

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA11812546**

Date In: 27/1/05-14:58	Job description	Date & Time Completed	Done by
Ref No: NA/49C18017395/04	SAS e-filing		
Veh No: 5JU 3947U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 27/1/05-11:30	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: 6BB2924L	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

NA1806146	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	Est Bill	Add Bill
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)		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q11*		
	*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-in 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 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	27/09/2018 14:58
Date Of Accident	27/09/2018 11:30
Exact Location Of Accident	BLK 112 BISHAN ST 12 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU3947U
Insured/Policyholder	
Name Of Registered Owner	LOY KIM BOON
NRIC No	S7669302A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98172979
Alternative Phone No	OFFICE-98172979

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z17VP05016082
Cover Note Number	

Driver

Name of Driver	LOY KIM BOON
NRIC No	S7669302A
Date Of Birth	23/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	20/09/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98172979
Fax Number	
Contact Number	OFFICE-98172979
EMail Address	NOEMAIL

Address	BLK 274B COMPASSVALE BOW #10-517
Postcode	542274
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	SIDE SWIPE
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	GBB2924L
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)	1

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:



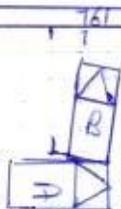
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

BLK 112, Beshan St 12



(A) SJU 3947 U

(B) GBB 2924 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/09/18 at @ 1130 hrs. I was travelling in my vehicle (SJU3947U) in front of BLK 112, Beshan St 12 heading straight and wanted to exit the carpark. Somewhere near to the carpark lot 761, a lorry (GBB 2924L) suddenly reversed and collided onto the left side of my vehicle

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.:

Vehicle No.	87U 3947U	Model / Make	Mit. Lances
Date of Accident	27/09/18		
Time of Accident	1130 HRS		
Location of Accident	BLK 112, Bishan St 12 Carpark		
Exact purpose use during accident	Private Used		
Name of Owner	LOY Kim BEON		
Telephone No.	H/P: 9817 2979	Home:	Office:
NRIC	S T669302 A		
Address	BLK 274B, Compassvale Bow #10-517 (S) 542274		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	Lompac		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire /Theft
Policy No.	217VPO5016082		
Name of Driver	<u>As Above</u> If No,		
NRIC			Any Passengers: N-A
Date of birth	23/04/1976		
Occupation	<u>Outdoor</u>	/	Indoor
Driving License Pass Date	20/09/2007		
Gender	<u>Male</u>	/	Female
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	<u>No,</u>	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No,</u>	If Yes, Where?	
Vehicle B No.	GBB 2924L	Any Passengers:	N.A.
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:	N.A.
Accident Portion	<u>Left Side.</u>		
Camera Recorder	Yes <u>No</u>		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / <u>No</u>
PARTICULAR WORKSHOP	<u>Twen car</u>		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	<u>Huixin</u>		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of LOY KIM BOON

Licence Number: **S7669302A**

Name: **LOY KIM BOON**

Birth Date: **23 Apr 1976**

Issue Date: **10 Sep 2009**

Barcode: **001702619D**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7669302A**

Portrait of LOY KIM BOON

Name: **LOY KIM BOON**

Race: **罗金文**
CHINESE

Date of birth: **23-04-1976**

Sex: **M**

Country of birth: **MALAYSIA**

4869328

Barcode: **S7669302A**

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

Class	Description	PASS DATE
Class 2B	Motorcycles =< 200 cc	20 Sep 2007
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	20 Sep 2007

NP 428A

Licence No: **S7669302A**

4869328

Barcode: **S7669302A**

Portrait of LOY KIM BOON

NRIC No: **S7669302A**

Date of issue: **08-08-2012**

APT BLK 274B COMPASSVALE BOW #10-517
SINGAPORE 542274

NRIC No: **S7669302A** Date: **19/02/2017**



LONPAC INSURANCE BHD (598FC5635C)

(Incorporated in Malaysia)
Singapore Office: 370, Beach Road #17-04/07, The Capricorn, Singapore 189511
Tel: (65) 6250 7366 Fax: (65) 6256 3757 Website: www.lonpac.com.sg
GST Reg No.: FB-0005635-C

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CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1987 (REPUBLIC OF SINGAPORE)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1968 (MALAYSIA)

Certificate No. : Z17VP05916082	Type of Cover : COMPREHENSIVE
1. Index Mark and Vehicle Registration Number	mitsubishi LANCER 1.8 - SJD2947U
2. Name of Policy Holder	LOY NIM BOON
3. Effective Date of the Commencement of Insurance for the purpose of this Act	02/12/2017
4. Date of Expiry of the Insurance	01/12/2018

5. Persons or Classes of Persons entitled to drive
AS THE POLICYHOLDER OR 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 REGULATIONS IN THE BEHALF OF DRIVERS OF 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 RENT, 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.

Coverage : S\$ 1,000,000 (SECTION 1) INSURED / NAMED DRIVERS
S\$ 1,000,000 (SECTION 1) UNNAMED DRIVERS
S\$ 1,000,000 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS
S\$ 100,000 (SECTION 1) EXCESS
LONPAC'S AUTHORISED WORKSHOPS

Conditions : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

Exclusions : Exclusions provided in Part III 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.

Warranty : This policy 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 : MAY SWAN

Name of Insured : LOY NIM BOON
Date of Issuance : 02/12/2017