

NATIONAL Assessment Centre Services. *part 1 Jan 2003* MMA 119039620-01

|   |  |                       |         |
|---|--|-----------------------|---------|
| Date In: 26/3/19 16:15                              | Job description                            | Date & Time Completed | Done by |
| Ref No: NAI LPC # 5899/64                           | SAS e-filing                               |                       |         |
| Veh No: SFB 76PL                                    | E-mail (within 3hrs, AIC 2hrs)             |                       |         |
| D.O.A: 25/3/19 16:00                                | I-Motor Claim Form                         |                       |         |
| OD: <input checked="" type="radio"/> 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: GOA 78755                                       | 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: 0730 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

\* Policy no

\* CI not clear

| Claimant's Particulars:         | Invoice Preparation Checklist                   | Am't (\$)   | SG Am't (\$) |
|---------------------------------|---|-------------|--------------|
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30)                |             |              |
| Contact No:                     | 2) DA: Damage Assessment (\$100) INC (\$30)     |             |              |
| Damaged Portion:                | 3) TP: Towing Fee \$40/\$45                     |             |              |
|                                 | 4) PT: Follow-Through Survey \$120              |             |              |
|                                 | 5) PT: Follow-Through Survey (Resurvey) \$30    |             |              |
|                                 | For claimant against INC Only (ver 10 Jan 2003) |             |              |
|                                 | 6) TR: Re-inspection \$75                       |             |              |
|                                 | 7) NI: Idao DA + SMRT Survey \$160              |             |              |
|                                 | 8) NTUC Additional Services:                    |             |              |
|                                 | ONP:  |             |              |
|                                 | * N5: Courtesy Car / Tpt Allowance \$3          |             |              |
|                                 | * N6: Repair Coordination \$10                  |             |              |
|                                 | * N7: Post Repair Inspection \$25               |             |              |
|                                 | * N8: DV / Collect Excess Coordination \$3      |             |              |
|                                 | TP (N11): TP (N-on INC) against INC \$20        |             |              |
|                                 | 9) N12: Idao Mobile \$0                         |             |              |
| QC Checked by (Engr-In-Charge): | Invoice dated                                   | Fee Charged |              |
|                                 | Invoice dated                                   | Fee Charged |              |
| Auditors Comments:              |   |             |              |
| Ref: 1                          |   |             |              |
| Ref: 2/3                        |   |             |              |



## 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   | 26/03/2019 16:15              |
| Date Of Accident   | 25/03/2019 16:00              |
| Exact Location Of Accident   | ALONG DUNEARN RD TWDS ORCHARD |
| Country/State of Loss  | SINGAPORE                     |
| DETAILS OF OWN VEHICLE   |                               |
| Vehicle Registration Number  | SFB768L                       |
| Insured/Policyholder   |                               |
| Name Of Registered Owner   | WONG KOK FAH                  |
| NRIC No  | S1475541A                     |
| Email Address  | NOEMAIL                       |
| Mobile Phone No  | (LOCAL) +65-81828345          |
| Alternative Phone No   | OFFICE-81828345               |
| Vehicle Particulars  |                               |
| Manufacturer   | MERCEDES-BENZ                 |
| Model  | E250                          |
| 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  | Z/18/VP00/101530              |
| Cover Note Number  | -                             |
| Driver   |                               |
| Name of Driver   | WONG SI TING                  |
| NRIC No  | S9403002A                     |
| Date Of Birth  | 24/01/1994                    |
| Occupation   | INDOOR                        |
| Date Of Driving Pass   | 27/05/2013                    |
| Driving Experience   | 5 YEARS AND 9 MONTHS          |
| Gender   | FEMALE                        |
| Mobile Number  | (LOCAL) +65-81828345          |
| Fax Number   |                               |
| Contact Number   |                               |
| EMail Address  | NOEMAIL                       |

|   |                          |
|---|--------------------------|
| Address   | 10 BOON LAY DRIVE #13-28 |
| Postcode  | 649929                   |
| 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 (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)   | 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 ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                    |
|-------------------------------------|--------------------|
| Vehicle Registration Number         | GBA7875S           |
| 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  | WONG SI TING |
| Approximate Age                                     |              |
| Injuries Sustain                                    | BODY         |
| Injured person in which vehicle?                    | SFB768L      |
| 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.
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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.

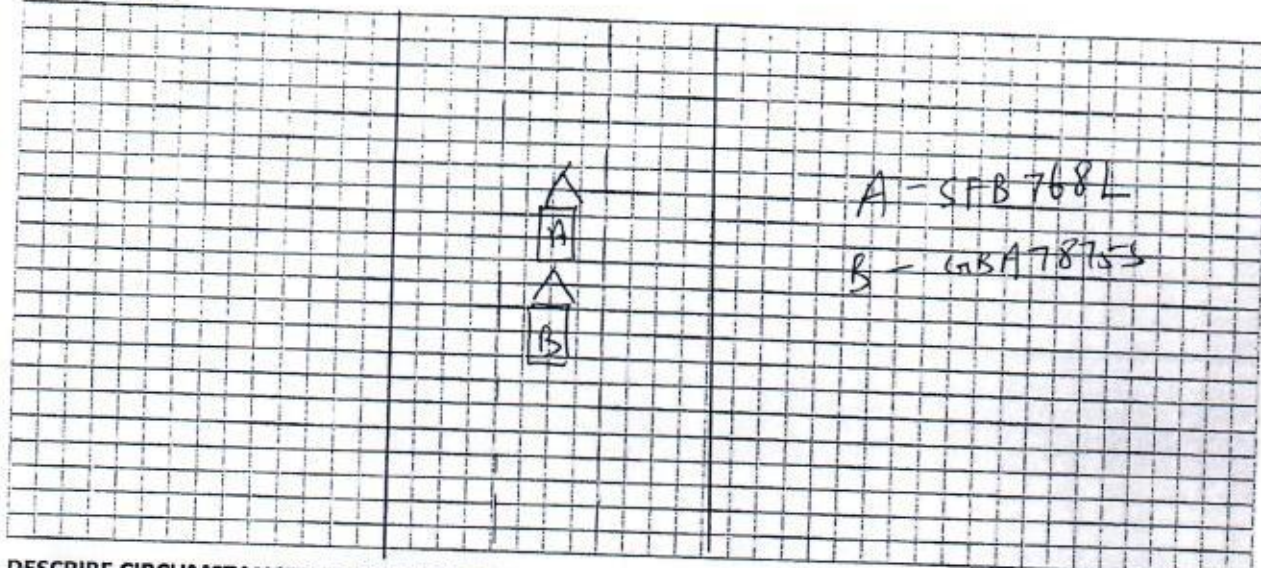
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
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 the stated date and time, I was driving my vehicle A along Dunearn Road towards orchard. I stop my car due to in front of the vehicle stop. Suddenly vehicle B hit on my rear portion.

## 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:

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No : MMA 119 03 96 20 Vehicle Registration No: SFB 768 L  
Name (as shown in NRIC) : Wong Kok Fah NRIC/FIN/Passport No : S1475541A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 81828345  
Email Address : \_\_\_\_\_  
Date of Accident : 25/3/19 Time of Accident : 16:00  
Place of Accident : Along Dunearn Rd twels Orchard  
Insurance Company: LPE Longac

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

\* Amend Policy number  
\* attached document for change car plate number.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 11/4/19



Date of Accident : 25/3/19 Accident Time: 4pm (24-HR-Format)  
Accident Place : Along Dunearn Road towards orchard  
Vehicle No. (Car Plate No.) : SFB768L Make/Model: Mercedes Benz  
Insurance Company : Lompac Policy No: 219VP05021969  
Owner or Company Name /IC No. : Wong Kok Fah /51475541A  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Wong Si Ting /59403002A  
DRIVER'S Date Of Birth : 24/01/94 DRIVER'S License Pass Date 27/5/13  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 10 Boun Lay Drive #13-28  
DRIVER'S Contact No./ Alt No. : 1) 81828345 2) 5648929  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 1 Driver  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): yes

**Other Party Driver's Particular (if any)**

|                              |                              |
|------------------------------|------------------------------|
| Vehicle No: GBA 78755 (AXA)  | Vehicle No: _____            |
| Vehicle Make/Model: _____    | Vehicle Make/Model: _____    |
| Name Driver: _____           | Name Driver: _____           |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

\* NEW - Passenger's name & gender:



**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S9403002A**  
 Name: **WONG SI TING**  
 Birth Date: **24 Jan 1994**  
 Issue Date: **27 May 2013**

002184531J

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S9403002A**


 Name: **WONG SI TING**  
 黄思婷  
 Race: **CHINESE**  
 Date of birth: **24-01-1994**  
 Country of birth: **SINGAPORE**  
 Sex: **F**

S9403002A

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

**EFFECTIVE DATE**

**Class 3** Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg **27 May 2013**

NP 428A

Licence No: S9403002A

4359184


 NRIC No: **S9403002A**


 Date of issue: **17-02-2009**

Address:  
**10 BOON LAY DRIVE**  
**#13-28**  
**SINGAPORE 649929**

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555. 271 Bukit Timah Road  
Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg #03-10/11 Balmoral Plaza  
GST Reg No.: F0-0005635-C Singapore 259708

Tel: 67371188

Fax: 67386155 Insured's Copy

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. : Z/18/VP00/101530

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number MERCEDES BENZ E250 SEDAN (SR) (R18)  
- SGJ 768H

2. Name of Policy Holder WONG KOK FAH

3. Effective date of the Commencement of Insurance for the purpose of the Act. 29/03/2018

4. Date of Expiry of the Insurance 28/03/2019

## 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\$3500.00 (SECTION 1) UNNAMED DRIVERS  
S\$3000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG &/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.

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 : -

SING CHEW (KCM/68803)

CHIEF EXECUTIVE  
(Singapore Branch)User ID : eslmyeo / pitan  
Date issued : 04-04-2018



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Company Certificate No.: SI4/5541A

Owner ID Type: Singapore NRIC

Owner Name: WONG KOK FAH

Registered Address: APT BLK 10 BOON LAY DRIVE #13-28 SINGAPORE 649

Mailing Address:

Birth Date: 03 Apr 1961

### Vehicle Particulars

Vehicle No.: SFB768L

Previous Vehicle No.: SGJ768H

Effective Date of Ownership: 29 Mar 2018

Original Regn Date: 11 Feb 2014

Registration Date: 11 Feb 2014

Year of Manufacture: 2013

Vehicle Type: Passenger Motor Car

Vehicle Scheme: -

Vehicle Attachment 1: With Sun Roof

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: MERCEDES BENZ

Vehicle Model: E250 SEDAN (SR)(R18)

Primary Colour: Silver

Secondary Colour: -

Passenger Capacity: 4

Chassis No.: WDD2120362A910286

Engine No.: 27492030115348

Engine Capacity: 1991 cc / -