

# NATIONAL Assessment Centre Services

Date In: 12/03/2019 10:45	Job description	Date & Time Completed	Done by
Ref No: NA/LPC19004432/K4	SAS e-filing		
Veh No: SMC 4944E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/03/2019 14:50	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: SLE 4044D 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 :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

Ant (\$)  
1st Bill

Ant (\$)  
Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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:-

OH\*

\*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 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	12/03/2019 10:45
Date Of Accident	10/03/2019 14:50
Exact Location Of Accident	MARSILING DRIVE ENTERING CARPARK NO: W11
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC4944E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEE YEW KONG
NRIC No	S7040700J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88582787
Alternative Phone No	OTHERS-88582787

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 200 KOMPRESSOR
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	Z18VP05020183
Cover Note Number	

### Driver

Name of Driver	CHEE YEW KONG
NRIC No	S7040700J
Date Of Birth	27/10/1970
Occupation	INDOOR
Date Of Driving Pass	10/12/1993
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88582787
Fax Number	
Contact Number	OTHERS-88582787
Email Address	NOEMAIL

Address	BLK 352 ANG MO KIO STREET 32 #18-127
Postcode	560352
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 (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : KOH KIM SUAN GENDER: : FEMALE

#### 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	SLE4044D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHAIK BIN HJ ALI
NRIC/Passport Number	S1499016Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CHEE YEW KONG  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SMC4944E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name KOH KIM SUAN  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SMC4944E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
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:

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

10/10/19

MARSLAND DRIVE

A - SMC4944E  
B - SLE4044D

WHEN I WAS ENTERING THE CARPARK OF MARSIKING DR  
(WH). VEHICLE B FROM OPPOSITE DIRECTION MAKE A SHARP TURN  
AND COLLIDED ONTO MY VEHICLE REAR RIGHT

I/We declare the foregoing particulars are true in every respect.

1

Centre Personnel's Signature

Written on 11/3/2019  
E 1120 AM

LKK n n

## ACCIDENT STATEMENT

ACCIDENT DATE: (10/03/19) (DD/MM/YYYY), TIME: (14:54) (HH:MM)

LOCATION: MARILYN DRIVE ENTERING CARPARK (W11)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMC 4944 E  
b) INSURANCE COMPANY: LONPAC INSURANCE BHD  
c) POLICY NUMBER: 218VP05020183  
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: MERCEDES C200  
f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: PLE USE  
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: CHSE YEW KONG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 7646700 J CONTACT: 8858 2787  
c) ADDRESS: BLK 352, ANG MO KIO ST 32, #18-127  
S(560352)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

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

\*d) DATE OF BIRTH: (27/10/1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (NO))

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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

- a) VEHICLE NUMBER: SLE 4044 D MODEL: VESEL  
b) DRIVER'S NAME: SHAIK BIN HI ALI  
c) NRIC/FIN/PASSPORT: S1499016 Z CONTACT:

### 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(02)

PASSENGER

KOH ICM SUAN (P)  
S2586024A

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

workshop : Cas Garage Pte Ltd

EMAIL : CASGARAGESH @ GMAIL.COM

FAX : +65 6509 9501

Driver

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7040700J



Name  
CHEE YEW KONG  
朱耀江

Place  
CHINESE

Date of birth  
27-10-1970

Sex  
M

Country/Place of birth  
SINGAPORE



5335009



NRIC No. S7040700J



Date of issue  
01-08-2014

Address  
APT BLK 352 ANG MO KIO STREET 32  
#18-127  
SINGAPORE 560352

8858 2787  
OWNER / DRIVER

Driver

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Portrait photo of Chee Yew Kong

License Number: **S7040700J**  
Name: **CHEE YEW KONG**

Birth Date: **27 Oct 1970**  
Issue Date: **20 Dec 2002**

Barcode: 000043517D

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Dec 1993

NP 429A

Barcode: License No: S7040700J

2994998



NRIC No: S2586024A



Blood Group: B+ Date of issue: 09-12-1997

APT BLK 352 ANG MO KIO STREET 32 #18-127  
SINGAPORE 560352

NRIC No: S2586024A Date: 28/07/2014

PASS ENGER

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2586024A



Name: KOH KIM SUAN



高金璇

Race: CHINESE

Date of Birth: 03-11-1967 Sex: F

Country of Birth: MALAYSIA

86662026  
PASSENGER


**LONPAC INSURANCE BHD** (S98FC3635C)

(Incorporated in Malaysia)

 Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 190555.  
 Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F04005625-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. : Z18VP05020183

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number MERCEDES-BENZ C200 KOMPRESSOR 1.8  
- SMC4944E
2. Name of Policy Holder CHEE YEW KONG
3. Effective Date of the Commencement of Insurance for the purpose of the Act 14/09/2018
4. Date of Expiry of the Insurance 13/09/2019
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\$ 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

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.

H.P. Owner : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

 CHIEF EXECUTIVE  
 (Singapore Branch)