NATIONAL Assessment Centre	e Services - (me same	i	117	
Date In 27/08/19	Job description			
Ref No. NA/LPC/9015083/13	SAS e-filing			
Veh No SJL 5388S	E-mail (within 8hrs, AfC 2hr	18)		
DOA 26/08/19 2020	i-Motor Claim Form			
	i-Motor W/O (Within: OI	2hrs, TP 4hrs)		
OD TP (Reporting Only)	i-Photo Uploaded			
TID I	Assessment/Survey Repo	rt		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No:	IN	C()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Per	iod: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N		0-20%; P: 21-79%. F: 80-1	00%]	
Year of Registration: () V	Warranty: YES () / NO	()		
Excess: (\$) Loading: \$1,00	00(-)/\$2,000()			
General Remarks:-			1.9()	
() Walk-In Customer: Customer's infor	rmation strictly Confidential	& Strictly NO rafer of repairer.		
() Total Loss Case : to e-mail Insure	er URGENTLY.			
Drive-In ()/ Towed-In (); Invoice		; Towing Co. ()	
		D. AT. Condeted	Done by	
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Donoty	
	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3	()		4	
Injury :				
Date/Time Actions			A REAL PROPERTY OF THE PARTY OF	
Date Time Actions		37 (A. 4)	2826372	
	Pasansia		Anit (\$) Amit	
5.555		Invoice Preparation Checklist		
laimant's Particulars :-	1) AR : Ac	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80)		
	3) TF : To	wing Fee S4	10/\$45	
river/Owner:	llow-Through Survey llow-Through Survey (Resurvey)	\$120 \$30		
ontact No:	For clai	ming against INC Only (wef 10 Jan 200		
amaged Portion:		ac DA + SMRT Survey	\$75 \$160	
	8) NTUC	Additional Services:-		
C Checked by (Engr-In-Charge):	<u>OD*</u>	ourtesy Car / Tpt Allowance	\$5	
	•N6: R	*N6: Repair Co-ordination \$10		
Auditors' Comments :-		*N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5		
at_1:	TP (N	11): TP (Non INC) against INC	\$20	
Marie Control of the	9) N12: I	dae Mobile	30	
Cat. 2 / 3;	Invoice d	ated Fee Charge	MARKET PORTS	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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

27/08/2019 12:47 Date Of Report 26/08/2019 20:20 Date Of Accident CLEMENTI RD Exact Location Of Accident SINGAPORE

Country/State of Loss DETAILS OF OWN VEHICLE

SJL5388S Vehicle Registration Number

Insured/Policyholder

TEE SOON KAY Name Of Registered Owner S05008061

NRIC No NOEMAIL Email Address

(LOCAL) +65-96745946 Mobile Phone No OTHERS-96745946 Alternative Phone No

Vehicle Particulars

HYUNDAI Manufacturer **ELANTRA**

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?

If No, Please state action to be taken

REPORTING ONLY PRIVATE CAR

Vehicle Category Insurance Company

LONPAC INSURANCE BHD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

Z/18/VP05/021188-001 Policy Number

Cover Note Number

Driver

TEE SOON KAY Name of Driver S05008061 NRIC No 26/03/1949 Date Of Birth **INDOOR** Occupation

07/08/1969 Date Of Driving Pass

50 YEARS AND 0 MONTHS **Driving Experience**

Gender

(LOCAL) +65-96745946 Mobile Number

Fax Number

OTHERS-96745946 Contact Number

NOEMAIL **EMail Address**

Page 1 of 17

BLK 17 JOO SENG ROAD Address

#04-131

1

NO

NO

NO

1

NO

NO

NO

360017 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

NO COLLISION Type Of Accident CLEAR Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG CLEMENTI RD TWDS NUS ON THE 2ND LANE OF A5-LANES RD.WHILE MAKING A TURN,I HEARD A SCREECHING SOUND AND I PROCEED TO MAKE A TURN TO THE OTHER RD AND I STOP AT THE ROAD SIDE.I SAW THERE WAS 1 VEH AND 1 MOTORCYCLE COLLIDED AT THE JUNCTION. THERE'S NO IMPACT TO MY VEH.

Attachment(s)

Are accident photos available for attachment? YES

NO Was there any video captured by Car Camera?

Was there any audio recorded?

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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.
- 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)
 - (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
- (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
- 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AND THE PROPERTY OF THE PARTY O	Andrew Committee of the Principle	1 1	56.6			
Pls	rep	to the	staten	ent.		
	U					
			27			
No.						
					<u> </u>	

DECLARATION

Date & Time:

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

Policyholder's Signature

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

OPENIC SECURITY SECURITY

LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)
Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555. Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg GST Reg No.: F0-0005635-C

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). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z/18/VP05/021188-001

Type of Cover : COMPREHENSIVE

Index Mark and Vehicle Registration Number

HYUNDAI ELANTRA 1.6

- SJL 5388S

Name of Policy Holder 2.

TEE SOON KAY

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

07/12/2018

4. Date of Expiry of the Insurance 27/11/2019

Persons or Classes of Persons entitled to drive. 5.

(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.

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\$ 1000.00 (SECTION 1) INSURED / NAMED DRIVERS
 - 5\$ 2000.00 (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

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

: MAYBANK

CHIEF EXECUTIVE (Singapore Branch)

Hear ID

: eslinveo / pitan

Date Issued

: 27-08-2019