

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) M10119066691

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 23/1/05 - 14:07 | Job description | Date & Time Completed | Done by |
| Ref No: M10119066691 | SAS e-filing | | |
| Veh No: JX 44377 | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 23/1/05 - 14:07 | 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: Vch No: JN68506 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time Actions

Invoice Preparation Checklist

Amf (\$)
1st Bill

Amf (\$)
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:-

ON*

*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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

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 | 23/05/2019 14:07 |
| Date Of Accident | 22/05/2019 14:05 |
| Exact Location Of Accident | MANDALAY RD IN FRONT MONARCHY APARTMENTS |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLX4437D |
| Insured/Policyholder | |
| Name Of Registered Owner | YEO KHOON LAM |
| NRIC No | S0089017J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96175286 |
| Alternative Phone No | OFFICE-96175286 |

Vehicle Particulars

| | |
|--|----------------------|
| Manufacturer | HYUNDAI |
| Model | OS KONA 1.0 T-GDI MT |
| 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/19/VP05/022887-001 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | YEO KHOON LAM |
| NRIC No | S0089017J |
| Date Of Birth | 26/05/1952 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/12/1980 |
| Driving Experience | 38 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96175286 |
| Fax Number | |
| Contact Number | OFFICE-96175286 |
| EMail Address | NOEMAIL |

| | |
|---|----------------|
| Address | 1B TOH YI ROAD |
| Postcode | 596484 |
| 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? | 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 | SJN6850G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| 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

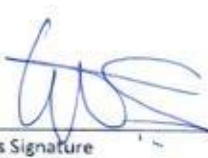
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

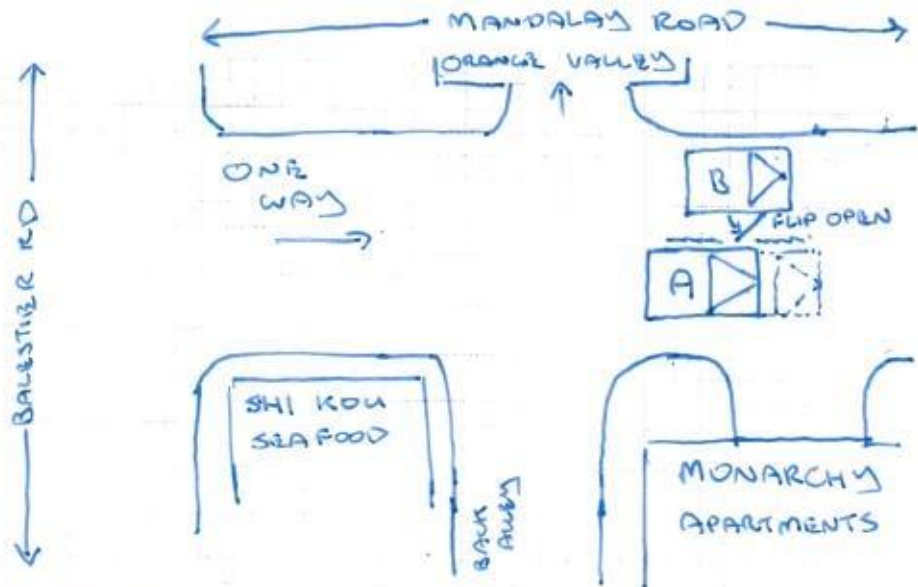

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

VEHICLE A
- SLX 4437D

VEHICLE B
- SSN 6850G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG MANDALAY ROAD, SINGLE LANE ONE WAY TRAFFIC, ENTER FROM BALESTIER ROAD.

WHILE DRIVING STRAIGHT AHEAD, WHILE SOMEWHERE INFRONT OF (MONARCHY APARTMENTS) AS I WAS MOVING FORWARD, A VEHICLE ON THE LEFT, STOPPED ALONG THE DOUBLE YELLOW LINE, SUDDENLY THE DOOR FLIPPED AND SWING OUT, I COULDN'T REACT ON TIME AND THE DOOR GOT HIT ONTO THE LEFT SIDE OF MY VEHICLE, AS I WAS IN A MOTION, THE DAMAGE DRAGGED ALL THE WAY TO THE LEFT REAR PASSENGER DOOR.

AFTER THE IMPACT, I ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SSN 6850G) THAT GOT INTO COLLISION WITH MY VEHICLE.

VEHICLE A - SLX 4437D

VEHICLE B - SSN 6850G

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)

Reporting Centre Personnel's Signature
Name:

| | | | |
|--|---|--------------------------|----------------------------|
| Vehicle No. | SLX 4437 D | Model / Make | HYUNDAI KONA |
| Date of Accident | 22/05/2019 | | |
| Time of Accident | 1405 | HRS | |
| Location of Accident | MANDALAY ROAD, IN FRONT OF MONARCHY APARTMENTS. | | |
| Exact purpose use during accident | PRIVATE USE | | |
| Name of Owner | YEO KHOON LAM | | |
| Telephone No. | H/P : 9617 5286 | Home : | Office : |
| NRIC | S0089017 J | | |
| Address | 1B TOH YI ROAD S(596484) | | |
| Claim type | OD | THIRD PARTY | REPORTING ONLY |
| Insurance Company | LONPAC INSURANCE | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire / Theft |
| Policy No. | 2/19/VE05/022887/001 | | |
| Name of Driver | As Above If No, | | |
| NRIC | Any Passengers : NIL | | |
| Date of birth | 26/05/1952 | | |
| Occupation | Outdoor | / | Indoor |
| Driving License Pass Date | 29 DEC 1950 | | |
| Gender | Male / Female | | |
| Contact No. | H/P : | Home : | Office : |
| Address | | | |
| Driver have any own vehicle | No | If yes, Reg No. | |
| Relationship | Employee, | If no, state | OWNER |
| Weather condition | Clear | Raining | Other |
| Road Surface | Dry | Wet | Other |
| Any Injuries | No | If Yes, Who? | |
| Name And Contact No. | | | |
| Name And Contact No. | | | |
| Police Report | No | If Yes, Where? | |
| Vehicle B No. | SSN 6850 G | Any Passengers : | |
| 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 | | Witness Contact : | |
| Accident Portion | LEFT SIDE OF VEHICLE. | | |
| Camera Recorder | Yes / No | | |
| Email Address | good5286@gmail.com | | |
| | | | |
| | | | |
| PARTICULAR WORKSHOP | TWINCAR AUTOMOTIVE PTE LTD | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | IAN | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | sales@n5i.com.sg | | |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0089017J



Name

YEO KHOON LAM

Race

CHINESE

Date of birth

26-05-1952

Sex

M

S0089017J

Country/Place of birth

SINGAPORE

5662619



NRIC No. S0089017J



Date of issue

04-10-2016

Address

1B TOH YI ROAD
SINGAPORE 596484

DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

unladen weight \leq 3000kg with \leq 7 29 Dec 1980
clusive of driver; and other motor
laden weight \leq 2500kg

REPUBLIC OF SINGAPORE

DRIVING LIC



Licence Number:

S00890

Name:

YEO KHOON LAM

Birth Date: 26 May 1952

Issue Date: 22 Apr 2019



002925845D

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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

29 Dec 1980

NP 428A





Bukit Timah
30 April 9:24 AM

Edit

**LONPAC INSURANCE BHD** (599FC5636C)

(Incorporated in Malaysia)
Singapore Office: 303, Beach Road #17-04/07, The Comptons, Singapore 199555.
Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg
GST Reg No.: F9-0005639-C

MX1

CERTIFICATE OF INSURANCE

Insured's Copy

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/19/VP05/022887-001

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number HYUNDAI KONA 1.0
- SLX 4437D

2. Name of Policy Holder YEO KHON LAM

3. Effective date of the Commencement of Insurance for the purpose of the Act. 28/03/2019

4. Date of Expiry of the Insurance 27/03/2020

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\$ 300.00 (SECTION 1) INSURED / NAMED DRIVERS
S\$ 1500.00 (SECTION 1) UNNAMED DRIVERS
S\$ 3000.00 (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 : MAYBANK SINGAPORE LIMITED

Amelia

CHIEF EXECUTIVE
(Singapore Branch)

User ID : estingno / hanechan
Date issued : 28-03-2019

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