NATIONAL Assessment Centre	Services w	ef Jan'06]	SMOZZ	37100	91
Date In: MON 2023 [2/5]	Jeb description		. Date & Time	Completed!	Done b
Ref No: NA 1 (PC23007397/Y	SAS e-filing	-	1	-	20110
Veh No: 9BB 6131 G	E-mail (within Shi	s. AIC 2hrs)		1	
D.O.A: 2007 9023 19'35	i-Motor Claim	-			
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr	s 'l'P 4hrs)		
OD 1 17 Reporting Only	i-Photo Upload	STATES OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, T	!		
TP Insurer:	Assessmeint/Surv	-	i		
	Ass't Report by	-	o Owner/Wks	p	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fa	x:
TP Particulars: Veh No: SL	R 233/4	. INC ()/Non-IN		· ·
Owner / Driver: (Tel:)
Policy No: () Perio	od: ()	Cover Type	: (
Confirmed by : (Date:		ne:)
Insured/Driver Liability: (%) [No	ote-Est. Status (WC): N: 0-2	0%; P: 21-79	9%. F: 80-10	0%]
)/NO() .		-
Excess: (\$) Loading: \$1,000)()/\$2,000()	.00fo %		
General Remarks:-					
() Walk-In Customer: Customer's inform	nation strictly Confid	dential & St	rictly NO refer	of repairer.	
1 otal Loss Case : to e-mail Insurer	URGENTLY.				
Drive-In ()/ Powed-In (); Invoice:	YES()/NO	(); T	owing Co: (- 4
Remarks:- (INC horline: 6788 6616)			Date&Time	Compulated	**************************************
1) 4 1 2 =	urtesy Car ()		Datcethie	Comple aux	Done by
2) QC Check / Post Repair Inspection			1		
3) Upload Resurvey Photo [Repair Cost > \$300					
Injury:				•	
Date/Time Actions			<u>'-</u>		
Date/Time Actions					
	-				
					:
	Be	erasi waanoo oo oo		50 1 50 10 10 10 10 10 10 10 10 10 10 10 10 10	6001000
· ·	Ĭ	nvoice Pre	paration Che	cklist	Anit (S)
laimant's Particulars ;-	1)	AR : Accident	Reporting (\$30		
river/Owner:	(3)	TF : Towing F	Assessment (\$10	0); INC (\$30) \$40/\$	
ontact No:	4)	FT : Follow-T	brough Survey	\$1	20
		For claiming a	hrough Survey (Regeinst INC Only (wef 10 Jan 2005)	30
amaged Portion:		TR : Re-inspec	tion + SMRT Survey		75
		NTUC Addition			60
C Checked by (Engr-In-Charge):		OD.	Car / Tpt Allowar		
uditors! Comments :-	Stelleskers	*N6: Repair C	p-ordination		10
t.]:		*N7: Post Rep *N8: DV / Col	lect Excess Coord	ination	25 \$5
1. 2 / 3:	9)	TP (NII): TP N12: Idae Mol	(Non INC) agains	INC S	20 .
	_In	voice dated		Fee Charged .	135
	1 In	voics dated		Fee Charged	Secretary of the

SN08237L0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 21/07/2023 12:52 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (21/07/2023 12:52 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 witholding 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

21/07/2023 12:52 (SGT) **Actual Driver** 20/07/2023 19:35 (SGT) Mandai Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBB6131G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes SIXTY-SIX SWITCHGEARS CO PTE LTD 1XXXXX530K sixtysix@singnet.com.sg (Phone) +65-68615711

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Isuzu TFS86HSR

Employment

No - Reporting only Commercial vehicle Manual 2499

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Lonpac Insurance Bhd Z23VC05016487

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN SENG PIANG (CHEN CHENGBIN) SXXXX420I 09/07/1976 Indoor

Date Of Driving Pass 23/02/2012 Driving experience 11 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-98208116 Alt. Phone Number **Email Address** sixtysix@singnet.com.sg Address BLK 318B YISHUN AVENUE 9 #10-120 Address complement Postcode 761318 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 - Head to Rear Weather Conditions Clear Road Surface Wet 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? Police Station Name Yishun North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008529999 Alt. Police Station Phone No (Fax) +65-68522299 Police Station Address 31 Yishun Central Singapore 768827 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230721/2013 ATTACHMENT(S) Are accident photos available for attachment? Yes No

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLR2331U Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category Name of Driver NRIC No Contact Number Address Address complement Postcode	- Private car DENG JI CHENG SXXXX155D (Phone) +65-97510262
Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow 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 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.
- 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 lear be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law fixes) which may be sited outside of Singapore, for one or more of the above Purposes.

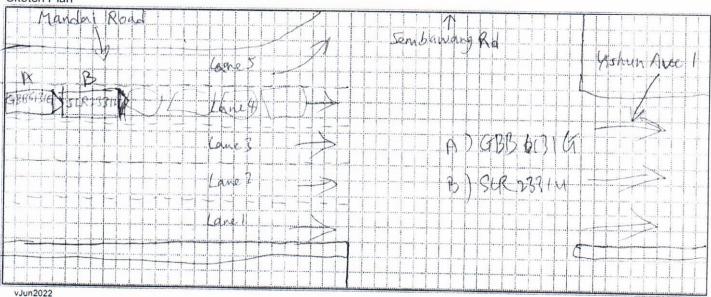
Policyholder's Signature / Date & Time

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

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

ull.

Sketch Plan



11:15am

Describe Circumstance o	f the Accident	luport	7/20130	121/2013	
	The second secon				
		70 To 100 To			

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





1 of 3

Report No. T/20230721/2013

Police Station Of Origin: Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2023 09:03		lade:	Vide Report No.:	Station Diary No.: 22
Informant	's Particu	ılars		
Name of Informant: TAN SENG PIANG			Address: APT BLK 318A YISHUN AVE 761318	NUE 9 #10-120 SINGAPORE
ID Type / ID No.: NRIC NO / S7620420I			Contact No.: Home/Office:	Mobile: 98208116
Nationality: SINGAPORE CITIZEN		ΞN	Email:	
Sex: Age: Date of Birth: Male 47 09/07/1976			Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: ELECTRICAL TESTING ENGINEER		ING ENGINEER	Driving Licence Information: Class: 3	Date of Expiry:

General Infor	mation of the Accide	ent		
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/07/2023 19:35	Type of Location:
MANDAI ROA	AD			
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Worki		Fraffic Volume:
Type of Collis Between Mov	ion: ing Vehicles - Head 1	Γο Rear	<i>F</i> 8	Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBB6131G	Van	ISUZU		Silver	Slightly	0
SLR2331U	Car	TOYOTA		Silver	Damaged	0

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





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

2 of 3 Report No. T/20230721/2013

CONTINUATION OF REPORT

Driver						
Name	TAN SENG PIANG		ID No.		S7620420I	
Related Vehicle	GBB6131G (Van)		Contact No.		98208116	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver						
Name	DENG JICHENG			ID No		S8731155D
Related Vehicle	SLR2331U (Car)		-	Conta	ct No.	97510262
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 20/07/2023 at about 1935hrs, I was driving my company van (GBB6131G) on the second left lane of a 5-lane road along Mandai Road towards Yishun Avenue 1 before the Junction link to Sembawang Road.

I slowed down my vehicle as the traffic light turns red and collided onto a car (SLR2331U) infront of me as I could not stop in time. Driver SLR2331U and me agreed to settle the matter by claiming my insurance company.





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

3 of 3 Report No. T/20230721/2013

CONTINUATION OF REPORT

Signature of Officer Recording The Report: L / SGT 3 KOH JIN BAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/07/2023 09:03
Officer In Charge Of Case: TP / GIA / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:
NP168	

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 20/July/2023	TIME OF ACCIDENT: 1935 HRS
VEHICLE NO: GBB 6131G	TRANSMISION: AUTO/MANUAL
MAKE & MODEL: ISUZU TFS86 HSR	LOCATION: Mandai Road
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT	CLAIM TYPE:
/ PRIVATE USE / PRIVATE HIRE	OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: LONPAC Insurance BHD.	POLICY NO: Z23VCØ5Ø16487
TYPE OF COVERAGE :	VEHICLE TYPE : (SALOON /
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: Sixty-Six Snitchgears Co: Pte. Ltd.	NRIC: 199203530K
ADDRESS: No. 2, Gul Street 2, Off Gul Circle,	CONTACT NO: 6861 5711
Jurang, Singapore 629287	
EMAIL ADDRESS: sixtysix@singret.com.sy.	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC: 576204201 CONTACT NO: 98208116
Tan Seng Piang.	
DRIVER OWNER RELATIONSHIOP: Employee	PASSENGER: NA MALE() FEMALE ()
DATE OF BIRTH: 09 / JULY / 1976	DRIVING PASSING DATE: 23 / Feb /2012
OCCUPATION : INDOOR / OUTDOOR	ADDRESS: BLK 318A, #10-120, Yishun Ave 9,
(2)	POLICE REPORT: NO/ IF YES WHERE?
ANY INJURIES (NO) IF YES :	POLICE REPORT : NOT IF TES WILKE :
WEATHER CONDITION (CLEAR) RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO: SLR 2331 U	VEHICLE C REG NO :
DRIVER NAME: Deng Ji Chang	DRIVER NAME :
NRIC: 58731155D	NRIC :
CONTACT: 97510262	CONTACT :
VEHICLE D REG NO :	ANY WITNESS? NO, IF YES:
DRIVER NAME :	NAME :
NRIC :	CONTACT :
CONTACT:	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN ? : YES / NO
11 120,700,1101 11101111	WERE INJURY CONVEYED BY AMBULANCE : YES /NO



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

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.: Z23VC05016487

Type of Cover: THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

ISUZU TFS86HSR - GBB6131G

2. Name of Policy Holder

SIXTY-SIX SWITCHGEARS CO PTE LTD

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

22/04/2023

4. Date of Expiry of the Insurance

21/04/2024

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 TRIALOR SPEED TESTING.

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

* 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.

Once.

CHIEF EXECUTIVE (Singapore Branch)

User ID: LINGYI

Date Issued: 24/02/2023