

NATIONAL Assessment Centre Services

(Int'l & Local)

NA418025609

Date In: 22/02/2018 12:03	Job description	Date & Time Completed	Date by
Ref No: MBA/PC/80033561	SAS e-illing		
Veh No: SM 1528 B	E-mail (within 2hrs, A/C 3hrs)		
D.O.A: 22/02/2018 07:50	1-Motor Claim Form		
OD (TP) Reporting Only	1-Motor VVO (within 2hrs, A/C 3hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Yell No: GBE 1739X	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability:	% (Note: BSL 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: Customer's Information strictly Confidential & Strictly NO refer of repeller.
() Total Loss Case: To e-mail Insurer URGENTLY.
Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks:	NO Appliance (6788 0015)	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	Action

Document Particulars	Invoice Preparation Charge	Value	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$300)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (250)	
Damaged Portion:	3) TP: Towing Fee	\$105.00	
	4) PT: Follow-Through Survey	\$150	
	5) RT: Follow-Through Survey (Resurvey)	\$20	
	Forfeiture against INC Only (wef 10 Jan 2018)		
	6) TR: Re-inspection	\$15	
	7) NTUC: DA + SMRT Survey	\$160	
	8) NTUC Additional Survey Fee		
	9) NTUC: Courtesy Car / Tpl Allowance	\$5	
	10) NTUC: Repair Coordination	\$10	
	11) NTUC: Post Repair Inspection	\$15	
	12) NTUC: Collision/Insurance Coordination	\$5	
	13) NTUC: TP (Non-INC) against INC	\$20	
	14) NTUC: Mileage		
	Invoice dated	Paid Charged	
	Issued by	Signature	

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	22/02/2018 12:03
Date Of Accident	22/02/2018 07:50
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM1528B
Insured/Policyholder	
Name Of Registered Owner	CASSIDY CHAN KWOK WAH
NRIC No	S1664051D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96659051
Alternative Phone No	OTHERS-96659051

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CHEVY AVEO 1.4AT 4DR
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z17VP05015260
Cover Note Number	

Driver

Name of Driver	CASSIDY CHAN KWOK WAH
NRIC No	S1664051D
Date Of Birth	07/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	01/11/1988
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96659051
Fax Number	
Contact Number	OTHERS-96659051
EMail Address	NOEMAIL

Address	BLK 108 ALJUNIED CRESCENT #05-36
Postcode	380108
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	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	GBE1739X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKX212Z
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Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CASSIDY CHAN KWOK WAH
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJM1528B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

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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:

22/2/18


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

22/2/18


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

22/2/18
Rishi Wadhwa

SKETCH PLAN

PIE (TUAS)
Before Tuas Rd



A: SJM1528B

C: SKX212Z


B: GBE1739X

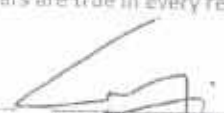
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22nd February 2018 at 07:52, I was travelling along
PIE (TUAS) Before Tuas Road. The vehicle in front of me slowed down and
stopped. Noticing that, I followed suit and stopped my vehicle.
After a few seconds, I felt a great impact from the rear. The
impact was so great that it pushed my vehicle to hit onto
the vehicle in front of me.

DECLARATION

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


Policyholder's Signature
Date & Time:
22/2


Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/2/18

 22/02/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 22 FEB 2018		TIME: 07:52	(hh:mm) 24 hrs Format
LOCATION PIE TOWARDS TUAS			
VEHICLE NUMBER STM 1528B			
INSURED NAME CASSIDY CHAN KINOK WAH			
NRIC / FIN S1664051D		CONTACT: 96659051	
MAKE CHEVROLET		MODEL AVEO LS	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select : (/) Third Party () Reporting Only			
INSURANCE COMPANY LONPAC INSURANCE			
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: Z17VP05015260			
NAME DRIVER :			
(/) SAME AS INSURED			
NRIC / FIN		CONTACT:	
DATE OF BIRTH: 07 OCT 1964			
DRIVING PASS DATE: 01 NOV 1998			
OCCUPATION: () INDOOR (/) OUTDOOR			
GENDER: (/) MALE () FEMALE			
EMAIL ADDRESS: () NO EMAIL			
ADDRESS OF DRIVER: BLK 108 ALJUNIED CRESCENT #05-36 S(380108)			
Number Of Passenger Include Driver: 1 DRIVER ONLY			
Was driver an employee of the Insured's Company? () YES (/) NO			
If No, Relationship Of The Driver With The Insured			
(/) Owner () Spouse () Friend () Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle?: () YES () NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: (/) Clear () Raining () Drizzling () Others			
Road Surface : (/) Dry () Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO			
Was Anybody Injured In The Accident? (/) YES (/) NO			
If YES, Injured details : CASSIDY CHAN			
Convey By Ambulance: () YES (/) NO			
Was There Any Video Capture By Car Camera? () YES (/) NO			
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party		Name / NRIC	Contact
Veh B GBZ 1739X			
Veh C SKX 212 Z			
Veh D			
Veh E			
Veh F			
Veh G			

REPUBLIC OF SINGAPORE DRIVING LICENCE

NRIC No. S1664051D

NAME: CASSIDY CHAN KWOK WAH

Date of Birth: 07 Oct 1964

Valid Until: 01 Apr 2004

001183246K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1664051D

NAME: CASSIDY CHAN KWOK WAH

CHINESE: 陳麗華

RACE: CHINESE

Date of Birth: 07-10-1964

Sex: M

Country of Birth: SINGAPORE




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

Class 2: Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

VALID DATE: 01 Nov 1999



NP 425A

NRIC No. S1664051D



Valid Until: 19-06-1992

APT BLK 108 ALJUNIED CRESCENT 405-36 SINGAPORE 330109

NRIC No: S1664051D Date: 03/03/2000 No: 0056425

**LONPAC INSURANCE BHD** (599FC5835C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-01/07, The Concourse, Singapore 189555.

Tel: (65) 6250 7388 Fax: (65) 6250 2757 Website: www.lonpac.com.sg

GST Reg No: F0-0005635-C

MOI

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1950 (REPUBLIC OF SINGAPORE).
ROAD TRANSPORT ACT 1987 (MALAYSIA).
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z17VP05015260

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

CHEVROLET AVEO 1.4
- SJM1528B

2. Name of Policy Holder

CASSIDY CHAN KWOK WAH

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

12/03/2017

4. Date of Expiry of the Insurance

11/09/2018

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\$ 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) and Motor
Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

CHIEF EXECUTIVE
(Singapore Branch)User ID: CINDYWONG
Date Issued: 12/03/2017