

NATIONAL Assessment Centre Services (Ref: J2005)

Date In: 10/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/LPC 18016453/13	SAS e-filing		
Veh No: SKG 6642R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/09/18 2105	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (N-51)	Tel: ()	Fax: ()
TP Particulars:	Veh No: YP8874L	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	Ant (\$) 1st Bill	Ant (\$) 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		
	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:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	10/09/2018 15:42
Date Of Accident	09/09/2018 21:05
Exact Location Of Accident	SLE TWDS BKE B4 WOODLANDS AVE 12 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG6642R
Insured/Policyholder	
Name Of Registered Owner	NG BOON HONG
NRIC No	S8115790A
Email Address	STANLEYNBH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86111611
Alternative Phone No	OTHERS-86111611

Vehicle Particulars

Manufacturer	AUDI
Model	A4
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	Z18VP05019742
Cover Note Number	

Driver

Name of Driver	NG BOON HONG
NRIC No	S8115790A
Date Of Birth	30/05/1981
Occupation	INDOOR
Date Of Driving Pass	12/05/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86111611
Fax Number	
Contact Number	OTHERS-86111611
EMail Address	STANLEYNBH@GMAIL.COM

Address	BLK 453 CHOA CHU KANG AVE 4 #16-127
Postcode	680453
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 - CHANGE/CROSS LANE
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180909/7010

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP8874L
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 INJURED PERSON 1

Name NG BOON HONG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SKG6642R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

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:

10/09/18

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

SKETCH PLAN

(A) SKG 6642 R.

(B) YP 8874 L.



SLE towards BKE before Woodlands Ave 12 exit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to Police Report

No: T/20180909/7010

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:

10/09/18

Reporting Centre Personnel's Signature
Name:



SINGAPORE POLICE FORCE



T/20180909/7010

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180909/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/09/2018 23:43		Vide Report No.: F/20180909/0311		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG BOON HONG			Address: APT BLK 453 CHOA CHU KANG AVENUE 4 #16-127 SINGAPORE 680453		
ID Type / ID No.: NRIC NO / S8115790A			Contact No.: Home/Office: Mobile: 86111611		
Nationality: SINGAPORE CITIZEN			Email: stanleynbh@gmail.com		
Sex: Male	Age: 37	Date of Birth: 27/05/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Chief operating officer/General Manager			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 09/09/2018 21:05	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG6642R	Car	AUDI	A4+2.0+TFS I+QU+S- TRONIC	White	Seriously Damaged	0
YP8874L	Lorry			Multi-Colored		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20180909/7010

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180909/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG6642R	LONPAC INSURANCE BHD.	Z18VP05019742	16/08/2018	15/08/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG BOON HONG		ID No. S8115790A
Related Vehicle	SKG6642R (Car)		Contact No. 86111611
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 9th September 2018, approximately around 9.05pm. I was traveling 80km/hr along SLE towards BKE before woodlands ave 12 exit on the center lane of a 3 lane road. A lorry (Applied Logistic YP8874L) came from the back on the left lane, hit on my left side of my car while changing into my lane at a much faster speed. The driver of the lorry drove away immediately without stopping the vehicle. I manage to gain back the control of the car after the impact. I caught up with him at the traffic light at the woodland ave 12 exit. I sounded my horn but the driver refused to make contact with me and drove off. I called for the police and they arrive shortly after and took my front camera SD card and advise me to lodge a police report at the nearest police station.



**SINGAPORE
POLICE FORCE**



T/20180909/7010

3 of 3

Report No. T/20180909/7010

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
DZUL HAIRIE BIN RAMLI
Contact No.: 65476220

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
09/09/2018 23:43

Classification Of Case:

Vehicle No.	3KG 6642 R.	Model / Make	Audi A4.
Date of Accident	09/09/18.		
Time of Accident	2105 HRS		
Location of Accident	SLE towards BKE before Woodlands Ave 12 exit.		
Exact purpose use during accident	Private Used.		
Name of Owner	Ng Boon Hong.		
Telephone No.	H/P : 861 11611	Home :	Office :
NRIC	S 8115790A.		
Address	BKE 453, Choa Chu Kang Ave 4 #16-127 (S) 680453.		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	Longac. Insurance.		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	218vP05019742.		
Name of Driver	<u>As Above</u> If No,		
NRIC		Any Passengers :	N.A.
Date of birth	30/05/1981.		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	12/05/2003		
Gender	Male / <u>Female</u>		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state <u>Owner</u> .		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Ng Boon Hong.		
Name And Contact No.			
Police Report	No, <u>If Yes, Where?</u> Traffic Police Division 4Q.		
Vehicle B No.	YP 8874 L.	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E No.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A.	Witness Contact :	
Accident Portion	<u>Left Side</u> .		
Camera Recorder	<u>Yes</u> / No		
Email Address	stanleynbh@gmail.com.		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes / <u>No</u>	
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixin.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S8115790A**

Name: **NG BOON HONG (HUANG WENFENG)**

Birth Date: **30 May 1981**

Issue Date: **04 Nov 2017**

002740317K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8115790A**

Name: **NG BOON HONG (HUANG WENFENG)**



黄文丰

Race: **CHINESE**

Date of birth: **30-05-1981** Sex: **M**

Country of birth: **SINGAPORE**

S8115790A

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	19 Oct 2000
Class 2A	Motorcycles between 201 cc and 400 cc	24 Dec 2002
Class 2	Motorcycles > 400 cc	25 May 2004
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	12 May 2003

NP 428A



5065098

NRID No. **S8115790A**

Date of issue: **23-05-2012**

APT BLK 453 CHOA CHU KANG AVENUE 4 #16-127 SINGAPORE 680453

S8115790A 18/11/2013




**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) 6256 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MXI

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. : Z18VP05019742

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

AUDI A4 2.0
- SKG6642R

2. Name of Policy Holder

NG BOON HONG

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

16/08/2018

4. Date of Expiry of the Insurance

15/08/2019

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\$ 1,500.00 (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.

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 : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

CHIEF EXECUTIVE
(Singapore Branch)User ID: WLPHANG
Date Issued: 07/08/2018