

Date In: 11/11/19 13:40	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: WA1 LPC 19019929/64	E-mail (within 3hrs, AIC 3hrs)		
Ver No: SMD 2039B	I-Motor Claim Form		
Date: 9/11/19 16:55	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Off: TP / Rep (Only)	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whelp		

Performed Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SMF 9943J. 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 rep/aler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC) (Within: 6hrs / 4hrs)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: () Action: ()

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Calculated:

Invoice Particulars	Amount (\$)	PAID (\$)
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$190) INC (\$40)		
3) TF: Towing Fee \$40/145		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claimants status: INC Only (as of 10 Jan 2003)		
6) TR: Re-inspection \$75		
7) NI: Idac DA + EMRT Survey \$160		
8) NTUC Additional Services:		
QR:		
* NS: Courtesy Car / Tpt Allowance \$5		
* NG: Repair Co-ordination \$10		
* N7: Post Repair Inspection \$25		
* N8: DV / Collect Excess Coordination \$5		
TE (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	11/11/2019 13:40
Date Of Accident	09/11/2019 16:55
Exact Location Of Accident	CTE SLIP RD TWDS PIE(CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD2039B
Insured/Policyholder	
Name Of Registered Owner	TEO TENG SIU FRANCIS
NRIC No	S1121785J
Email Address	FRANCISTEOTENGSIU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98180079
Alternative Phone No	OFFICE-98180079

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SLK 200
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VP05024577
Cover Note Number	

Driver

Name of Driver	TEO SHENG ALEXANDER (ZHANG SHENG)
NRIC No	S9822124G
Date Of Birth	05/07/1998
Occupation	INDOOR
Date Of Driving Pass	03/01/2017
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93827768
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 898A TAMPINES ST 81 #03-778
Postcode	521898
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?	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)	2
Passenger 1	NAME: : UNKNOWN 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

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	SMF9943J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG ZHI RUI
NRIC/Passport Number	S8005990F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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

I, Alexander Teo Sheng, authorised driver of SMD 2039 B.
on 9/11/2019, an accident took place at 4.56pm at CTE Slip Road
South bound towards PIE (Changi Airport). ("Slip Road")

As I was driving along the Slip Road, a vehicle bearing
the number Plate SMF 9943 J, driven by Ang Zhi Rui ("Ang")
suddenly stopped. I jammed on the brakes immediately
but still collided with the rear of his vehicle; my front
bumper touched his rear bumper. The weather
was dry and clear

Parties came down to inspect vehicles and no
visible damage was seen on both vehicles at the
time. However, Ang sent me photos via WhatsApp
to show his car has some minor cracks, left and right
sides, on the next day, Sunday, 10/11/2019.

Subject to final settlement, the parties have in-principle
agreed to settle privately.

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/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 11 / 19) (DD/MM/YYYY), TIME: (16:55) (HH:MM)

LOCATION: CTE slip Rd twds PIE (Chang:)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD 2039B.
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private 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: Teo Teng Siu Francis (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S 1121785J CONTACT: 9818 0079.
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Teo Sheng Alexander (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9822124G. CONTACT: 9382776F.
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children.

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: SMF 9943J MODEL: _____
b) DRIVER'S NAME: Ang zhi Rui
c) NRIC/FIN/PASSPORT: S 9005900F CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = francis teoteng siu @ gmail. com

fax =

VIDEO =

Mo.

**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

THE SCHEDULE

Class of Policy	: MOTOR CAREPLUS	Policy No.	: Z19VP05024577
Insured	: TEO TENG SIU FRANCIS	Type of Cover	: COMPREHENSIVE
Address	: 898A TAMPINES ST 81 #03-778 SINGAPORE 521898	Replacing CN/Policy No.	: Z19VP05024577
Business or Profession	: CONSULTANT	Account No	: Z70701(D)

Period of Insurance

(a) From 19/10/2019 To 18/10/2020 (both dates inclusive)

(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

H.P. Owner : HUI HUA CREDIT PTE LTD

Description of Vehicle	The Policy's Premium			
	Premium Component	%	Amount (\$)	Total (\$)
Vehicle/Trailer Regn. No : SMD2039B	Basic Premium			2,530.51
Make & Model of Vehicle : MERCEDES-BENZ SLK 200 KOMPRESSOR CONVERTIBLE 1.8	NCD	-50.00%	-1,265.26	
Type of Body : COUPE - 2 DR	OFD	-5.00%	-63.26	
Engine No : 27195431276557	Workshop Discount	-25.00%	-300.50	
Chassis No : WDB1714452F229468	Premium After Discount			901.49
Year of Registration : 2010	Gross Premium			901.49
c.c./Tonnage : 1,796	Actual Gross Premium			901.49
Seating Capacity : 2	GST	7.00%	63.10	
Sum Insured : MARKET VALUE	Premium Payable			964.59
Excess	S\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS S\$ 4,000.00 (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 AN ADDITIONAL EXCESS OF \$500 FOR 2ND & SUBSEQUENT CLAIM DURING THE POLICY PERIOD (FOR COMPREHENSIVE COVER ONLY).			
Condition	: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS			