

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MAA 18072884

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 05/06/2008 14:18 | Job description: | Date & Time Completed | Done by |
| Ref No: NBA/LC/80/0221/Y | SAS e-filing | | |
| Veh No: SGA 2741L | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 04/06/2008 11:40 | 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: FBC 2457L 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

R DVA in Assessment Copy Incorrect

| Claimant's Particulars :- | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
|---------------------------------|---|-------------|----------|
| | | 1st Bill | Add Bill |
| 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 | | |
| | 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-on 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 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 | 05/06/2018 14:16 ✓ |
| Date Of Accident | 04/06/2018 11:40 ✓ |
| Exact Location Of Accident | HILLVIEW RD ROUNDABOUT NEAR TO HILLVIEW V2 S/M |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SGG2741L ✓ |
| Insured/Policyholder | |
| Name Of Registered Owner | SOH BENG TECK ✓ |
| NRIC No | S1216539J |
| Email Address | MICHAL_SOH@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-97820525 |
| Alternative Phone No | OTHERS-97820525 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | HONDA |
| Model | EDIX-1.7 (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 | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | Z18VP05018134 ✓ |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | SOH BENG TECK ✓ |
| NRIC No | S1216539J |
| Date Of Birth | 08/11/1955 |
| Occupation | INDOOR |
| Date Of Driving Pass | 08/08/1977 ✓ |
| Driving Experience | 40 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97820525 |
| Fax Number | |
| Contact Number | OTHERS-97820525 |
| Email Address | MICHAL_SOH@YAHOO.COM.SG |

| | |
|---|--|
| Address | BLK 201 BUKIT BATOK STREET 21 #15-162 |
| Postcode | 650201 |
| 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 | COLLIDED INTO MOTORCYCLIST |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | QUEENSTOWN N.P.C |
| Police Station Address | ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4719999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180605/2066

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 | FBC2957L |
| Vehicle Make/Model/Colour | HONDA ANF125 MSS |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | UNKNOWN |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | UNKNOWN |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | FBC2957L |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| 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)

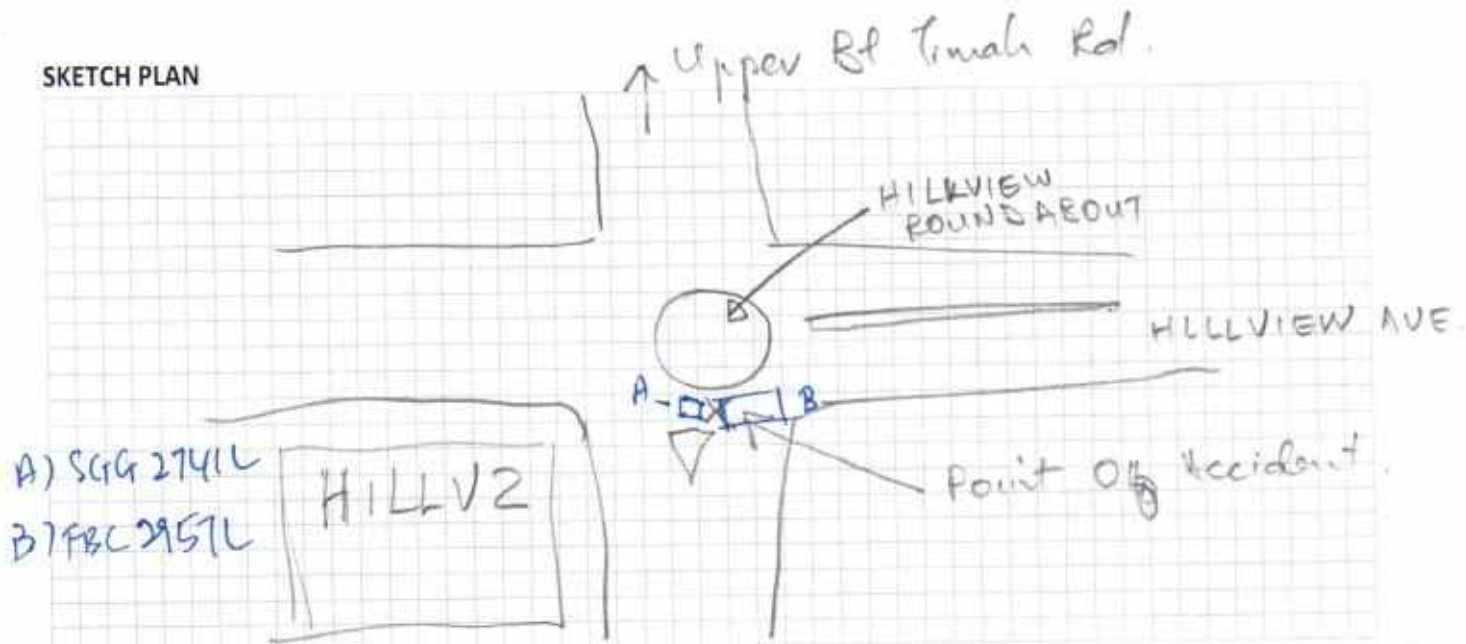
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the section: PLS refer to police report 1/2080805/2066.

DECLARATION

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

Handwritten: PL 5/6/18.
 Policyholder's Signature
 Date & Time:

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

Handwritten: 05/06/2018
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180605/2066

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No: T/20180605/2066

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 05/06/2018 13:52 | | Vide Report No.: | | Station Diary No.: 52 | |
| Informant's Particulars | | | | | |
| Name of Informant: SOH BENG TECK | | | Address: APT BLK 201 BUKIT BATOK STREET 21 #15-162 SINGAPORE 650201 | | |
| ID Type / ID No.: NRIC NO / S1216539J | | | Contact No.: Home/Office: Mobile: 97820525 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 62 | Date of Birth: 08/11/1955 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Retiree | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------------|------------------------------------|---|---|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 04/06/2018 11:40 | Type of Location: Roundabout |
| Location: Along Road 1 HILLVIEW ROAD Hillview Rd roundabout near to Hillview V2 Shopping Mall. | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 50 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|-------|-----------------|-------|---------------------|-----------------|
| FBC2957L | Motorcycle | HONDA | ANF 125MSS A | Red | Slightly Damaged | 0 |
| SGG2741L | Car | HONDA | EDIX 1.7 A | Black | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-----------------------|---------------|------------|-------------|
| SGG2741L | LONPAC INSURANCE BHD. | Z18VP05018134 | 08/05/2018 | 07/05/2019 |



**SINGAPORE
POLICE FORCE**



T/20180605/2066

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

2 of 3

Report No. T/20180605/2066

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|--|---------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | SOH BENG TECK | ID No. | S1216539J |
| Related Vehicle | SGG2741L (Car) | Contact No. | 97820525 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 04/06/2018 at about 1140hrs, I driving along Hillview Rd roundabout and out of sudden a motorbike (FBC2957L) cut into roundabout which led into soft collision. The motorbike lose balance and fell on the right side. Immediately I alight from my car(SGG2741L) to render assistance to the Malay rider. I noticed the Malay rider had bruises and slight bleeding on his palm. I pushed his motorbike to the side. He informed that he need to do delivery (Food Panda) and I drove him the delivery locations. Both of us went back to the scene and the rider need to collect his personal belongings. While the rider taking his personal belongings, an ambulance came to the scene. Paramedic check on the rider and subsequently conveyed to the nearest hospital. The rider gave me his motorbike keys. I have gave him my contact number and till now the rider have yet to call me.



**SINGAPORE
POLICE FORCE**



T/20180605/2066

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No: T/20180605/2066

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sr Staff Sgt MOHAMMAD ASRI BIN MAZLAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

Signature Of Informant:

Date/Time:

05/06/2018 13:52

Classification Of Case:

Authentication Stamp

NP168

SN 40

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 04/06/17 (DD/MM/YYYY), TIME: 11:40 (HH:MM)
LOCATION: Hillview Roundabout

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 366 2741 L
b) INSURANCE COMPANY: Longac Ins. Ltd
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA EDIX
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
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: SON BEUNG TECK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 31216539J CONTACT: 97820321
c) ADDRESS: #15-162, Rukit Ratah St 21
(650201)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: As Above
b) NRIC/FIN/PASSPORT: _____ (MALE / FEMALE)
c) ADDRESS: _____ CONTACT: _____

- * d) DATE OF BIRTH: 08/11/55 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR) RETIRED
f) DATE OF DRIVING PASS: 3

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: Queenstown

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 366 2741 L MODEL: HONDA
b) DRIVER'S NAME: YBC 7857 L
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

1) EMAIL : michal_soh@yahoo.com.sg

2) VIDEO : NIL

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

()
NUMBER OF
PASSENGER
INCLUDING DRIVER
()
NUMBER OF
PASSENGER
INCLUDING DRIVER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1216539J



Name
SOH BENG TECK

苏孟德

CHINESE

Date of Birth: 08-11-1955 Sex: M

Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1216539J

Name: SOH BENG TECK

Birth Date: 08 Nov 1955

Issue Date: 06 Feb 2017




002653756C

2435262



NRIC No. S1216539J



Blood Group: A+ Date of issue: 30-08-1994

APT. BLK 201 BUKIT BATOK STREET 21 #15-162
SINGAPORE 650201

Date: No. 7312271

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 06 Aug 1977

NP 428A





LONPAC INSURANCE BHD (S98FC5635C)

Incorporated in Malaysia

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

Tel: (65) 6250 7386 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: P0-0005635-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, 1969 (MALAYSIA).

Certificate No. : Z18VP05018134 ✓

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

HONDA EDIX 1.7
- SGG2741L ✓

2. Name of Policy Holder

SOH BENG TECK ✓

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

08/05/2018 ✓

4. Date of Expiry of the Insurance

07/05/2019 ✓

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.

* 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: ABLIM4

Date issued: 03/04/2018