

NATIONAL Assessment Centre Services [Part 1 Jan 03] MWA 120016604

Date In: 6/2/20 11:14	Job description: SAS e-filing	Date & Time Completed:	Done by:
Est No: MA1 LPC 2000 2068144	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SLU 643A	I-Motor Claim Form		
TP: 5/2/20 20:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WRGR		

Preferred Wksp / INC Assign Wksp / QW: () Tot: () Fac: ()

TP Particulars: Veh No: G8G 4651 J. 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 to other: 67884616)	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	Action

Claimant's Particulars	Invoice Description	Amount (\$)	Rate (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bngr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (wef 10 Jan 2009)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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 willful 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	06/02/2020 11:14
Date Of Accident	05/02/2020 20:30
Exact Location Of Accident	JLN BAHAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6413A
Insured/Policyholder	
Name Of Registered Owner	JUDY SEAH POH GEK
NRIC No	SXXXX106H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84987242
Alternative Phone No	OFFICE-84987242

Vehicle Particulars

Manufacturer	HYUNDAI
Model	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?	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	Z20VP05025707
Cover Note Number	

Driver

Name of Driver	JUDY SEAH POH GEK
NRIC No	SXXXX106H
Date Of Birth	29/05/1964
Occupation	OUTDOOR
Date Of Driving Pass	10/01/1997
Driving Experience	23 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84987242
Fax Number	
Contact Number	OFFICE-84987242
EMail Address	NOEMAIL

Address	BLK 878A TAMPINES AVE 8 #09-05
Postcode	521878
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	COLLISION - U-TURN
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: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200206/2023

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	GBG4651J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHIENG ZHAO JUN ALVIN
NRIC/Passport Number	SXXXX510G
Contact Number	82877888
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	JUDY SEAH POH GEK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLU6413A
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.
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.:



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200206/2023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU6413A	LONPAC INSURANCE BHD.	Z20VP05025707	06/01/2020	05/01/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHIENG ZHAO JUN, ALVIN		ID No.	S8530510G
Related Vehicle	GBG4651J (Van)		Contact No.	82877888
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	JUDY SEAH POH GEK		ID No.	S1648106H
Related Vehicle	SLU6413A (Car)		Contact No.	84987242
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/02/2020		Date Discharge	NIL
No. of Days granted Medical Leave	04		Degree of Injury	Slight

Brief Details.

On 5/2/2020 at about 2030hrs, I was driving along Jalan Bahar with one passenger on board. I was going straight and I had just drove past the traffic light.

All of a sudden, I felt an impact on the right side of my car and when I made a check, I saw that there was a van on the right side of my vehicle. The driver of the van had been attempting to do a U-turn as I was driving past.

There were no visible injuries on the parties involved and I had exchanged particulars with the van driver and took photos of the scene.

After the accident, I felt some ache in the right side of my body as such I had gone to Changi General Hospital and I was given 4 days of medical leave (6/2/2020-9/2/2020).

My vehicle sustained scratches to the right side and the driver door cannot be opened.



**SINGAPORE
POLICE FORCE**



T/20200206/2023

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20200206/2023

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200206/2023

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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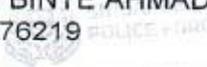
Report No. T/20200206/2023

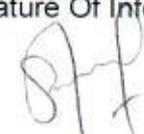
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 3 BRYAN LIM GHIM SONG 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219 

Signature Of Informant: 
Date/Time: 06/02/2020 10:41
Classification Of Case: 1

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**



G/20191107/2053

1 of 3

POLICE REPORT (NP299)

Report No. G/20191107/2053

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Date/Time Report Made 07/11/2019 13:29		Video Report No.		Station Diary No. 76	
Name Of Informant JUDY SEAH POH GEK		Address APT BLK 878A TAMPINES AVENUE 8 #09-05 SINGAPORE 521878			
ID Type / ID No. NRIC NO / S1648106H		Contact No. Home/Office		Mobile 84987242	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation BUSINESS DEVELOPER		Sex Female	Age 55	Date of Birth 29/05/1964	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 07/11/2019 12:25 - 07/11/2019 12:35		Location Of Incident 878A TAMPINES AVENUE 8 TAMPINES GREENFOREST SINGAPORE 521878 Letter box area			

Brief details.

On 07/11/2019 at about 1230hrs, I went to my void deck letter box. I used the below mentioned wallet, which has keys attached to it to open up my letter box. I then retrieved my letter box and left the area to head home, without taking my wallet.

I then took the lift up to my unit and once outside my unit, I discovered that my wallet was not with me. I

Signature Of Officer Recording The Report:
G / Sgt 2 MUHAMMAD SYARAFUDDIN BIN SHARIFF

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Tampines N.P.C /
SI MUHAMMAD FIRDAUS BIN IBRAHIM
Contact No.: 65871678

Signature Of Informant:

Date/Time:
07/11/2019 13:29

Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



G/20191107/2053

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20191107/2053

immediately head down and discovered that my wallet was no longer at the said letter box area.

I tried to search around the area but to no avail. I then proceed to make a police report on the matter.

Property Information								
S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Stolen		CHARLE S AND KEITH		1	Singapor e Dollars 40.00	ONE GREY IN COLOUR CHARLES AND KEITH WALLET
2	General property	Stolen				6		6 KEYS
3	Credit Card / Debit Card/ ATM Card	Stolen	DBS BANK LTD			1		ONE POSB DEBIT CARD
4	General property	Stolen				1	Singapor e Dollars 13.00	ONE NTUC UNION CARD

Signature Of Officer Recording The Report:
G / Sgt 2 MUHAMMAD SYARAFUDDIN BIN SHARIFF

Signature Of Interpreter:
Not applicable

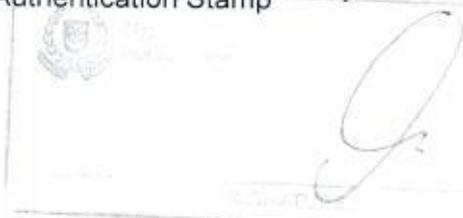
Officer In-Charge Of Case:
G / Tampines N.P.C /
SI MUHAMMAD FIRDAUS BIN IBRAHIM
Contact No.: 65871678

Signature Of Informant:

Date/Time:
07/11/2019 13:29

Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



G/20191107/2053

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20191107/2053

5	Identity Card	Stolen	SINGAPORE NRIC		1		ONE IC BELONGING TO INFORMANT
6	CashCard	Stolen			1	Singapore Dollars 25.00	ONE NETS CASHCARD
7	General property	Stolen			1		ONE KOPITIAM CARD
8	Document	Stolen			3		3 PIECES OF 4D RECEIPTS
9	Cash	Stolen			1	Singapore Dollars 10.00	ONE SGD10 NOTE
10	General property	Stolen			1		ONE WATSON CARD

Signature Of Officer Recording The Report:
G / Sgt 2 MUHAMMAD SYARAFUDDIN BIN SHARIFF

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Tampines N.P.C /
SI MUHAMMAD FIRDAUS BIN IBRAHIM
Contact No.: 65871678

Signature Of Informant:

Date/Time:
07/11/2019 13:29

Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE

[Handwritten signature]



LONPAC INSURANCE BHD (594FC5635C)

(Incorporated in Malaysia)

Singapore Office: 30C, Beach Road #17-0407, The Courtyard, Singapore 189558

Tel: (65) 6250 7385 Fax: (65) 6256 3767 Website: www.lonpac.com.sg

URT Reg No.: F9-0059035-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)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z20VP05025707

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HYUNDAI ELANTRA 1.6
- SLU6413A

2. Name of Policy Holder

JUDY SEAH POH GEK

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

06/01/2020

4. Date of Expiry of the Insurance

05/01/2021

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\$ 1,000.00 (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
S\$ 0.00 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

* 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: AUTOTRUST CREDIT PTE LTD

Amelia

CHIEF EXECUTIVE
(Singapore Branch)

User ID: CINDYWONG
Date issued: 06/01/2020