

**NATIONAL Assessment Centre Services** [Ref: JAN05] MMA 118107805.

Date In: 2018/11/16:32	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1LPC18015104/44	E-mail (within 5hrs, AIC 2hrs)		
Veh No: SGT 768H	i-Motor Claim Form		
D.O.A: 1718/11/20:50	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> P <input type="checkbox"/> Ring Only	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: YM 5140B	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: 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	Am't (\$) Est Bill	Am't (\$) 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		
Auditors' Comments :-	5) iT: Follow-Through Survey (Resurvey) \$30		
Ref: 1:	For claiming against INC Only (wef 10 Jan 2005)		
Ref: 2 / 3:	6) TR: Re-inspection \$75		
	7) NI: Idnc DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
	*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 (Non INC) against INC \$20		
	9) N12: Idnc Mobile 30		
	Invoice dated	Fee Charged	
	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	20/08/2018 16:32
Date Of Accident	17/08/2018 20:50
Exact Location Of Accident	PARKED AT WEST COAST PARK CARPARK 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ768H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG KOK FAH
NRIC No	S1475541A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97380515
Alternative Phone No	OFFICE-97380515

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250 SEDAN (SR)(R18)
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	Z/18/VP00/101530
Cover Note Number	-

### Driver

Name of Driver	WONG SI TING
NRIC No	S9403002A
Date Of Birth	24/01/1994
Occupation	INDOOR
Date Of Driving Pass	27/05/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81828345
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	10 BOON LAY DR #13-28
Postcode	649929
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION )
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN5140B
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)


## 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:

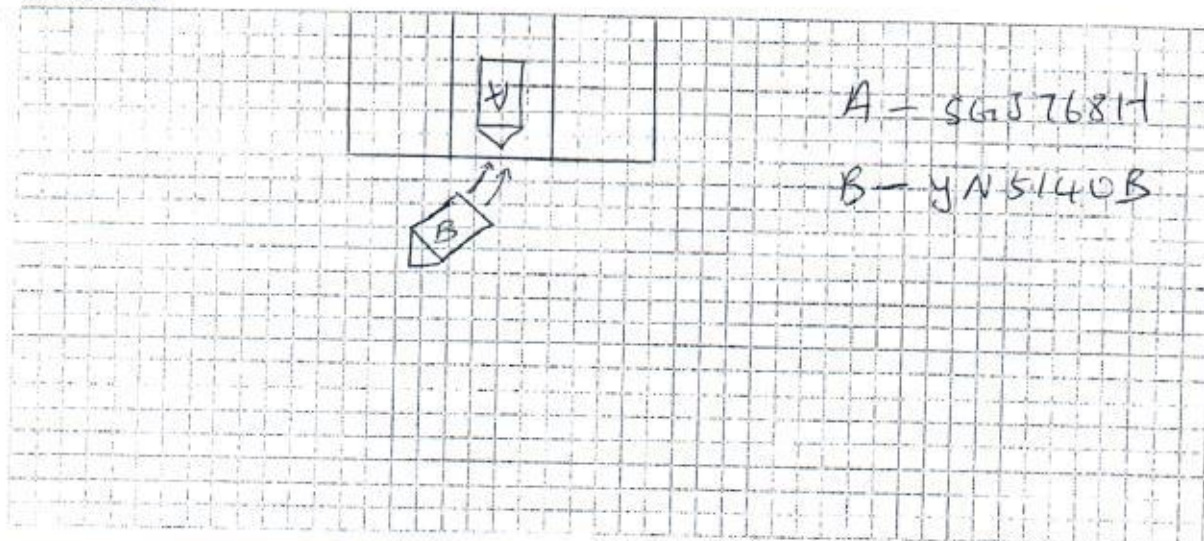
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Refer to the police report D/210180818/2010

## 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 Personnel's Signature  
Name:  
NRIC/FIN No.:

Date of Accident : 17/8/18 Accident Time: 20:51 (24-HR-Format)  
Accident Place : Parked at West West Park carpark 3  
Vehicle No. (Car Plate No.) : SRT 768H Make/Model: Mercedes Benz  
Insurance Company : Lompac Policy No: 2/18/VP00/101530  
Owner or Company Name /IC No. : Wong Kok Fah / 51475541A  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 9738 0515 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Wong Si Ting / 59403002A  
DRIVER'S Date Of Birth : 24/01/1994 DRIVER'S License Pass Date 27/5/2013  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : BLK 10 BURN LAY Drive #13-28  
DRIVER'S Contact No./ Alt No. : (1) \_\_\_\_\_ 2) 5649929  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): NO  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: <u>YN5140B (Chin)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



**SINGAPORE  
POLICE FORCE**



D/20180818/7010

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20180818/7010

Police Station Of Origin  
Clementi Police Divisional HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 18/08/2018 15:05	Vide Report No.	Station Diary No.
Name Of Informant WONG SI TING	Address 10 BOON LAY DRIVE #13-28 SINGAPORE 649929	
ID Type / ID No. NRIC NO / S9403002A	Contact No. Home/Office:	Mobile: 81828345
Nationality SINGAPORE CITIZEN	Email Address si_ting1994@hotmail.com	
Occupation Market research analyst	Sex Female	Age 24
Institution/School Name	Date of Birth 24/01/1994	Race Chinese
Date/Time Of Incident 17/08/2018 20:50 - 18/08/2018 00:30	Language English	
	Location Of Incident 70 WEST COAST HIGHWAY West Coast Park Car Park 3	

**Brief details.**

On 17 August 2018 at 20:51, a lorry with car plate YN5140B, was reversing and hit the front of my car, SGJ768H, which was parked at West Coast Park Car Park 3. I saw 2 message notes which was left by passer-by on my windscreen at 00:34 on 18 August 2018. Driver of YN5140B did not leave any particulars for me to contact them after the accident. There are scratches on the front and one of the headlight was damaged.

I have the footage from the car camera. Please contact me for video footage and pictures.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2018 15:05
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



SINGAPORE  
POLICE FORCE



D/20180818/7010

2 of 2

POLICE REPORT (NP299)


CONTINUATION OF REPORT

Report No. D/20180818/7010

Subjects Involved			
Victim			
Person Name	WONG SI TING		
ID Type	NRIC NO	ID No	S9403002A
Gender	Female	Age	24
Race	Chinese	Language	English
Occupation	Market research analyst	Address Type	
Address	10 BOON LAY DRIVE #13-28 SINGAPORE 649929	Mobile No	81828345
Is Informant A Victim?	Yes		
Person Name	WONG SI TING (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2018 15:05
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9403002A



Name  
WONG SI TING


黃 思 婷

Race  
CHINESE

Date of birth  
24-01-1994

Sex  
F

Country of birth  
SINGAPORE



4356102



S9403002A



Date of issue  
17-02-2009

Address  
10 BOON LAY DRIVE  
#13-28  
SINGAPORE 649929

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9403002A**

Name

**WONG SI TING**

Birth Date **24 Jan 1994**

Issue Date **27 May 2013**



002184531



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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500kg 27 May 2013



Licence No. S9403002A

NP 428A

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

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

Tel: (65) 6250 7366 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

Sing Chew Insurance Agency Pte Ltd

271 Bukit Timah Road

#03-10/11 Balmoral Plaza

Singapore 259708

Tel: 67371188

Fax: 67386715 Insured's Copy

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/18/VP00/101530

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number MERCEDES BENZ E250 SEDAN (SR)(R18)  
 - SGJ 768H

2. Name of Policy Holder WONG KOK FAH

3. Effective date of the Commencement of Insurance for the purpose of the Act. 29/03/2018

4. Date of Expiry of the Insurance 28/03/2019

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.

Excess : S\$ 500.00 (SECTION 1) INSURED /NAMED DRIVERS  
 S\$3500.00 (SECTION 1) UNNAMED DRIVERS  
 S\$3000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY  
 OR YOUNG &/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.

H.P. Owner : -


SING CHEW (KCM/68803)

CHIEF EXECUTIVE  
 (Singapore Branch)

User ID : eslinyee / ptian  
 Date Issued : 04-04-2018

ann


REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1475541A



WONG KOK FAH

CHINESE  
03-04-1961  
SINGAPORE

19186



S1475541A

AB+ 19-04-1994

APT BLK 10 BOON LAY DRIVE #13-28  
SINGAPORE 649929  
NRIC No: S1475541A Date: 06/07/2010 No: 649929