

NATIONAL Assessment Centre Services

| | | | |
|------------------------------------|---|-----------------------|---------|
| Date In: 20/12/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/LPC18022859/13 | SAS e-filing | | |
| Veh No: 5J47909H | E-mail (within 8hrs; A/C 2hrs) | | |
| D.O.A: 19/12/18 1040 | 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: (**10 GARAGE**) Tel: Fax:)

| | | |
|--|------------------------|-----------------------|
| TP Particulars: | Veh No: WC5484R | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|--|---|-------------|-----------------|-----------------|
| NA1808384 | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
| | | | 1st Bill | 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:- | | | |
| QC Checked by (Engr-In-Charge): | ON: | | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| | *N7: Post Repair Inspection \$25 | | | |
| Auditors' Comments :- | *N8: DV / Collect Excess Coordination \$5 | | | |
| Cat. 1: | *TP (N11) : TP (N=11 INC) against INC \$20 | | | |
| Cat. 2 / 3: | 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 | 20/12/2018 14:57 |
| Date Of Accident | 19/12/2018 10:40 |
| Exact Location Of Accident | CONSTRUCTION SIDE AT MK25 LOT 07413A MARINA EAST |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJY7909H |
| Insured/Policyholder | |
| Name Of Registered Owner | KOEK AH LEK |
| NRIC No | S2002887D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96389464 |
| Alternative Phone No | OTHERS-96389464 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MITSUBISHI |
| Model | LANCER |
| Exact Purpose for which vehicle was being used at time of accident | PARKED VEH |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|----------------------|
| Name of Insurance Company | LONPAC INSURANCE BHD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | Z18VP05019967 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------------|
| Name of Driver | KOEK SIEW KONG,ALVIN(GUO XIUGUANG) |
| NRIC No | S8500244I |
| Date Of Birth | 09/01/1985 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/11/2006 |
| Driving Experience | 12 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96389464 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 176 BISHAN ST 13 #09-131 |
| Postcode | 570176 |
| 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 | COLLIDED INTO PARKED VEHICLE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) 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) | 0 |

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

PLS REFER TO THE ATTACHED 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 | WC5484R |
| 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:

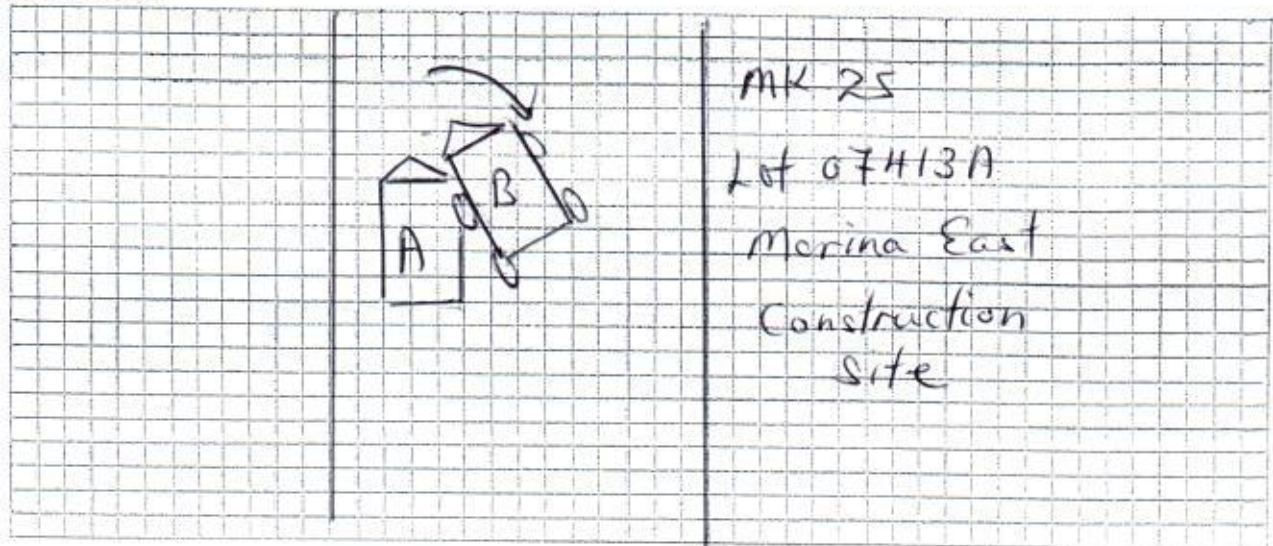
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

On 19/12/2018 at about 1040 hrs at premises of MK 25 Lot 07413A Marina East (Construction Site). My vehicle was stationary parked at the above mentioned premises and everything was intact on 19/12/2018 at about 0900 hrs. At about 1040 hrs, my colleague came to inform me that my vehicle was hit by vehicle (B) while making a reversing causing damages to my Front and Right Front Portion of my vehicle (A).

(A) SJY 7909H

(B) WC 5484R

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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/PIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8500244I



Name

KOEK SIEW KONG, ALVIN
(GUO XIUGUANG)

郭修光

Race

CHINESE

Date of birth

09-01-1985

Sex

M

S850024I

Country/Place of birth

SINGAPORE

Driver SJY 7909H

5456363



NRIC No. S8500244I



Date of issue

18-04-2015

Address

APT BLK 176 BISHAN STREET 13
#09-131
SINGAPORE 570176

REPUBLIC OF SINGAPORE **DRIVING LICENCE**


 Licence Number: **S85002441**
 Name:
KOEK SIEW KONG, ALVIN
(GUO XIUGUANG)
 Birth Date: **09 Jan 1985**
 Issue Date: **11 May 2004**

001217731D



Drive SJY 7909H.

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

| | PASS DATE |
|---|-------------|
| Class 2B Motorcycles \leq 200 CC | 11 May 2004 |
| Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg | 28 Nov 2006 |

S85002441

S / No. 9000057351

NP 428A

Licence No. S85002441



SINGAPORE ACCIDENT STATEMENT

| | | | | |
|---|--|------------------------------|---------------------------|----------------------|
| Accident Date: | 19/12/18 | Time: | 10.40 | (hh:mm) 24 hr format |
| Location | Construction Site at MK25 Lot 07413A Marina East | | | |
| Vehicle Number | SJY 7909H | | | |
| Insured Name | KOEK AH LEK | | | |
| NRIC / FIN | S2002887D | Contact Number | | |
| Make | MIT SUBISHI | Model | LANCER 1.6 GLX ABS AIRBAG | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | |
| () Yes If No, Pls select: (/) Third Party () Reporting | | | | |
| Insurance Company | LONPAC | | | |
| Type of Policy (/) | Comprehensive | () Third Party Fire & Theft | () TP Only | |
| Policy Number | 218UP05019967 | | | |
| Name of Driver | KOEK SIEW KONG, ALVIN () Same as Insured | | | |
| NRIC / FIN | S8500744I | Contact Number | 9638 9464 | |
| Date of Birth | 09-01-1985 | | | |
| Driving Pass Date | 28-NOV 2006 | | | |
| Occupation (/) | Indoor | () Outdoor | | |
| Gender (/) | Male | () Female | | |
| Email Address | () NO EMAIL | | | |
| Address of Driver | BLK 176 BISHAN STREET 13 #09-131 S'pore 570 176 | | | |
| Was driver an employee of the Insured's Company? () Yes (/) No | | | | |
| If No, Relationship of the Driver with the Insured | | | | |
| () Owner () Spouse () Friend () Relative (/) Children () Sibling | | | | |
| Does the Driver Own Any Other Vehicle? () Yes (/) No | | | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | | | |
| Insurance Company of Driver's Own Vehicle | | | | |
| Weather Conditions (/) Clear () Raining () Others | | | | |
| Road Surface (/) Dry () Wet () Others | | | | |
| Was any foreign vehicle involved in this accident? () Yes (/) No | | | | |
| Was anybody injured in the accident? () Yes (/) No | | | | |
| If yes, injured detail | | | | |
| Was there any video captured by Car Camera? () Yes (/) No | | | | |
| Was the Accident reported to the Police? () Yes (/) No If yes attach police report | | | | |
| DETAILS OF 3 rd party | | Name / Nric | | Contact |
| Veh B | WC 5484R | | | |
| Veh C | | | | |
| Veh D | | | | |
| Veh E | | | | |
| Veh F | | | | |

no body inside the car.

owner
IC

SJY7907 H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2002887D



Name
KOEK AH LEK

郭 亚 历

Race
CHINESE

Date of Birth
24-04-1952


Sex
M

Country of Birth
KEDAH

REPUBLIC OF SINGAPORE



NRIC No. S2002887D



Blood Group
B+

Date of issue
15-09-1991

Address
APT BLK 176 BISHAN STREET 13
#09-131
SINGAPORE 2057



LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

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

Tel: (65) 6250 7368 Fax: (65) 6296 3797 Website: www.lonpac.com.sg

GST Reg No.: P0-0005635-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. : Z18VP05019967

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI LANCER 1.6
- SJY7909H

2. Name of Policy Holder

KOEK AH LEX

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

01/10/2018

4. Date of Expiry of the Insurance

30/09/2019

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.

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.

Amek

CHIEF EXECUTIVE
(Singapore Branch)

User ID: FA2349

Date Issued: 28/08/2018