

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 26/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/LPC2300 6445/d4	SAS e-filing		
Veh No: XE 4739R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 12/06/2023 11:00	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **YM 9900D**

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:

(INC hotline: 6788 6616)

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

2) QC Check / Post Repair Inspection ()

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

Injury :

Date/Time

Actions

Claimant's Particulars :

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

- | | Am't (\$) | Am't (\$) |
|---|-----------|-----------|
| | 1st Bill | 2nd Bill |
| 1) AR : Accident Reporting (\$30); | | |
| 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| 3) TF : 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) N1 : Idao DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services:- | | |
| OD* | | |
| *N5: Courtesy Car / Tpt 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: Idao Mobile \$30 | | |

Invoice dated

Fee Charged

Invoice dated

Fee Charged

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	26/06/2023 17:04 (SGT)
Reported by	Actual Driver
Date of Accident	12/06/2023 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOSPITAL CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4739R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ARDEX SINGAPORE PTE. LTD.
Company Reg No	1XXXXX724N
Email Address	ken.pong@ardex-quicseal.com
Mobile Phone No	(Phone) +65-88691398
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cyz52r
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	15681

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05016482

DRIVER

Name of Driver	LEE ENG CHAI
Passport No/FIN	GXXXX120N
Date Of Birth	16/04/1986
Occupation	Outdoor

Date Of Driving Pass	03/11/2009
Driving experience	13 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90599071
Alt. Phone Number	-
Email Address	ken.pong@ardex-quicseal.com
Address	7 EUNOS AVENUE 8A KING WAI
Address complement	-
Postcode	409460
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?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230613/2017

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	YM9900D
Vehicle Manufacturer	Nissan
Vehicle Model	MKB37BNHRA
Vehicle Variant	-

Vehicle Colour	Blue
Vehicle Category	Commercial vehicle
Name of Driver	ANG LAU TEE
NRIC No	SXXXX982C
Contact Number	(Phone) +65-92382027
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.
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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.

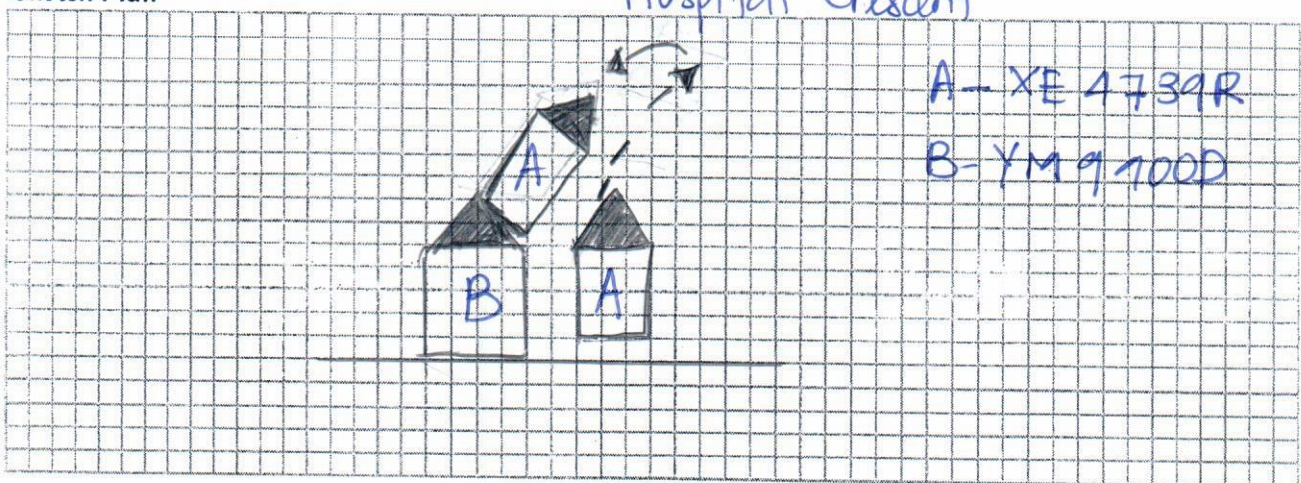


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

please Refer to the attached
police Report
- 7/20230613/2017-

Declaration

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



Policyholder's Signature / Date & Time

Ar 26/6/23

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

[Signature] 26/6/2023

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



SINGAPORE POLICE FORCE



T/20230613/2017

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20230613/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2023 08:54		Vide Report No.:		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: LEE ENG CHAI			Address: 7 EUNOS AVENUE 8A KING WAI SINGAPORE 409460		
ID Type / ID No.: FIN NO / G7855120N			Contact No.: Home/Office: Mobile: 90599071		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 16/04/1986	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: delivery driver			Driving Licence Information: Class: 2B,3,4A,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/06/2023 11:00	Type of Location: construction site
Location: HOSPITAL CRESCENT				
Weather: Raining		Road Surface: Wet		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE4739R	Lorry	ISUZU	CYZ52R	White	Slightly Damaged	0
YM9900D	Lorry	NISSAN	MKB37BNH RA	Blue	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230613/2017

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Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20230613/2017

CONTINUATION OF REPORT

Driver				
Name	LEE ENG CHAI		ID No.	G7855120N
Related Vehicle	XE4739R (Lorry)		Contact No.	90599071
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3,4A,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	ANG LAU TEE		ID No.	S7442982C
Related Vehicle	NIL		Contact No.	92382027
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was at the said construction site for delivery. As I was about to leave the parking area, the area was tight and narrow as such I had to make a 3 point turn to exit. As I was turning my vehicle, the rear left side of my vehicle accidentally hit onto another parked vehicle (YM9900D) which left a slight scratch.

I then noticed someone was inside the parked vehicle. I then alighted and apologized to the driver. We then exchanged particulars and decided to lodge our own traffic accident report respectively.



**SINGAPORE
POLICE FORCE**



T/20230613/2017

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Report No. T/20230613/2017

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /
SGT 2 MUHAMMAD RAIHAN BIN
RAHMAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /
SI TAN JEOK LENG LESLIE
Contact No.: 65476151

Signature Of Informant:

Date/Time:

13/06/2023 08:54

Classification Of Case:

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 12/06/2023	TIME OF ACCIDENT : 11:00
VEHICLE NO : XE 4739R	TRANSMISSION : AUTO / <u>MANUAL</u>
MAKE & MODEL : ISUZU CYZ52R	LOCATION : Hospital Crescent
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: <u>OD</u> / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : <u>Lompac</u>	POLICY NO : 223VCOS016482
TYPE OF COVERAGE :	VEHICLE TYPE :
<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	(SALOON / COUPE/MPV/VAN/ <u>LORRY</u> /MOTORCYCLE)
NAME OF OWNER : <u>Ardex-Quicseal Singapore pte ltd</u>	NRIC :
ADDRESS :	CONTACT NO : 8869 1398
EMAIL ADDRESS : <u>ken.pong@ardex-quicseal.com</u>	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : <u>AS ABOVE</u> / IF NO : <u>Lee eng chai</u>	NRIC : <u>G7855120N</u> CONTACT NO : <u>90599071</u>
DRIVER OWNER RELATIONSHIP : <u>employee</u>	PASSENGER : MALE () FEMALE ()
DATE OF BIRTH : 16 / 04 / 1986	DRIVING PASSING DATE : 3 / 11 / 2009
OCCUPATION: INDOOR / <u>OUTDOOR</u>	ADDRESS : 7 Euros Avenue 8A King wai, 8409460
ANY INJURIES: <u>NO</u> , IF YES :	POLICE REPORT : NO/ IF YES WHERE ? <u>Ceylon</u>
WEATHER CONDITION: CLEAR / <u>RAINING</u> / OTHERS:	ROAD SURFACE: DRY / <u>WET</u> / OTHERS
VEHICLE B REG NO : <u>YM 9900D</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>Ang Lau Tee</u>	DRIVER NAME : _____
NRIC : <u>S7442982C</u> MK837BN4RA	NRIC : _____
CONTACT : <u>92382027</u> Nissan ^ Blue	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? <u>NO</u> , IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / <u>NO</u>
	WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <u>NO</u>	
VEHICLE NUMBER:	HANDLING INSURER:

**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) 6256 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. : Z23VC05016482

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

ISUZU CYZ52R
- XE4739R

2. Name of Policy Holder

ARDEX-QUICSEAL SINGAPORE PTE LTD

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

Excess

: S\$ 1,000.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 200.00 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: ALICIA SEOW

Date Issued: 23/02/2023