS (INCLUDING DRIVER) : 01 A) PASSENGER NAME: _____
18) No. of Vehicle involved (including own vehicle): 02 MALE / FEMALE
B) PASSENGER NAME: _____
MALE / FEMALE

THIRD PARTY (OTHER VEHICLE) PARTICULARS

- VEHICLE 1** 1) VEHICLE NO.: SMP3952U MODEL: _____
2) DRIVER NAME : _____ I/C _____
3) ADDRESS : _____
4) CONTACT NO.: _____ INS CO: _____
VEHICLE 2 1) VEHICLE NO.: _____ MODEL: _____
2) DRIVER NAME : _____ I/C _____
3) ADDRESS : _____
4) CONTACT NO.: _____ INS CO: _____

* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT : YES/NO

IF YES, FOREIGN VEHICLE NO.: _____

FOREIGN VEHICLE CATEGORY : _____

WITNESS PARTICULARS

1) ANY WITNESS (YES/NO) - IF YES, PLS PROVIDE AS BELOW :-

2) NAME & NRIC : _____ TEL: _____

3) RELATIONSHIP WITH INVOLVED PARTIES : _____

OTHERS

- 1) ANY INJURIES (YES/NO) IF YES, STATE INJURY SUSTAIN : _____
2) WAS ACCIDENT REPORTED TO POLICE (YES/NO) - IF YES, PLEASE PROVIDE A
COPY OF POLICE REPORT.
3) WAS NOTICE OF INTENDED PROSECUTION GIVEN (YES/NO) - IF YES, PLS PROVIDE
A COPY OF THE NOTICE.
4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO
THE ABOVE ACCIDENT (YES/NO).



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. : Z23VC05016896

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

CITROEN BERLINGO L2 1.6 BLUEHDI S&S ETG6
- GBH2383R

2. Name of Policy Holder

JC CABLEWERKS SERVICES

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

22/03/2023

4. Date of Expiry of the Insurance

21/03/2024

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\$ 500.00 (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.

H.P. Owner : HL BANK SINGAPORE

Onele

CHIEF EXECUTIVE
(Singapore Branch)

User ID: EMOTORCAT
Date Issued: 17/03/2023