

NATIONAL Assessment Centre Services

Date In: 10/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/LAC18000572/13	SAS e-filing		
Veh No: SKC1585B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/01/18 1730	i-Motor Claim Form		
OD (1P) 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: (HUP 500N	Tel:	Fax:
TP Particulars:	Veh No: SJN2447P	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	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac 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 (N/n INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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 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	10/01/2018 10:12
Date Of Accident	09/01/2018 17:30
Exact Location Of Accident	NEW UPPER CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC1585B
Insured/Policyholder	
Name Of Registered Owner	STEVEN CHENG HING LEONG
NRIC No	S1365075F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96727570
Alternative Phone No	OTHERS-96727570

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	GOING FOR DINNER
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	Z17VP05014970
Cover Note Number	

Driver

Name of Driver	CHENG SHU LING,LYNN
NRIC No	S9017408H
Date Of Birth	24/05/1990
Occupation	OUTDOOR
Date Of Driving Pass	25/06/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92482224
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 233 PASIR RIS DR 4 #04-494
Postcode	510233
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	3
Passenger 1	NAME: : ASLAN BIN AHMAD GENDER: : MALE
Passenger 2	NAME: : MUHAMMAD SYURHAN BIN JAAFAR GENDER: : MALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SJN2447P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SJN2447P
NRIC/Passport Number	S7764127J
Contact Number	82001698
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBB4614T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ROY PANG
NRIC/Passport Number	S1245346I
Contact Number	90907460
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHENG SHU LING,LYNN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKC1585B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ASLAN BIN AHMAD
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKC1585B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	MUHAMMAD SYURHAN BIN JAAFAR
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKC1585B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 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 lodgment 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.
- (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.



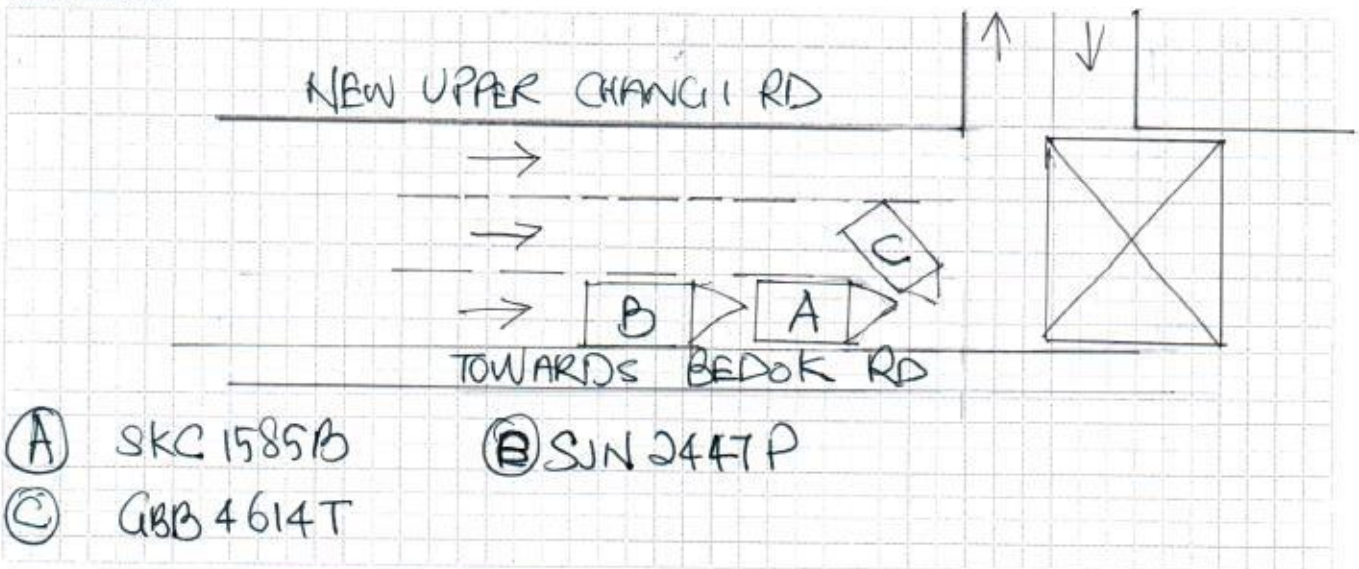
Policyholder's Signature
Date & Time:



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


10/01/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG NEW UPPER CHANGI ROAD TOWARDS BEDOK ROAD. AT THE POINT OF TIME MY VEHICLE WAS STATIONERY ON THE FIRST LANE WHEN SUDDENLY I FELT AN IMPACT FROM THE REAR. THE IMPACT WAS SO STRONG IT PUSHES MY VEHICLE FORWARD.

DECLARATION

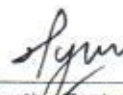
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:



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

 10/10/18

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



HS AUTOMOTIVE SERVICES

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: SKC 1585B MAKE/MODEL: ELANTRA
 DATE OF ACCIDENT 09/01/2018 TIME 17 HR 30 MIN AM / PM
 LOCATION OF ACCIDENT NEW UPPER CHANGI RD
 EXACT PURPOSE USE DURING ACCIDENT GOING FOR DINNER

CAR OWNER

NAME OF CAR OWNER STEVEN CHENG HING LEONG
 CONTACT NO 9672 7570
 NRIC S1365 075F
 CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY
 INSURANCE COMPANY LAM PAE
 TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT
 POLICY NO 217UP05014970

ACCIDENT DRIVER

☐ AS ABOVE ☒ IF NOT- KINDLY FILL IN BELOW
 NAME OF DRIVER CHENG SHU HING, LYNN
 NRIC S9017408H NO OF PASSENGER/S 2
 DATE OF BIRTH 24.5.1990
 OCCUPATION ADVERTISING SALES ☒ OUTDOOR ☐ INDOOR
 DATE OF DRIVING PASS 25/6/2010
 GENDER ☐ MALE ☒ FEMALE
 CONTACT NO 9248 2224
 ADDRESS BLK 533 PASIR RIS DR 4 #04-494 (S) 510233

DRIVER OWN ANY VEHIC NO/ IF YES-REGISTRATION NO

RELATIONSHIP EMPLOYEE/ IF NOT: DAUGHTER

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: _____
 ROAD SURFACE ☒ DRY ☐ WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: 1) ASWAN BIN AHMAD 88431 285A 90588247
2) MUHAMMAD SYURHAN BIN JAFFAR
 CONTACT NO S9713655F HP 96247600
 POLICE REPORT NO/ IF YES- LOCATION: TP AT SCENE - REFERENCE NO: G1 2018 0109/0147
 VIDEO FOOTAGE NO/ YES

3RD PARTY INFO

VEHICLE B NO SJN 2447P NO OF PASSENGER/S 0
 NAME TERENCE TEE SA PERNG 87764121 HP: 8200 1698
 CONTACT NO _____
 VEHICLE C NO GAB 4614T ROY PANG S1245346T HP: 90907460 NO OF PASSENGER/S 2
 VEHICLE D NO _____ NO OF PASSENGER/S _____
 VEHICLE E NO _____ NO OF PASSENGER/S _____
 VEHICLE F NO _____ NO OF PASSENGER/S _____
 ANY WITNESS _____
 WITNESS CONTACT NO _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9017408H



Name

CHENG SHU LING, LYNN

郑淑玲

Race

CHINESE

Date of birth

24-05-1990

Country of birth

SINGAPORE

Sex

F

S9017408H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9017408H

Name

CHENG SHU LING, LYNN

Birth Date: 24 May 1990

Issue Date: 20 Nov 2014



4805338

NRIC No. S9017408H



Date of issue

07-12-2011

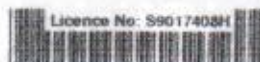
APT BLK 233 PASIR RIS DRIVE 4 #04-494
SINGAPORE 510233
NRIC No: S9017408H

Date: 04/07/2017 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg 25 Jun 2010
with \leq 7 passengers, exclusive of the driver, and
other motor vehicles without clutch pedals \leq 2500kg



NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1365075F

Name
STEVEN CHENG HING LEONG

Race
CHINESE

Date of Birth
12-09-1959

Sex
M

Country of Birth
SINGAPORE



2331993



NRIC No. S1365075F



Blood Group
B+

Date of Issue
31-08-1994

APT BLK 560 HOUGANG STREET 51 #12-408
SINGAPORE 530560

NRIC No. S1365075F Date: 30-12-2002 (R) No: 4438499

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555

Tel: (65) 6250 7368 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MX1

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, 1959 (MALAYSIA).

Certificate No. : Z17VP05014970

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HYUNDAI ELANTRA 1.6
- SKC1585B

2. Name of Policy Holder

STEVEN CHENG HING LEONG

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

19/08/2017

4. Date of Expiry of the Insurance

18/08/2018

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 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 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 THE
MOTOR TRADE.

Excess : S\$ 500.00 (SECTION 1) INSURED / NAMED DRIVERS
S\$ 1,500.00 (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.

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 : MAYBANK

CHIEF EXECUTIVE
(Singapore Branch)

User ID: BASE4

Date Issued: 18/08/2017