

NATIONAL Assessment-Centre Services (wef 1 Jan 05)

Date In: 31/07/2023	Job description	Date & Time Completed	Done by
Ref No: NALPC 23007749/d4	SAS e-filing		
Veh No: GBE12914	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/07/2023 11:37	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: 7P 6809P 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)	Date & Time Completed	Done by
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	Invoice Preparation Checklist	Amf (\$)	Am Ad
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
Cat. 1:	7) NI : Idao DA + SMRT Survey \$160		
Cat. 2 / 3:	8) NTUC Additional Services:-		
	OP*		
	*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 \$0		
	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 First Submission 31/07/2023 10:03 (SGT)
Reported by Actual Driver
Date of Accident 28/07/2023 11:37 (SGT)
Exact Location of Accident Singapore
Additional Location Information KAKI BUKIT AVENUE 4 OUTSIDE PREMIER KAKI BUKIT GATE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE1291U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LEE CURTAIN HOUSE
Company Reg No 5XXXX237K
Email Address curtainissues@gmail.com
Mobile Phone No (Phone) +65-62925115
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 2982

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VC05013222

DRIVER

Name of Driver CHIANG CHENG KIM
NRIC No SXXXX727C
Date Of Birth 17/05/1958
Occupation Indoor

Date Of Driving Pass 02/05/1978
 Driving experience 45 YEARS AND 2 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96859680
 Alt. Phone Number -
 Email Address curtainissues@gmail.com
 Address APT BLK 252 BANGKIT ROAD
 Address complement # 09-406
 Postcode 670252
 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 Side Swipe
 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 YP6809P
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver BALUSAMY MOHAN
 Passport No/FIN FXXXX027L

Contact Number (Phone) +65-81685576
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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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

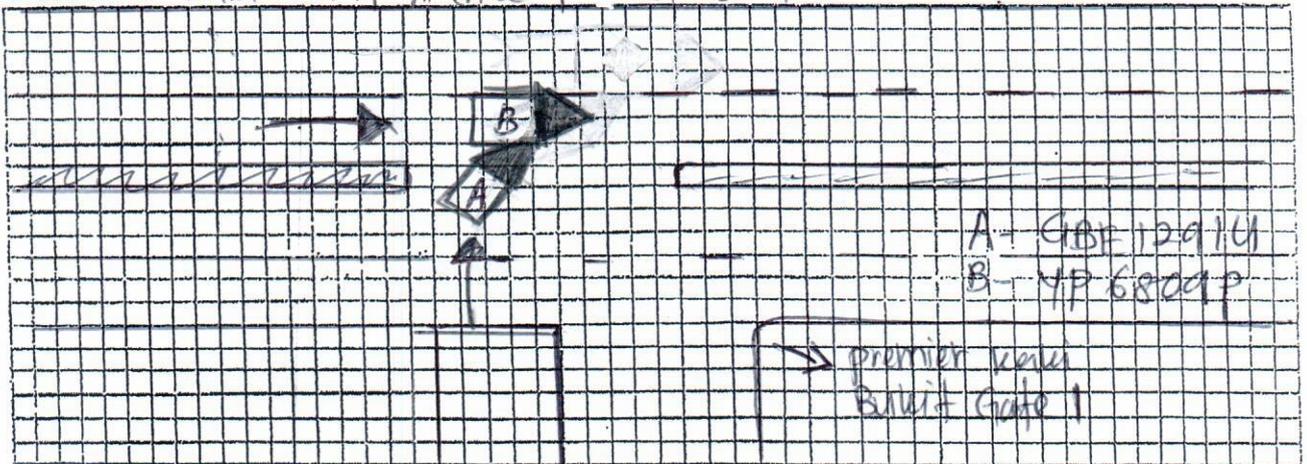
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

kaki Bukit Avenue & outside Premier

kaki Bukit Gate 1



Describe the Circumstance of the Accident

On the above stated date and time, I was at premier kuki Bulkit Gate 1 and upon exiting the Building, I wanted to turn right into Kuki Bulkit Avenue A Road. Before I do so, I checked both sides for any oncoming vehicles but there were no vehicles and I proceeded to drive. While making the turn, vehicle B suddenly came from my left side and hit the left side of my vehicle and he was driving very fast. No injuries to myself and we exchanged particulars.

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 28/7/23
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 31/7/23
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 28/07/2023	TIME OF ACCIDENT : 11:37 am
VEHICLE NO : GBE 1291U	TRANSMISSION : AUTO / <u>MANUAL</u>
MAKE & MODEL : Toyota Hiace 3-0	LOCATION : Kaki Bukit Ave 4, outside Premier Kaki Bukit Gate 1
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / <u>REPORTING ONLY</u>
INSURANCE COMPANY : Lonpac	POLICY NO : Z22VCO5013222
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/ <u>VAN</u> /LORRY/MOTORCYCLE)
NAME OF OWNER : Lee Curtain House	NRIC :
ADDRESS :	CONTACT NO : 6292 5115
EMAIL ADDRESS : curtainissues@gmail.com	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : Chiang Cheng Kim	NRIC: <u>81338727C</u> CONTACT NO: <u>9685 9680</u>
DRIVER OWNER RELATIONSHIP: employee	PASSENGER: <input type="radio"/> MALE () FEMALE ()
DATE OF BIRTH : 17 / 05 / 1958	DRIVING PASSING DATE : 02 / 05 / 1978
OCCUPATION: <u>INDOOR</u> / OUTDOOR	ADDRESS : APT Blk 252 Bengkit Road # 09-406 , S 670252
ANY INJURIES: <u>NO</u> , IF YES :	POLICE REPORT : <u>NO</u> / IF YES WHERE ?
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS:	ROAD SURFACE: <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : YP 6809P DRIVER NAME : <u>Balusamy Mohan</u> NRIC : <u>F8168027L</u> CONTACT : <u>8168 5576</u>	VEHICLE C REG NO : _____ DRIVER NAME : _____ NRIC : _____ CONTACT : _____
VEHICLE D REG NO : _____ DRIVER NAME : _____ NRIC : _____ CONTACT : _____	ANY WITNESS? <u>NO</u> , IF YES : NAME : _____ CONTACT : _____
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : <u>YES</u> / NO 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) 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. : Z22VC05013222

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA HIACE
- GBE1291U

2. Name of Policy Holder

LEE CURTAIN HOUSE

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

14/09/2022

4. Date of Expiry of the Insurance

13/09/2023

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.

CHIEF EXECUTIVE
(Singapore Branch)

User ID: XLCHEN

Date Issued: 05/08/2022