

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA12006988

Date In: 12/12-15:55	Job description	Date & Time Completed	Done by
Ref No: N9/102120855/124	SAS e-filing		
Veh No: 12669587	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/12-13:55	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:	Veh No: 12669587	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)	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	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	OD*		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 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	17/08/2020 15:55
Date Of Accident	16/08/2020 13:55
Exact Location Of Accident	WOODLANDS AVE 5 TWDS WOODLANDS AVE 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG6958T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHANG HONG CURRY MIXED RICE & FOOD ENTERPRISE
Co Reg No	5XXXX138C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91856164
Alternative Phone No	OFFICE-91856164

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X HYBRID A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	Z19VP05024696
Cover Note Number	

### Driver

Name of Driver	KE HUAMING
NRIC No	SXXXX856G
Date Of Birth	03/12/1982
Occupation	INDOOR
Date Of Driving Pass	30/11/2009
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91856164
Fax Number	
Contact Number	OFFICE-91856164
Email Address	NOEMAIL

Address	BLK 710 YISHUN AVENUE 5 #08-118
Postcode	760710
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	- - -
<b>General Information of the Accident</b>	
Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY
<b>Other Information</b>	
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?	YES
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
<b>Details of Police Action</b>	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
<b>Circumstances of Accident</b>	
REFER TO POLICE REPORT - T/20200817/7013.	
<b>Attachment(s)</b>	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO
<b>DETAILS OF OTHER VEHICLE PROPERTY 1</b>	
Vehicle Registration Number	SMP9519Z
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)

#### DETAILS OF INJURED PERSON 1

Name KE HUAMING

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLG6958T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

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.

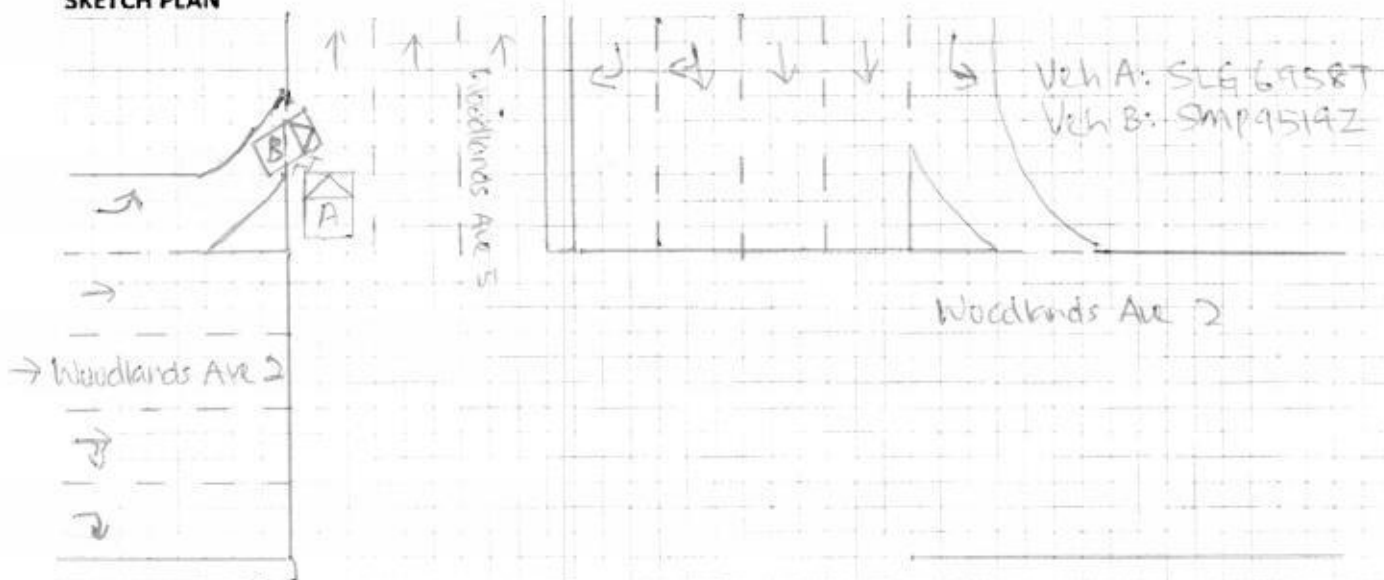
X 长鸿 CHANG HONG CURRY MIXED  
RICE & FOOD ENTERPRISE  
(53173138C)

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

On above date & time, I was driving my vehicle A (SLG6958T) traveling along Woodlands Avenue 5 towards Woodlands Avenue 9 on third lane of a 3-lanes road. Somewhere after Woodlands Avenue 2, Vehicle B (SMP9519Z) came out from Slip road, failed to stop before stop line. As a result, the right portion of vehicle B collided onto the front left <sup>portion</sup> of my vehicle.

Refer to police report

Report No: T/20200817/7013

## DECLARATION

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

2 长 CHANG HONG CURRY MIXED RICE & FOOD ENTERPRISE

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.:



<b>Vehicle No.</b>	SL6 6938T	<b>Model / Make</b>	Honda Vezel
<b>Date of Accident</b>	16/8/2020		
<b>Time of Accident</b>	1355	<b>HRS</b>	
<b>Location of Accident</b>	Along Woodlands Avenue 5 towards Woodlands Avenue 9		
<b>Exact purpose use during accident</b>	Work		
<b>Name of Owner</b>	Chong Hong Curry Mixed Rice & Food Enterprise		
<b>Telephone No.</b>	H/P: 9185 6164	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	53173138C		
<b>Address</b>	309 Ubi Avenue 1 #01-93 S(400309)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	Lompac		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	Z19VP05024696		
<b>Name of Driver</b>	As Above If No, Ke Huaming		
<b>NRIC</b>	S8271856G		
<b>Date of birth</b>	3/12/1982		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	30/11/2009		
<b>Gender</b>	Male	/	Female
<b>Contact No.</b>	H/P: 9185 6164	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	Blk 710 Yishun Avenue 5 #08-118 S(760710)		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state Owner	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>	Ke Huaming 91856164		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	(If Yes, Where?	Traffic Police
<b>Vehicle B No.</b>	SMP 9519Z		<b>Any Passengers :</b>
<b>Name of Driver</b>			<b>Contact No. :</b>
<b>Vehicle C No.</b>			<b>Any Passengers :</b>
<b>Vehicle D No.</b>			<b>Any Passengers :</b>
<b>Vehicle E no.</b>			<b>Any Passengers :</b>
<b>Vehicle F No.</b>			<b>Any Passengers :</b>
<b>Vehicle G No.</b>			<b>Any Passengers :</b>
<b>Witness Name</b>	<b>Witness Contact :</b>		
<b>Accident Portion</b>	Front left portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	keluaming82@gmail.com		
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Brandon		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



# SINGAPORE POLICE FORCE



T/20200817/7013

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200817/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/08/2020 13:23		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KE HUAMING		Address: 710 YISHUN AVENUE 5 #08-118 SINGAPORE 760710			
ID Type / ID No.: NRIC NO / S8271856G		Contact No.: Home/Office: Mobile: 91856164			
Nationality: SINGAPORE CITIZEN		Email: KEHUAMING82@GMAIL.COM			
Sex: Male	Age: 37	Date of Birth: 03/12/1982	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/08/2020 13:50	Type of Location: Straight Road
Location:  WOODLANDS AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLG6958T	Car	HONDA	VEZEL	Red	Seriously Damaged	0
SMP9519Z	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG6958T	LONPAC INSURANCE BHD.	Z19VP05024696	11/10/2019	10/10/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KE HUAMING		ID No.	S8271856G
Related Vehicle	SLG6958T (Car)		Contact No.	91856164
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/08/2020		Date	16/08/2020
No. of Days granted Medical Leave		02	Degree of	Slight
Driver				
Name	UNKNOWN		ID No.	NIL
Related Vehicle	SMP9519Z (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight

**Brief Details.**

ON ABOVE DATE & TIME, I WAS DRIVING MY VEHICLE A (SLG6958T) TRAVELING ALONG WOODLANDS AVENUE 5 TOWARDS WOODLANDS AVENUE 9 ON THIRD LANES OF A 3-LANES, ROAD. SOMEWHERE AFTER JUNCTION OF WOODLANDS AVENUE 2, VEHICLE B (SMP9519Z) CAME OUT FROM THE SLIP ROAD, FAILED TO STOP BEFORE STOP LINE. AS A RESULT, THE RIGHT PORTION OF VEHICLE B COLLIDED ONTO THE FRONT LEFT PORTION OF MY VEHICLE.



**SINGAPORE  
POLICE FORCE**



T/20200817/7013

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200817/7013

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
17/08/2020 13:23

Classification Of Case:



**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

MX4

## 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. : Z19VP05024696

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HONDA VEZEL 1.5 HYBRID  
- SLG6958T

2. Name of Policy Holder

CHANG HONG CURRY MIXED RICE & FOOD  
ENTERPRISE

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

11/10/2019

4. Date of Expiry of the Insurance

10/10/2020

5. Persons or Classes of Persons entitled to drive\* (For certificate references MX4, see overleaf)

**ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR 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\$ 1,000.00 (SECTION 1) AUTHORISED EMPLOYEE

S\$ 2,000.00 (SECTION 1) OTHER THAN AUTHORISED EMPLOYEE

S\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS

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 : MAYBANK

*Amele*

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: TLWEE

Date Issued: 20/09/2019