NATIONAL Assessment Centre	Services (wef 1 Jan 06)		*
Date In: 08 06 2023	Jeb description	Date & Time Completed	Done by
Ref No: NA/LPC 2300 58 51 104	SAS e-filing		
Veh No: GBD 7943M	E-mail (within 8hrs. AIC 2hr	rs)	
D.O.A: 29/05/2023 17:30	i-Motor Claim Form		
	i-Motor W/O (Within: OI	D 2hrs, TP 4hrs)	
OD / TP / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Repo	ort	
I THISUICI.	Ass't Report by Fax / Ha	and to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	x:
TP Particulars: Veh No: GB	6 9028B . IN	C()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Perio	od: () Cover Type: (,)
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N:	0-20%; P: 21-79%. F: 80-10	90%]
Year of Registration: () W	arranty: YES () / NO	()	
Excess: (\$) Loading: \$1,000	0()/\$2,000()		
General Remarks:-			
() Walk-In Customer: Customer's inform	nation strictly Confidential	& Strictly NO refer of renairer	
() Total Loss Case : to e-mail Insurer			
Drive-In ()/ Powed-In (); Invoice:); Towing Co: (
	125()/110()	, towing co. (
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done by
	urtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()		
Injury:		······	
Date/Time Actions			
			., , , , , , , , , , , , , , , , , , ,

,		· ·	
\$\	Invoice	Preparation Checklist	Ant (\$)
31		ceident Reporting (\$30);	lst.Bill
Claimant's Particulars :-		amage Assessment (\$100); INC (\$8	0)
Priver/Owner:	3) TF : To		/\$45 3120
Contact No:	- Civil des	llow-Through Survey (Resurvey)	\$30
		ming against INC Only (wef 10 Jan 2005 inspection	\$75
Damäged Portion:	7) N1 : Ide	ac DA + SMRT Survey	6160
	8) NTUC	Additional Services:-	
2C Checked by (Engr-In-Charge):	*N5: C	ourtesy Car / Tpt Allowance	\$5
Auditors' Comments ::	*N7: Pc	epair Co-ordination ost Repair Inspection	\$10
at. 1:		V / Collect Excess Coordination	\$5
	9) N12: Id		30
at. 2 / 3:	Invoice da	ited Fee Charged	-
	Invoice da		



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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

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.

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 09/06/2023 08:25 (SGT) Reported by **Actual Driver** Date of Accident 29/05/2023 17:30 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG TUAS (PIE EXIT) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD7943M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **B8L PTE LTD** Company Reg No 2XXXXX952C Email Address jackloh.b8l@gmail.com Mobile Phone No (Phone) +65-90067671 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Canter 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 2998

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z23VC05017605

DRIVER

Name of Driver LAI YEW SIANG Passport No/FIN GXXXX928P Date Of Birth 13/11/1981 Occupation Outdoor

Date Of Driving Pass 26/03/2007 Driving experience 16 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-90067671 Alt. Phone Number Email Address jackloh.b8l@gmail.com Address APT BLK 290 TAMPINES STREET 22 Address complement # 03-406 Postcode 520290 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 - Head to Rear 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 GBG9028B Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver Contact Number

Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	7.76
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1 Plase 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may a flow insurance companies to <u>repudiate policy liability</u>.
- 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 Shgapore (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)
- Lunderstand, acknowledge, agree and consent that :
- (a) it insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose a nd/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) whohave 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

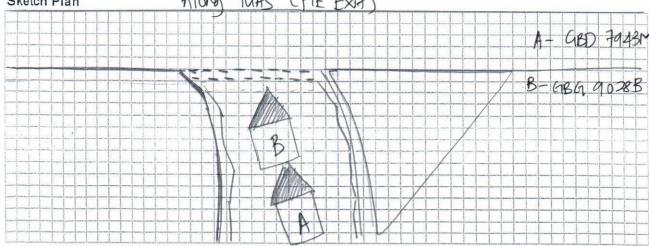
Sketch Plan

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

Personnel

One Tulks

One Tulks



Devibe Circumsta	ance of the Accident
11	ne above started date and time I was driving.
-	luas (PIE Exit). Vehicle B was infront of me.
and I	slowed down my vehicles to check and, oncoming
Vahides	on my blind spot which is my right side but
there we	ure no oncoming vehicles vehicle & suddenly jam Brake
and 1 de	ollow suff, but I was unable to stop on time and my.
Vahicle	slightly bump into the rear portion of vehicle B.
- venice	Shalling Daniel Life Life Leave Local Actuals of
	,
The same of the last transfer	
Declaration	

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)

vJun2022

2



LONPAC INSURANCE B

: 22/23/23/VC05/027471

REGISTERED POST

Date

: 31 May 2023

M/s B8L Pte Ltd 1765 Geylang Bahru #01-06 Singapore 339701

Dear Sirs

ACCIDENT INVOLVING GBD7943M & GBG9028B ALONG TUAS (PIE EXIT) ON 29.5.2023

We refer to the above accident.

We have received a third party claim from the driver of GBG9028B.

We note that the accident was not reported. Please arrange for Lai Yew Siang to proceed to our reporting centres/authorized workshops to lodge the report.

Kindly note that we will be carrying out an investigation and will proceed to defend and/or negotiate a settlement of this claim and any further claims arising from this accident as we deem appropriate.

If there are any further evidence which you would to bring to our attention in support of your case within 7 days of this letter.

Should you require any information or details, please contact us.

Kindly also note that you are required to notify us immediately upon receipt of all letters, claims, Writ of Summons, Traffic Police action issue against you. This includes all or any impending prosecution, inquest, fatal inquiry or offer of composition fine in connection with the above accident.

Please note that any failure on your part to observe this will result in us exercising our rights

Yours faithfully LONPAC INSURANCE BHD

GERALD POH SENIOR EXECUTIVE (CLAIMS) Email: mt_claim@lonpac.com

Cc Dassurance - Z10104

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 29 05 2023	TIME OF ACCIDENT: 17.30
VEHICLE NO: GBD 7943M	TRANSMISION: AUTO/MANUAL
MAKE & MODEL:	LOCATION: Along TWAS EPIE EXIT)
PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: Jonpac	POLICY NO: Z23 VCO SO 17605
TYPE OF COVERAGE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: B&L Pte Ltd	NRIC: . 200604952C
ADDRESS:	CONTACT NO: 9006 7671
EMAIL ADDRESS: jack oh. 68 @ gmail-com	VIDEO RECORDING : YES / NO
NAME OF DRIVER: AS ABOVE / IF NO: Lai Yew Siard	NRIC: <u>G709 69 28P</u> CONTACT NO:
DRIVER OWNER RELATIONSHIOP:	PASSENGER: O MALE () FEMALE ()
DATE OF BIRTH: 13 / 11 / 1981	DRIVING PASSING DATE: 26/ 03 / 2007
OCCUPATION: INDOOR OUTDOOR	03-406 -5 520290
ANY INJURIES : NO, IF YES :	POLICE REPORT (NO) F YES WHERE?
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE DRY WET / OTHERS
VEHICLE B REG NO: 989 9028 B	VEHICLE C REG NO :
DRIVER NAME :	DRIVER NAME :
NRIC :	NRIC :
CONTACT:	CONTACT:
VEHICLE D REG NO :	ANY WITNESS 7 NO,)F YES :
DRIVER NAME :	NAME:
NRIC:	CONTACT:
CONTACT:	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN ?: YES / NO WERE INJURY CONVEYED BY AMBULANCE: YES / NO

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.: Z23VC05017605 1. Index Mark and Vehicle Registration Number

MITSUBISHI CANTER

Type of Cover: COMPREHENSIVE

- GBD7943M

Name of Policy Holder

B8L PTE LTD

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

18/05/2023

4. Date of Expiry of the Insurance

17/05/2024

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.

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 TRIALOR SPEED TESTING.

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

Excess

: S\$ 1,100,00 (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)

: 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)

mele.

User ID: DIANALIM Date Issued: 02/05/2023