

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **MNA/18/15673**

Date In: 6/9/18-14-22	Job description	Date & Time Completed	Done by
Ref No: NA/IPC 1501629/124	SAS e-filing		
Veh No: 57L8326B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 3/9/18-20-15	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: Vch No: **SMAP9422** 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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 (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 1:	6) TR: Re-inspection \$75		
Pat. 2 / 3:	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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	06/09/2018 14:22
Date Of Accident	03/09/2018 20:15
Exact Location Of Accident	AYE (TUAS) NEAR BUONA VISTA RD EXIT
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL8326B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE KOON GUAN
NRIC No	S7905077F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85854811
Alternative Phone No	OFFICE-85854811

#### Vehicle Particulars

Manufacturer	HONDA
Model	HONDA CIVIC 1.8L 5AT
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	Z17VP05016215
Cover Note Number	

#### Driver

Name of Driver	LEE KOON GUAN (LI KUNYUAN)
NRIC No	S7905077F
Date Of Birth	11/02/1979
Occupation	INDOOR
Date Of Driving Pass	27/02/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85854811
Fax Number	
Contact Number	OFFICE-85854811
EMail Address	NOEMAIL

Address	BLK 705 CLEMENTI WEST STREET 2 #12-229
Postcode	120705
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	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	2
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	SMA4942X
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)	

## 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:

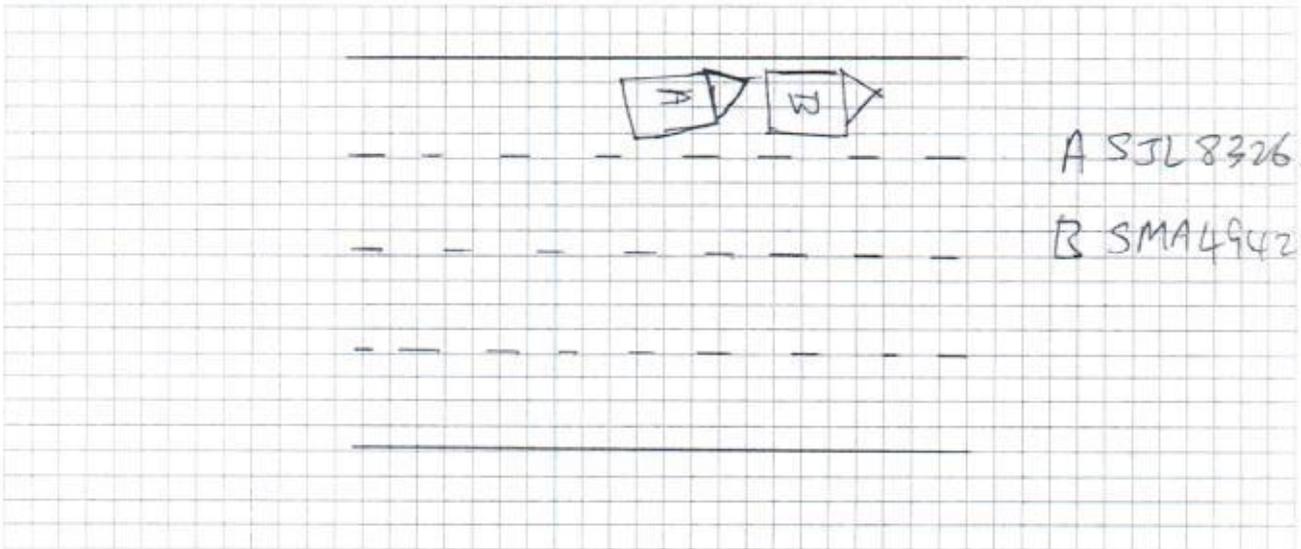
\*

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

On 03/09/2018 at around 20:15 pm. I was travelling along AYE towards Tuas at ~~around~~ <sup>Near</sup> BUNDA VISTA EXIT. Suddenly Vehicle B jamed brake, I couldn't stop in time and hit onto him.

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.:

FILE: \_\_\_\_\_

VEH REG NO: SJL ~~836~~ 8326 B

MOTOR ACCIDENT REPAIR BASIC INFORMATION					
DATE OF ACCIDENT	03 / 09 / 2018				
TIME OF ACCIDENT (24HR FORMAT)	20:15 PM				
EXACT LOCATION OF ACCIDENT	AYE TOWARDS TUNS (BUONA VISTA EXIT)				
OWN VEHICLE DETAILS					
NAME OF REGISTERED OWNER	LEE KOON GUAN				
ID OF REGISTERED OWNER	S9905077F				
OFFICE NUMBER					
EMAIL ADDRESS	jason.hing@autoinsure.com.sg				
VEHICLE PARTICULARS (OWN VEHICLE)					
VEHICLE REG NUMBER	SJL 8326 B				
VEHICLE MAKE / MODEL	HONDA CIVIC				
EXACT PURPOSE FOR WHICH VEHICLE WAS BEING USED AT THE TIME OF ACCIDENT	PRIVATE USE				
ARE YOU CLAIMING UNDER YOUR OWN INS. POLICY	YES		3RD PTY		REPORT ONLY
VEHICLE CATEGORY	PRIVATE CAR	COMM VEH	GOODS VEH	MOTOR TRADE GOVERNMENT	GOVERN VEH
INSURANCE COMPANY (OWN VEHICLE)					
INSURANCE COMPANY	LON PAC				
TYPE OF COVERAGE	COMPREHENSIVE				
FLEET POLICY					
POLICY NUMBER	217VPO5016215				
DRIVER PARTICULARS					
NAME OF DRIVER	AS PER NRIC				
ID OF DRIVER					
DATE OF BIRTH	/ /				
RELATIONSHIP WITH OWNER / OCCUPATION	OWNER			INDOOR / OUTDOOR	
DRIVING PASS DATE	/ /				
GENDER	MALE			FEMALE	
MOBILE NUMBER	85854811				
OFFICE / HOME / OTHER NUMBER					
HOME ADDRESS	AS PER NRIC				
EMAIL ADDRESS					
WAS THE DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY	YES			NO	
DOES THE DRIVER OWN ANY OTHER VEHICLE? IF YES, PLEASE INDICATE	YES			NO	
DRIVER'S OWN CAR VEHICLE NUMBER					

OWNER / DRIVER'S SIGNATURE: \_\_\_\_\_

DATE / TIME: \_\_\_\_\_

**GENERAL INFORMATION OF THE ACCIDENT**

TYPE OF ACCIDENT	HEAD TO REAR.			
WEATHER CONDITIONS	<input checked="" type="radio"/> CLEAR		<input type="radio"/> RAINING	<input type="radio"/> OTHERS
IF OTHERS, PLS STATE THE CONDITION				
ROAD SURFACE	<input type="radio"/> WET		<input checked="" type="radio"/> DRY	<input type="radio"/> OTHERS
IF OTHERS, PLS STATE THE CONDITION				
WAS ANY FOREIGN VEHICLE INVOLVED IN THIS ACCIDENT	<input type="radio"/> YES		<input checked="" type="radio"/> NO	
IF YES, PLS STATE THE VEHICLE REG NUMBER				
WAS ANY BODY INJURED IN THE ACCIDENT	<input type="radio"/> YES		<input checked="" type="radio"/> NO	
WAS ANY OTHER MATERIAL OR PROPERTY DAMAGE? (INCLUDING WITNESS)	<input type="radio"/> YES		<input checked="" type="radio"/> NO	
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING ACCIDENT CLAIMS ASSISTANCE	<input type="radio"/> YES		<input checked="" type="radio"/> NO	
NUMBER OF PASSENGERS (INC DRIVER)	1		FEMALE:	MALE:
WAS THE ACCIDENT REPORTED TO THE POLICE?	<input type="radio"/> YES		<input checked="" type="radio"/> NO	
IF YES, PLS STATE WHICH STATION				
WAS NOTICE OF INTENDED PROSECUTION GIVEN?	<input type="radio"/> YES		<input checked="" type="radio"/> NO	
IF YES, AGAINST WHOM?				
ARE ACCIDENT PHOTOS AVAILABLE FOR ATTACHMENT?	<input checked="" type="radio"/> YES		<input type="radio"/> NO	
WAS THERE ANY VIDEO CAR CAMERA?	<input type="radio"/> YES		<input checked="" type="radio"/> NO	

**CIRCUMSTANCES OF ACCIDENT**

**REFER TO ATTACHMENT**

**THRID PARTY VEHICLE DETAIL**

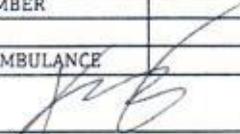
	1	2	3
VEHICLE REG NUMBER	SM A494X		
VEHICLE MAKE / MODEL / COLOUR			
DETAILS OF PROPERTY			
NAME OF DRIVER			
DRIVER NRIC / CO REG NUMBER			
CONTACT NUMBER			
NAME OF INSURANCE COMPANY			
NATURE OF DAMAGE			

**WITNESS PARTICULARS**

	1	2	3	4	5
DETAIL OF WITNESS - NAME					
DETAIL OF WITNESS - PHONE					
DETAIL OF WITNESS - EMAIL					
DAMAGES TO OTHER VEHICLES & PROPERTY	VEH REG NUM	DETAILS OF	DRIVER NAME	CONTACT NUM	OTHER DETAILS

**DETAILS OF INJURED PERSON**

	1	2	3	4	5
NAME OF INJURED					
INJURY SUSTAINED					
INJURED PERSON IS ON WHICH VEHICLE NUMBER					
WERE SEAT BELTS WORN?					
WAS INJURED CONVEYED TO HOSPITAL BY AMBULANCE					

OWNER / DRIVER'S SIGNATURE: \_\_\_\_\_  \_\_\_\_\_

DATE / TIME: \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7905077F



Name  
LEE KOON GUAN  
(LI KUNYUAN)

Race  
CHINESE  
Date of birth 11-02-1979 Sex M  
Country of birth SINGAPORE  
S7905077F

4511327



NRIC No. S7905077F

Date of issue  
19-11-2012

Address  
APT BLK 705 CLEMENTI WEST STREET 2  
#12-229  
SINGAPORE 120705

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **S7905077F**

Name:

**LEE KOON GUAN  
(LI KUNYUAN)**

Birth Date: **11 Feb 1979**

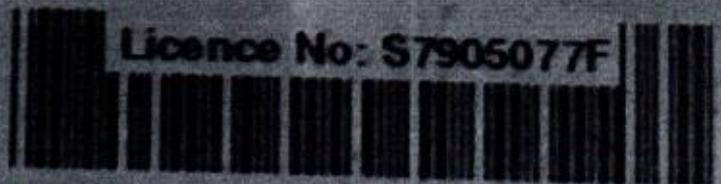
Issue Date: **27 Feb 2007**



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

PASS DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 27 Feb 2007




**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

## 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. : Z17VP05016215

Type of Cover : COMPREHENSIVE

- |  |                               |
|--|-------------------------------|
| 1. Index Mark and Vehicle Registration Number  | HONDA CIVIC 1.8<br>- SJL8326B |
| 2. Name of Policy Holder   | LEE KOON GUAN                 |
| 3. Effective Date of the Commencement of Insurance for the purpose of the Act  | 12/12/2017                    |
| 4. Date of Expiry of the Insurance   | 11/12/2018                    |
| 5. Persons or Classes of Persons entitled to drive<br>(A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER PERMISSION<br>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<br>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

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: SIEWWEI  
Date issued: 22/11/2017