

NATIONAL Assessment Centre Services

(wef 1 Jan 2003)

MNA 48121799

Date In: 19/09/2018 18:02	Job description	Date & Time Completed	Done by
Ref No: NBA/LPC/180171004	SAS e-filing		
Veh No: SLK 4240P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/09/2018 08:30	i-Motor Claim Form		
OD TP: <u>Reporting Only</u>	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: SHA 2324Z 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amnt (\$) In Bill	Amnt (\$) 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) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2003)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpi 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 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 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. 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	19/09/2018 18:02
Date Of Accident	19/09/2018 08:30
Exact Location Of Accident	ALONG SHEARES LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4240P
Insured/Policyholder	
Name Of Registered Owner	YEE YIK KHOON
Co Reg No	S0465794B
Email Address	VALIANCE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97528831
Alternative Phone No	OFFICE-97528831

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 GLX
Exact Purpose for which vehicle was being used at time of accident	HEADING TO WORK
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	Z18VP05019179
Cover Note Number	

Driver

Name of Driver	YEE HON WENG, JONATHAN
NRIC No	S8305363A
Date Of Birth	09/02/1983
Occupation	INDOOR
Date Of Driving Pass	19/04/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97528831
Fax Number	
Contact Number	OTHERS-97528831
Email Address	VALIANCE@GMAIL.COM

Address	29 GHIM MOH LINK #37-320
Postcode	270029
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	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?	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	SHA2334Z
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
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.

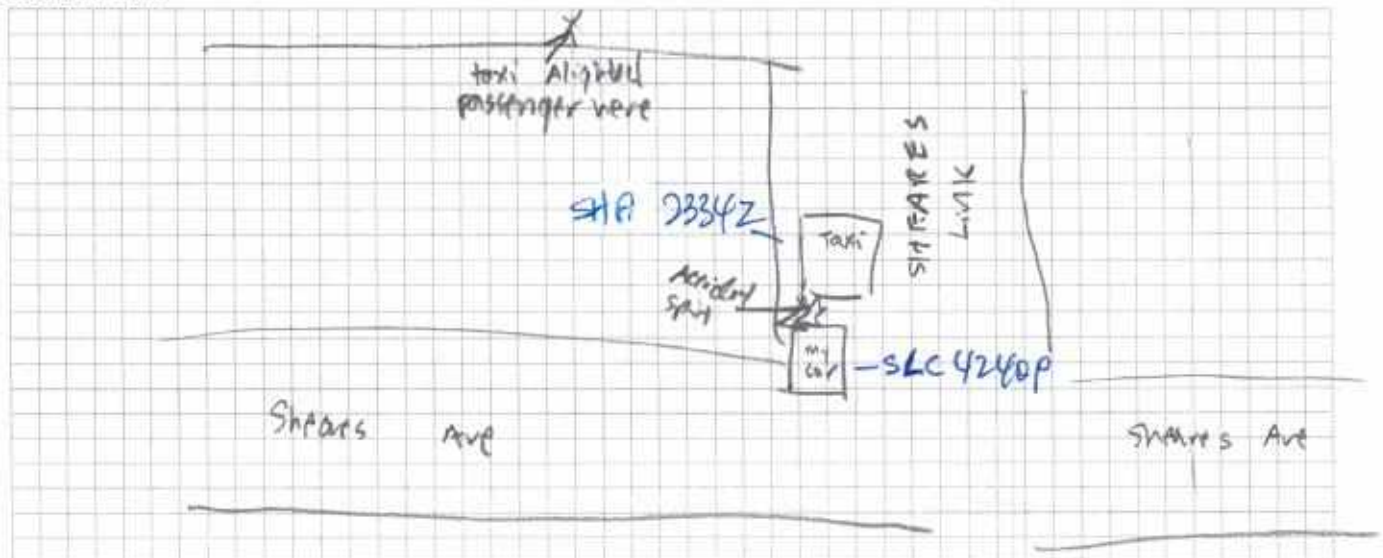
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17:35

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

Bayfront Avenue

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Incident occurred between 8.30 - 8.45am on Wednesday, 19 September 2018.


I was driving on the left-most lane along Sheares Avenue, ~~from~~ wanting to turn Left into Sheares Link. A blue Toyota prius comfort taxi SHA23342 was in the middle of the junction of sheares link & sheares Avenue, Awkwardly positioned. He was on ~~the~~ ^{the} right wanting to cut into the leftmost lane of sheares link which I was about to turn to. As he was obstructing traffic, I gave way to him to turn first (ie to go ahead of me). However, after turning into the lane the driver of the taxi kept driving in an improper manner by releasing the foot brake and stepping on it in an intermittent manner. At one instant, he released the foot brake and after seeing his vehicle move forward, I inched closer. The driver of the taxi suddenly jammed his brake and the front left side of my car hit his rear bumper. The damage to his car was minimal and he refused to exchange particulars and told me that he would claim insurance against me. I took photos of the damage. There were no injuries for me, the driver and his male caucasian passenger. He alighted his passenger along ~~Shea~~ Bayfront avenue before we got out to exchange words. This was about 8.45am.



Traffic condition was Heavy (gridlock). No rain.

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: 1734hrs
19/9/18


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

DAD PARTIKULAH / 1/c

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 9 / 18) (DD/MM/YYYY), TIME: (8 : 30) (HH:MM)

LOCATION: SHEARES LINK.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 7240P
b) INSURANCE COMPANY: LON PAC INSURANCE BERHAD
c) POLICY NUMBER: Z18VP05019179
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MITSUBISHI LANCER GLX
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: HEADING TO WORK
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: YEE HON WENG, JONATHAN (named driver) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 58305363A CONTACT: 97528831
c) ADDRESS: 81K 216 CLEMENTI WEST ST. 2, #06-33
SCHEM 216 29 GHIM MONT LINK, 37-320, S (27004)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

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

* d) DATE OF BIRTH: (29 / 02 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19/04/2002

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPAN

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:

8. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: SHB 2334Z MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

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

EMAIL = YALIBUCK @ gmail . com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0465794B



Name
YEE YIK KHOON

余奕权

Race

CHINESE

Date of Birth

27-02-1944

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8305363A



Name

YEE HON WENG, JONATHAN

余汉荣

Race

CHINESE

Date of birth

09-02-1983

Country/Place of Birth

SINGAPORE



58305363A

1174294



NRIC No. S0465794B

Blood Group Date of issue
B+ 07-08-1993

Address

APT BLK 716 CLEMENTI WEST STREET 2
#06-33
SINGAPORE 0512

5259760



NRIC No. S8305363A



Date of issue
22-01-2014

APT BLK 29 GHIM MOH LINK #37-320
SINGAPORE 270029

NRIC No. S8305363A Date: 28/03/2018 (R)

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8305363A**

Name: **YEE HON WENG, JONATHAN**

Birth Date: **09 Feb 1983**
 Issue Date: **22 Apr 2015**

002420206C

SG 50

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 **19 Apr 2002**

Licence No: S8305363A

NP 429A



LONPAC INSURANCE BHD (S98FC6635C)

(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

GET Reg No.: F0-0005635-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, 1959 (MALAYSIA).

Certificate No.: Z18VP05019179

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI LANCER 1.6
- SLC4240P

2. Name of Policy Holder

YEE YIK KHOON

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

13/07/2018

4. Date of Expiry of the Insurance

12/07/2019

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\$ 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: PJ2039

Date Issued: 28/06/2018