

NATIONAL Assessment Centre Services (Full Service)

Done In: 12/06/2023 11:24
 Ref No: 22005928/1
 Vch No: 9692M
 D.O.A: 09/06/2023 15:15

Job description: SAS e-filing
 E-mail (within 24hrs, A/C 24hrs)
 i-Motor Claim Form
 i-Motor W/O (Within 24hrs, A/C 24hrs)
 i-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by Fax / Hand to Owner/Whom

Date & Time Completed: Done by:

TP Insured: TP Reporting Only

Preferred Wksp / INC Assgn Wksp / OW: ()

TP Particulars: Vch No: 62 9100 INC () / Non-INC ()

Owner / Driver: () Period: () Cover Type: ()

Policy No: () Date: () Time: ()

Confirmed by: ()

Insured/Driver Liability: () % (Note: Inc Status (WO): 10: 0-30%, 11: 21-70%, 12: 80-100%)

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

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

Center: ()

() Walk-In Customer / Customer's Information strictly Confidential & Strictly NO info of repeller.

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

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

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Damage: ()

Other: ()

Invoice Preparation Charge: ()

1) All: Accident Package (\$300) INC (\$50)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee (\$10)

4) PF: Follow Through Survey (\$10)

5) T: Towing Through Survey (\$10)

6) TIR: Towing Insurance (\$10)

7) NI: No DA, P Survey (\$10)

8) KUC: Additional Services (\$10)

9) NI: Courtesy Car / Transport Allowance (\$10)

10) NI: Repair Coordination (\$10)

11) NI: Post Repair Inspection (\$10)

12) NI: DV / Collect Excess Coordination (\$10)

13) NI: TIR (\$10)

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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	12/06/2023 11:36 (SGT)
Reported by	Actual Driver
Date of Accident	09/06/2023 15:15 (SGT)
Exact Location of Accident	Benoi Rd, Singapore
Additional Location Information	JUNCTION WITH PIONEER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9692M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CAPABLE BUILDER PTE. LTD.
Company Reg No	2XXXXX545W
Email Address	capablebuilder@gmail.com
Mobile Phone No	(Phone) +65-91090660
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr85aue4aa
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	Manual
CC	2999

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05017014

DRIVER

Name of Driver	AW CHUAN JOO
NRIC No	SXXXX802B
Date Of Birth	07/07/1955
Occupation	Outdoor

Date Of Driving Pass	25/03/2002
Driving experience	21 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91090660
Alt. Phone Number	-
Email Address	capablebuilder@gmail.com
Address	BLK 261 BISHAN STREET 22 #08-233
Address complement	-
Postcode	570261
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - Head on collision
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 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	GZ910D
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	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

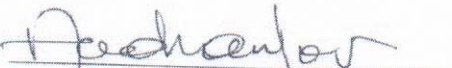
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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.

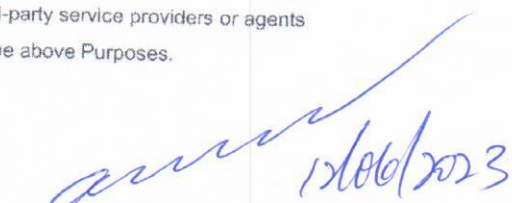
8. Consent under the Personal Data Protection Act (PDPA)

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.

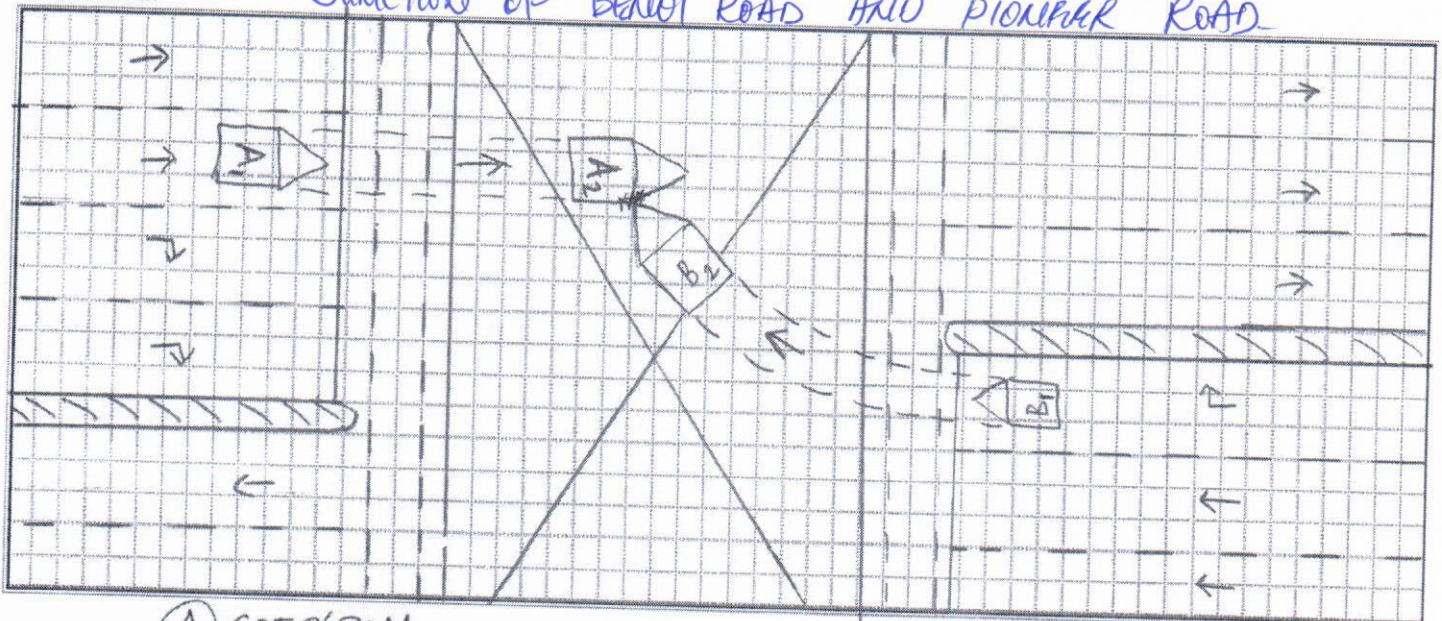

Policyholder's Signature / Date & Time


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


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

Sketch Plan

JUNCTION OF BEAUL ROAD AND PIONEER ROAD



(A) GBF9692M
(B) GZ910D

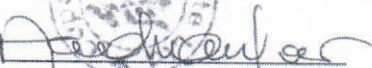
Describe Circumstances of the Accident

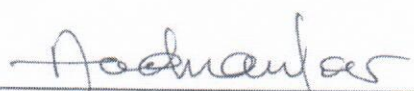
On 09-06-2023 at about 1515 hrs as I was driving vehicle (GBF9692M) straight along Benoi from AYE straight toward Benoi road & Pioneer Road junction, Suddenly the vehicle G2910D from the opposite direction turned toward me and collided with onto the front right side of my vehicle. No one was injured.

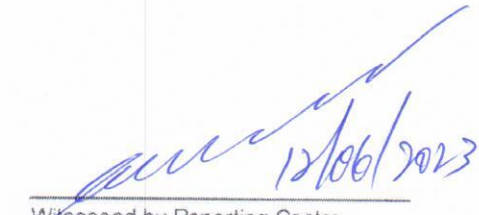
Declaration

We declare the foregoing particulars are true in every respect.




Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 09/06/2023 (dd/mm/yy) Time of Accident: 15:15 (24-HR-FORMAT)

Vehicle No.: G8F9692M Vehicle Make & Model: ISUZU NHR85AUE4AA

*Transmission: ☒ Manual ☐ Auto

*C.c: _____

Exact location of Accident: JUNCTION OF BENOI RD & PIONEER RD

Policyholder's Name: CAPABLE BUILDER PTE LTD NRIC/FIN/REG No.: 201203545W

*Policyholder's email address: capablebuilder@gmail.com

Driver's Name: AW CHUAN JOO NRIC/FIN/REG No.: S1139802B

*Driver's email address: capablebuilder@gmail.com

Driver's Contact No.: 91090660 Company Contact No (If any): _____

Date of birth: 07/07/1955 Driving Pass Date: 25/03/2002

Driver's Address: BLK 261 BISHAN STREET 22 #08-233 (S) 570261

Insurance Company: LONPAC INSURANCE BHD

Policy No.: 223VC05017014 Type of Coverage: ☒ Comprehensive ☐ Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please CIRCLE one only)

☒ Owner ☐ Spouse ☐ Children ☐ Friend ☐ Parents ☐ Sibling ☐ Relative ☐ Employee ☐ Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☐ Other HEAD TO HEAD

Occupation (nature job) ☐ Indoor ☒ Outdoor *No. of Passengers / Including Driver): 1

*Passanger Name: _____ Gender: Male / Female

*Passanger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry ☐ Raining & Wet ☐ After-Rain & Wet ☐ Drizzling & Wet ☐ Others: _____

Was there any video captured by your car Car camera? ☐ Yes ☐ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report field: ☐ Yes ☐ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: GZ910D

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact 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. : Z23VC05017014

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

ISUZU NHR85AUE4AA
- GBF9692M

2. Name of Policy Holder

CAPABLE BUILDER PTE LTD

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

24/04/2023

4. Date of Expiry of the Insurance

23/04/2024

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\$ 600.00 (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 : ETHOZ CAPITAL LTD

CHIEF EXECUTIVE
(Singapore Branch)

User ID: PINGW0E1

Date Issued: 24/03/2023

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

545W

Vehicle Details

Vehicle No.:

GBF9692M

Vehicle to be Exported:

Yes

Intended Deregistration Date:

09 Jun 2023

Vehicle Make:

ISUZU

Vehicle Model:

NHR85AUE4AA

Primary Colour:

White

Manufacturing Year:

2016

Engine No.:

4JJ12X3785

Chassis No.:

JAANHR85EH7100048

Maximum Power Output:

-

Open Market Value:

\$24,989.00

Original Registration Date:

24 Apr 2017

First Registration Date:

24 Apr 2017

Transfer Count:

0

Actual ARF Paid:

\$1,250.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

23 Apr 2027

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$23,115.00

COE Rebate Amount:

\$8,950.00

Total Rebate Amount:

\$8,950.00

The information contained herein is correct as at 09 Jun 2023

OK