

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MAN/20075894

Date In: 03/09/2020 11:20	Job description	Date & Time Completed	Done by
Ref No: M/88/400009382/4	SAS e-filing		
Vehicle No: SBL8333A	E-mail (24hrs, A/C 24hrs)		
OD: 03/09/2020 06:10	1-Motor Claims Form		
OD: TP Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wkep / INC Ass'n Wkep / OW: (Tel:	Fax:
TP Particulars:	Ve's No: FBP 2091 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: (\$	Landing: \$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: YES () / NO () ; Towing Co: ()

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

Injury: _____

Date:	
Time:	
Location:	
Weather:	
Witness:	
Signature:	

Driver/Owner:	1) ART: Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damage Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TT: Re-inspection	\$75
	7) NI: 10ac RA + EMRT Survey	\$160
	8) NTUCA National Service	
	9) ON: _____	\$3
	10) NS: Courtesy Car / Tpl Allowance	\$10
	11) NS: Repair Coordination	\$23
	12) NS: Post Repair Inspection	\$3
	13) NS: DV / Callout Excess Coordination	\$10
	14) NS: (NTUCA INC) against DRG	\$0
	15) NS: 10ac RA	\$0
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

2/2

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	03/09/2020 11:20
Date Of Accident	03/09/2020 06:10
Exact Location Of Accident	ALONG TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBL8333A
Insured/Policyholder	
Name Of Registered Owner	TAN CHOON NAM
NRIC No	SXXXX545I
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96633637
Alternative Phone No	OTHERS-96633637

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200
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	Z20VP05027025
Cover Note Number	

Driver

Name of Driver	TAN CHOON NAM
NRIC No	SXXXX545I
Date Of Birth	17/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1978
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96633637
Fax Number	
Contact Number	OTHERS-96633637
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 121 KIM TIAN PLACE #23-78
Postcode	160121
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	SIDE SWIPE
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200903/2018

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	FBP2691J
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

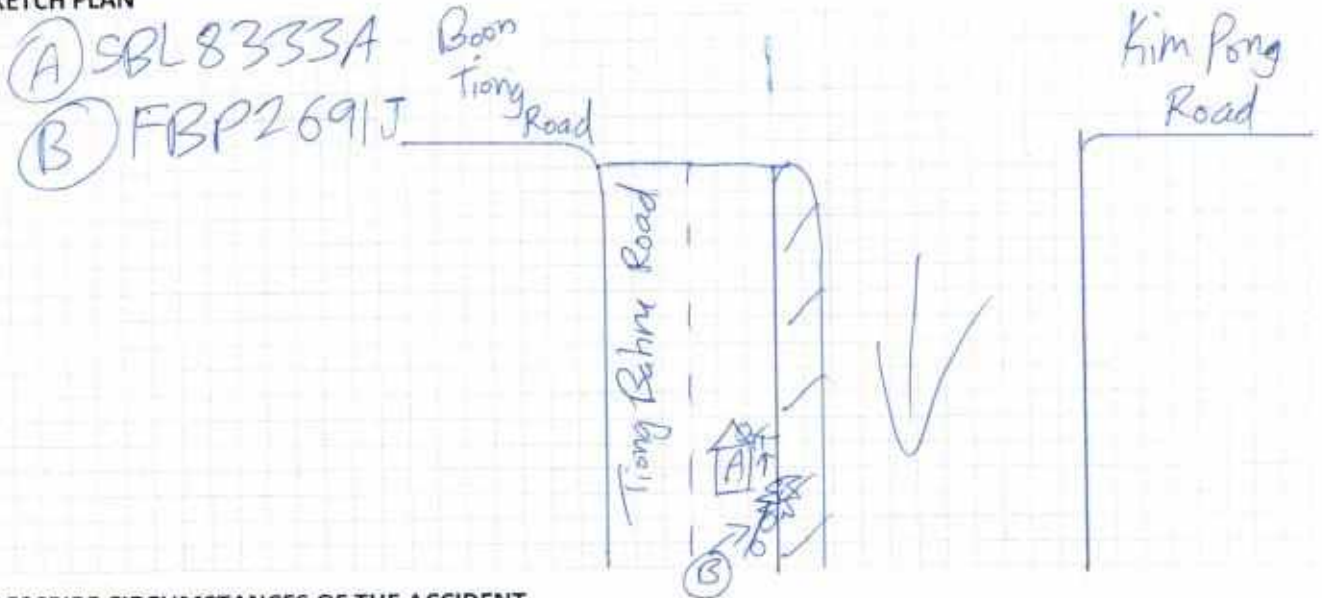
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
NSIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report. 1/20200903/2018

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.:

03/09/2020

Redi [Signature]

PERSONAL PARTICULARS

Date of Accident: 03/09/2020

Time of Accident: 06 10 (24Hrs)

Vehicle No: SBL8333A

Vehicle Make/Model: Mercedes Benz C200

Exact Location of Accident: Tiong Bahru Road

Owner's Name/NRIC: Tan Choon Nam / S25045451

Driver's Name/NRIC: Tan Choon Nam / S25045451

Driver's Contact: 96633637 Insurance Co & Policy No: Lompac Insurance BHD
Z20V P05027025

Driver's Email Address: hancarrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: _____

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? Bukit Merah West N.P.C

The Other Party (Vehicle B) Details

Driver's Name/IC: _____

Vehicle No: FBP2691J

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (if Any): _____ Contact: _____

Preferred Workshop (if Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.



SINGAPORE POLICE FORCE



T/20200903/2018

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No. T/20200903/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2020 08:12		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: TAN CHOON NAM			Address: APT BLK 121 KIM TIAN PLACE #23-78 SINGAPORE 160121		
ID Type / ID No.: NRIC NO / S25045451			Contact No.: Home/Office: Mobile: 96633637		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 63	Date of Birth: 17/12/1956	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: MECHANIC			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/09/2020 06:10	Type of Location: Straight Road
Location: TIONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP2691J	Motorcycle	YAMAHA		Red	Slightly Damaged	0
SBL8333A	Car	MERCEDES BENZ	C 200 KOMPRESS OR	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBL8333A	LONPAC INSURANCE BHD.	Z20VP05027025	14/07/2020	13/07/2021



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20200903/2018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Unknown	ID No.	NIL
Related Vehicle	FBP2691J (Motorcycle)	Contact No.	NIL
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	Slight
Driver			
Name	TAN CHOON NAM	ID No.	S2504545I
Related Vehicle	SBL8333A (Car)	Contact No.	96633637
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/09/2020 at about 6.10am I was driving my car (SBL8333A) along Tiong Bahru Rd travelling towards the direction of CTE. I travelling alone and on the right lane while in-front of Blk 11B Boon Tiong Rd suddenly a female cyclist on motorbike tried to over take from my right.

The said motorbike hit onto a center divider curb and the female cyclist fell, she had her helmet on and she knocked her helmet on to my front windscreen (right side) and her elbow on my hood front right side area.

A passerby called for Police and Ambulance. I told the cyclist to sit on the ground and wait for the ambulance. The cyclist was convey by Ambulance to hospital and the accident was attended by Traffic Police.

The accident was related to police incident A/20200903/0031. My car was install with in-car camera (Front) and the memory card was seized by the Traffic Police as evidence. I am not injured.



**SINGAPORE
POLICE FORCE**



T/20200903/2018

3 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20200903/2018

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: D / Sgt 1 ONG JING WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/09/2020 08:12
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOOR HIDAYAH BINTE ABDULLAH Contact No.: 65476251	Classification Of Case: SU-5
Authentication Stamp NP168	

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555

Tel: (65) 6290 7389 Fax: (65) 6296 3757 Website: www.lonpac.com.sg

GST Reg No.: P9-0005635-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. : Z20VP05027025

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MERCEDES-BENZ C200 KOMPRESSION 1.8
- SBL8333A

2. Name of Policy Holder

TAN CHOON NAM

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

14/07/2020

4. Date of Expiry of the Insurance

13/07/2021

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

* 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 : JIA YI CAR PTE LTD

CHIEF EXECUTIVE
(Singapore Branch)

User ID: JETSPRINT

Date Issued: 19/06/2020