

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118024777-01

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 20/1/18-18:27 | Job description | Date & Time Completed | Done by |
| Ref No: NA/LPC18003257/24 | SAS e-filing | | |
| Veh No: 5P 825X | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 20/1/18-10:15 | 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: SLK 5 NGA | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
|---|-------------|-----------|-----------|
| | | Est Bill | Add 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: Idac DA + SMRT Survey \$160 | | | |
| 8) NTUC Additional Services:- | | | |
| QD* | | | |
| *N5: Courtesy Car / Tpt Allowance | \$5 | | |
| *N6: Repair Co-ordination | \$10 | | |
| *N7: Post Repair Inspection | \$25 | | |
| *N8: DV / Collect Excess Coordination | \$3 | | |
| TP (N11): TP (N/a INC) against INC | \$20 | | |
| 9) N12: Idac Mobile | \$0 | | |
| Invoice dated | Fee Charged | | |
| Invoice dated | Fee Charged | | |

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2 / 3:

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 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 | 20/02/2018 18:27 |
| Date Of Accident | 20/02/2018 10:15 |
| Exact Location Of Accident | SLIP RD BUANGKOK DRIVE TWDS BUANGKOK GREEN |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SJP2825X |
| Insured/Policyholder | |
| Name Of Registered Owner | ALEXANDRIA IRENE FOO BOON LAN |
| NRIC No | S7420300J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96664738 |
| Alternative Phone No | OFFICE-96664738 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | HYUNDAI |
| Model | HD AVANTE 1.6 A |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|----------------------|
| Name of Insurance Company | LONPAC INSURANCE BHD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | Z/17/VP05/015130-001 |
| Cover Note Number | |

Driver

| | |
|----------------------|---|
| Name of Driver | ALEX ONG BOON CHUAN (ALEX WANG WENQUAN) |
| NRIC No | S7221589C |
| Date Of Birth | 27/06/1972 |
| Occupation | INDOOR |
| Date Of Driving Pass | 11/05/1992 |
| Driving Experience | 25 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97492334 |
| Fax Number | |
| Contact Number | OFFICE-97492334 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 134 ST. PATRICK'S ROAD #07-14 |
| Postcode | 424213 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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

REFER TO 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 | SLK5148A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | FONG MENG NGAI KENNETH |
| NRIC/Passport Number | |
| Contact Number | 97889622 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

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:

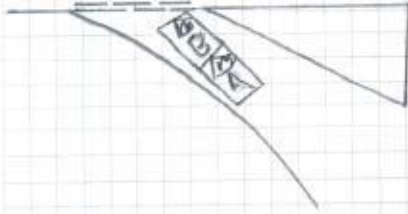
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Buangkok Green

A: JPD825X

B: SLK5148A

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to statement.

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG SLIP RD BUANGKOK DRIVE TWDS
BUANGKOK GREEN. SUDDENLY VEHICLE B BRAKE OF HIS VEHICLE AND THERE WAS NO INCOMING
TRAFFIC ALONG THE MAIN ROAD. IN A RESULT, MY VEHICLE HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 20/02/2018 (DD/MM/YYYY), TIME: 10:15 (HH:MM)

LOCATION: Buangkok Drive / Buangkok Green junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJP 2825X
 b) INSURANCE COMPANY: Longpac
 c) POLICY NUMBER: 250826/A / 2/17/1025/04130-002
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Hyundai Aventura
 f) TYPE (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Alexandra Irene Foo Boon Len (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: J7420303 CONTACT: 9666 4238
 c) ADDRESS: 134 St. Patrick's Road #07-14
J724213

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Alex Ong Boon Chuan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: J722489C CONTACT: 97492334
 c) ADDRESS: A. Chuan

*d) DATE OF BIRTH: 22/06/1972 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 26 yrs

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Husband

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLK 148A MODEL: Honda HRV

b) DRIVER'S NAME: Cheng Mui Khen Mary

c) NRIC/FIN/PASSPORT: J70224385 CONTACT: 9680 5712

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME: Fong May Nga Kenneth

f) NRIC/FIN/PASSPORT: J17058175 CONTACT: 9788 9622

Email =

fax =

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118024777 Vehicle Registration No: GP2825X
Name(as shown in NRIC) : Alex Ong Boon chuan (Alex Wang Wenguan) NRIC/FIN/Passport No : S7221589C
(*Vehicle Driver / Vehicle Owner)(*) Please delete as appropriate
Address : Blk 134 St. Patrick's Road #07-14 Singapore(434213)
Contact (Tel) : _____ Mobile No.: 97492334
Email Address : _____
Date of Accident : 20/2/18 Time of Accident : 10:15
Place of Accident : Utp Rd Buangkok drive fudo Buangkok green
Insurance Company: Wapac

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend policy number. (2/17/VP05/015130-001)

Policyholder / Driver's Signature
Date:

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7221589C



Name

ALEX ONG BOON CHUAN
(ALEX WANG WENQUAN)

王文泉

Race

CHINESE

Date of birth

27-06-1972

Sex

M

Country/Place of birth

SINGAPORE



5396455



NRIC No. S7221589C



Date of issue

14-11-2014

Address

APT BLK 134 ST. PATRICK'S ROAD
#07-14
SINGAPORE 424213

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7221589C

ALEX ONG BOON CHUAN
(ALEX WANG WENJIAN)

Birth Date: 27 Jun 1972
Valid Until: 07 Jun 2003

240551257A



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

11 May 1992

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms



License No. S.7221098C1

NP 428A

**LONPAC INSURANCE BHD (S98FC5635C)**

(Incorporated in Malaysia)

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

Tel: (65) 6250 7388 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. : Z/17/VP05/015130-001

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HYUNDAI AVANTE 1.6
- SJP 2825X

2. Name of Policy Holder

ALEXANDRIA IRENE FOO BOON LAN

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

02/09/2017

4. Date of Expiry of the Insurance

01/09/2018

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\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS
S\$ 1000.00 (SECTION 1) UNNAMED DRIVERS
S\$ 3000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR
INEXPERIENCED DRIVERS
S\$ 100.00 WINDSCREEN EXCESS

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 : ambika / hazechen
Date issued : 31-08-2017Z50805
17/VP05/015130-001