

NATIONAL Assessment Centre Services.

Ref: 1 Jan 2005

NA20034726

Date In: 26/06/2005 15:18	Job description	Date & Time Completed	Done by
Ref No: NA/UK 2000677017	SAS e-filing		
Veh No: SGN 6789P	E-mail (by date time, AIC time)		
UOA: 26/06/2005 11:00	I-Motor Claim Form		
(1) TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / When		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars: Vch No: SGP 6118Z	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	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: YRS () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	
() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.		
() Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In () ; Invoice: YRS () / NO () ; Towing Co: ()		

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()	
Damage: ()	
Other: ()	

NA20034726	1) AIC Accident Reporting (\$30)	
Driver/Owner:	2) DA Damage Assessment (\$100)	INC (21)
Contact No:	3) TP Towing Fee	\$120
Damage Portion:	4) PF Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PF Follow-Through Survey (Resurvey)	\$30
	For claimant against INC Only (over 10 hrs)	\$75
	6) TR Re-inspection	\$160
	7) NI Hday DA + EMRT Survey	
	8) NTUC Additional Services	
	ON:	\$5
	• NS: Courtesy Car / Tpt Allowance	\$10
	• NG: Repair Coordination	\$25
	• TR: Post Repair Inspection	\$5
	• NI: DV / Collect Excess Coordination	\$20
	TE (NI) / TP (GA INC) against INC	\$0
	9) With Idea Mobile	
	Invoice dated	
	Invoice dated	

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	26/06/2020 15:18
Date Of Accident	26/06/2020 11:00
Exact Location Of Accident	ALONG CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW6789P
Insured/Policyholder	
Name Of Registered Owner	AGNES GOH YEA CHENG
NRIC No	SXXXX219I
Email Address	AGNESGOH6789@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97680402
Alternative Phone No	OTHERS-97680402

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180
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	Z20VP05026137
Cover Note Number	

Driver

Name of Driver	AGNES GOH YEA CHENG
NRIC No	SXXXX219I
Date Of Birth	18/09/1967
Occupation	INDOOR
Date Of Driving Pass	24/03/1986
Driving Experience	34 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97680402
Fax Number	
Contact Number	OTHERS-97680402
Email Address	AGNESGOH6789@GMAIL.COM

Address	97 MEI HWAN DRIVE
Postcode	568405
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	CHAIN COLLISION
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	3
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 SKETCH AND POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDP6118Z
Vehicle Make/Model/Colour	HONDA
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKX217K
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Vehicle Make/Model/Colour	TOYOTA ALPHARD
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)	

DETAILS OF INJURED PERSON 1

Name	AGNES GOHYEA CHENG
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SGW6789P
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: 26 June 2020

Driver's Signature

(If driver is not the policyholder)

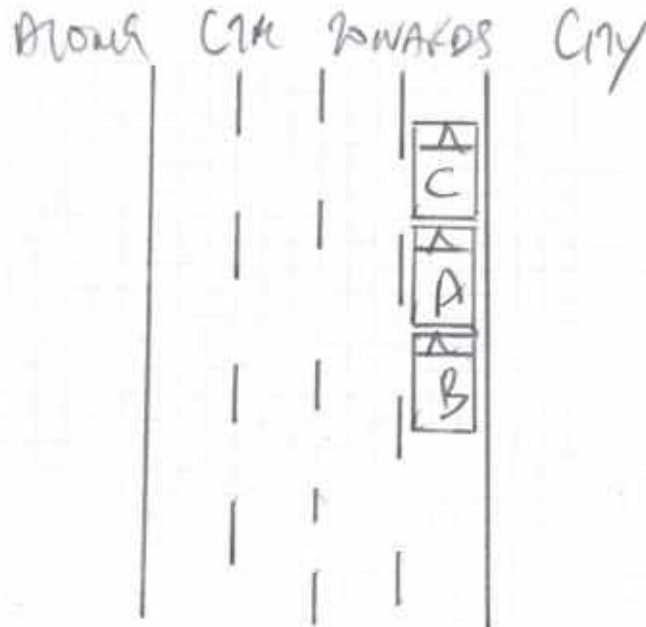
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



- A) SKW 6789P
- B) SDP 6118Z
- C) SKX 217K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The car in front SKX 217K jammed brake abruptly and I also applied brakes to stop my car from hitting it, on the CTE towards town. Next I know, the car behind SDP 6118Z banged into my car, causing my car to surge forward and collide with SKX 217K.

Police Report 1/20200626/2061

DECLARATION

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

Signature
 Policyholder's Signature
 Date & Time: 26 June 2020

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 26/06/2020 (DD/MM/YYYY), TIME: 11:00 (HH:MM)

LOCATION: C14 Kowloon City

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGW 6789 P
b) INSURANCE COMPANY: COMPAC
c) POLICY NUMBER: Z20VPO506137
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MARCAHAZ
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: AGNES CHAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DRABOUK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 18/09/1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24/03/1986

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

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: SOP 6118Z MODEL: HONDA
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKX 217K MODEL: Toyota Alphard
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

VIDEO



SINGAPORE POLICE FORCE



T/20200626/2051

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

1 of 4

Report No. T/20200626/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2020 16:13	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: AGNES GOH YEA CHENG			Address: 97 MEI HWAN DRIVE SINGAPORE 568405		
ID Type / ID No.: NRIC NO / S1805219I			Contact No.: Home/Office: Mobile: 97680402		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 52	Date of Birth: 18/09/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bank Manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2020 11:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE going towards town. Near to exit 7D				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDP6118Z	Car					0
SGW6789P	Car	MERCEDES BENZ	B180 STYLE (R16 LED)	White	Slightly Damaged	0
SKX217K	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGW6789P	LONPAC INSURANCE BHD.	Z20VP05026137	18/03/2020	17/03/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	AGNES GOH YEA CHENG		ID No.	S1805219I
Related Vehicle	SGW6789P (Car)		Contact No.	97680402
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	Raymond Ang		ID No.	NIL
Related Vehicle	SKX217K (Car)		Contact No.	88769989
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	Yong De Han		ID No.	NIL
Related Vehicle	NIL		Contact No.	84573782
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



**SINGAPORE
POLICE FORCE**



T/20200626/2051

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

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Report No. T/20200626/2051

CONTINUATION OF REPORT

Brief Details.

On 26/6/2020, I was driving my vehicle SGW6789P along CTE going towards town. At around 1100hrs, I was near to exit 7D the vehicle in front of me (SKX217K) suddenly jammed brake which resulted in me doing the same. As I came to a complete stop without colliding with the vehicle in front, I felt a collision from behind and caused my vehicle to surge forward and collided with the vehicle in front.

The vehicle behind (SDP6118Z) did not manage to stop in time and collided with me. I then came out of my vehicle and all 3 of us exchanged contact details with each other. A short while later, traffic police came and they only asked if I am injured and they need to clear the lane as fast as possible if I do not require any medical assistance. I then took down the relevant contacts I need and left the scene.

I wish to state that I have not visited the doctor but I am experiencing neck pain and headache since the accident happened. I also have the in car camera footage for both front and back of the accident that occurred. I will be visiting the doctor after lodging this report.

I am lodging this report for police assistance.



**SINGAPORE
POLICE FORCE**



T/20200626/2051

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

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Report No. T/20200626/2051

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:

F /

Sgt 2 CHO JUN XIONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No: 65476172

Authentication Stamp:

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

26/06/2020 16:13

Classification Of Case:

**LONPAC INSURANCE BHD** (598FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 190555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F6-0005635-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. : Z20VP05026137

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MERCEDES-BENZ B180 STYLE 1.6
- SGW6789P

2. Name of Policy Holder

AGNES GOH YEA CHENG

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

18/03/2020

4. Date of Expiry of the Insurance

17/03/2021

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\$ 0.00(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\$ 100.00WINDSCREEN 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 OR DISTRIBUTOR-OWNED MOTOR WORKSHOP

* 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.

CHIEF EXECUTIVE
(Singapore Branch)

User ID: SERENEYEO

Date issued: 28/02/2020