

# NATIONAL Assessment Centre Services. [Print & Forward] **MAH/411/36931**

Date In: <b>28/11/2017 09:51</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/LPC/17022594/Y</b>	SAS e-Mailing		
Veh No: <b>SL74784Y</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>27/11/2017 09:46</b>	I-Motor Claim Form		
OD <b>TP</b> Reporting Only	I-Motor W/O (within 60 hrs, TP 2hrs)		
	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 Details: Yeh No: <b>SHD 10411</b> 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%; P: 80-100%)		
Year of Registration: ( ) Warranty: YES ( ) / NO ( )		
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )		

General Remarks: ( ) Walk-In Customer: Customers 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: ( )

Removals: ( ) (INC hotline: 6788 6616)	Date Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Recovery Photo (Repair Cost > \$3000) ( )		

Injury: \_\_\_\_\_

Date/Time	Action

<b>MAH/1707368</b>	Invoice Preparation Checklist	AMOUNT (\$)	STATUS
Human's Particulars	1) AR: Accident Reporting (330)	330	
Driver/Owner	2) DA: Damage Assessment (3100)	INC (310)	
Contact No:	3) TP: Towing Fee	\$20/\$40	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Recovery)	\$30	
	Excludes apply (INC Only) (over 10 Jan 2018)		
	6) TR: Re-inspection	\$15	
	7) NI: IN: DA + SMART Survey	\$180	
	8) NTUC Additional Services		
	9) Other		
Checked by (Engy-In-Charge):	*N3: Courtesy Car / Tol Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$20	
	*N8: DY / Collect Unpaid Contribution	\$2	
	TP (NI): TP (Non INC) against INC	\$20	
	9) NI: Late Notice	\$5	
	Invoice dated	File Charge	
	Invoice filed	File Charge	

## 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 Authorised 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 ability.
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 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 Report	28/11/2017 09:51
Date Of Accident	27/11/2017 09:40
Exact Location Of Accident	JUNCTION FROM NEWTON RD TOWARDS MOULMEIN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT4784Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LI LI
NRIC No	S2714345H
Email Address	LISARAH8076@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96985663
Alternative Phone No	OTHERS-96985663

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO-1.4 TSI (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z17VP05016203
Cover Note Number	

### Driver

Name of Driver	LI LI
NRIC No	S2714345H
Date Of Birth	29/11/1966
Occupation	INDOOR
Date Of Driving Pass	21/02/2005
Driving Experience	12 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96985663
Fax Number	
Contact Number	OTHERS-96985663
Email Address	LISARAH8076@GMAIL.COM

Address	5 PANDAN VALLEY #08-706
Postcode	597629
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1047T
Vehicle Make/Model/Colour	KIA TAXI
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### Details of Witness

Name	
Phone Number	
Email Address	

## SKETCH PLAN

### IMPORTANT NOTICE

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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**.
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#### 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

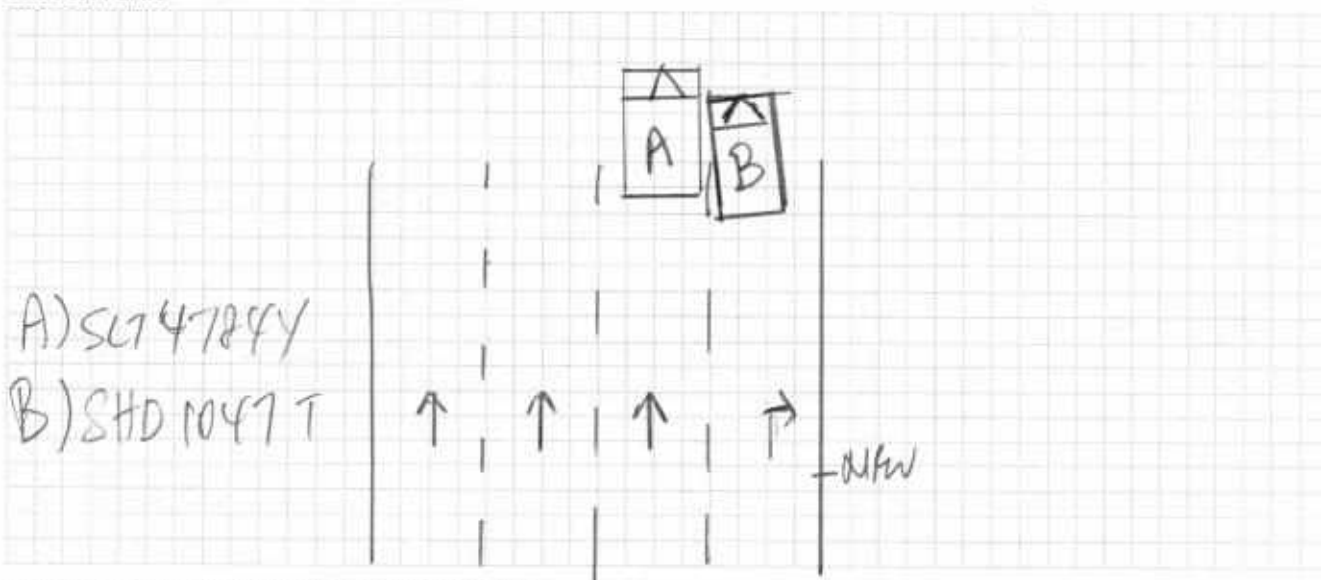
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

CROSS JUNCTION FROM NEWTON ROAD TOWARDS MOULMEKE RD



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The lane is supposed to go to right, he go straight to hit my car. The mirror flip out, the cover dropped off. The body (right side) was scratched. He ask me to settle to the side, but after I fixed the mirror, I can't find him. Therefore, I didn't get his contact.

## DECLARATION

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

Key 28/11/2017  
 Policyholder's Signature  
 Date & Time:

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

Key 28/11/2017  
 Reporting Centre Personnel's Signature  
 Name: Key  
 NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 11 / 2017 (DD/MM/YYYY), TIME: 09 42 (HH:MM)

LOCATION: JUNCTION 4 from Newton Rd towards Moulmein Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLT4784Y  
 b) INSURANCE COMPANY: LONPAC Insurance Bhd  
 c) POLICY NUMBER: 212VP05016203  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Volkswagen Polo TSI 1.4  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: On the way to work  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: L1 L1 (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2814245H CONTACT: 96985663  
 c) ADDRESS: S. Pandan Valley #08-706, S597629

\* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

1/10 of passenger  
(including driver)  
(1)

- DRIVER  
 a) NAME: As above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 29 / 11 / 1966 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING LICENSE: 21/02/2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) drizzling  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

1/10 of passenger  
(including driver)  
(2)

- a) VEHICLE NUMBER: SHD 1069T MODEL: KIA  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

1/10 of passenger  
(including driver)  
( )

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = lisarah8076@gmail.com

fax = \_\_\_\_\_

VIDEO \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2714345H



Name

LI LI

李 莉

Race

CHINESE

Date of birth

29-11-1966

Sex

F

Country of birth

CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S2714345H

Name

LI LI

Birth Date: 29 Nov 1966

Issue Date: 05 Jun 2007



4434517

NRIC No. S2714345H



Date of issue

22-07-2009

Address

5 PANDAN VALLEY  
#08-706  
SINGAPORE 597629

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 21 Feb 2005



NP 428A

# 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).  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1969 (MALAYSIA).

Certificate No. : Z17VP05016203

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

VOLKSWAGEN POLO TSI 1.4  
- SLT4784Y

2. Name of Policy Holder

LI LI

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

22/11/2017

4. Date of Expiry of the Insurance

21/11/2018

5. Persons or Classes of Persons entitled to drive

(A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER 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 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 ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH MOTOR TRADE.

Excess

: S\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS

S\$ 1,000.00 (SECTION 1) UNNAMED DRIVERS

S\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS

LONPAC'S AUTHORISED WORKSHOPS

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.

WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) or the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.



CHIEF EXECUTIVE  
(Singapore Branch)