

NATIONAL Assessment Centre Services.

[ver 1 Jan 200]

MANA 20090000

Date In: 14/10/2020 16:46 Job description Date & Time Completed Done by
 Ref No: NBR/2000116217 SAS e-filing
 Vch No: SCJ 6088 U U-mail (by date time, A/C time)
 D.O.A: 14/10/2020 10:35 I-Motor Claims Form
 (D) : 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/Witness

Preferred Wksp / INC Assign Wksp / CW: (

Tel:

Fax:

TP Particulars:

Vch No:

YN 46692

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 ()

() Walk-In Customer: Customer's information strictly Confidential & strictly NO refer of reporter.

() 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 > \$9,000) ()

Injury: ()

Driver/Owner:

Contact No:

Damage Portion:

QC Checked by (Engr-In-Charge):

1) All Accident Reporting (\$50)	
2) DA1 Damage Assessment (\$100)	INC (\$10)
3) TP Towing Fee	\$120
4) PT Follow-Through Survey	\$120
5) PT Follow-Through Survey (Resurvey)	\$30
6) TR Repair Inspection	\$75
7) NI 1 Day DA + EMRT Survey	\$160
8) NTUC Additional Services	
ON:	
• NI: Courtesy Car / Tpl Allowance	\$3
• NI: Repair Coordination	\$10
• NI: Post Repair Inspection	\$25
• NI: DV / Collect Excess Coordination	\$3
• TP (NI): TP GSA INC (at least 1NG)	\$20
• NI: 1 Day DA	\$30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

AMOUNT PAID

AMOUNT PAID

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	14/10/2020 16:46
Date Of Accident	14/10/2020 10:25
Exact Location Of Accident	AT 48 TOH GUAN ENTERPRISE HUB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCU6888U
Insured/Policyholder	
Name Of Registered Owner	KOK LEE CHIN
NRIC No	SXXXX857E
Email Address	TEWBOON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92392398
Alternative Phone No	OTHERS-92392398

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER-2.0 XT (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	Z20VP05026106
Cover Note Number	

Driver

Name of Driver	WANG TEW BOON DANIEL
NRIC No	SXXXX483G
Date Of Birth	10/05/1950
Occupation	INDOOR
Date Of Driving Pass	29/01/1970
Driving Experience	50 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-92392398
Fax Number	
Contact Number	OTHERS-07302308

Address 12 MOUNT SINAI RISE
Postcode 276904

Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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) 0

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 PLAN

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 YN4969J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver SWEE WEE KUANG
NRIC/Passport Number SXXXX886G
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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:

Waylin Boon
Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/10/2020
1440 HRS

15/10/2020
Reporting Centre Personnel's Signature
Name: Paul M. Lee
NRIC/FIN No.:

SKETCH PLAN

UNKNOWN CAR WAS PARK
TOLD BY THE SECURITY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 10.26 AM

On the 14/10/2020, my car was parked in front of Toxi Construction Pte Ltd shop at 48 TOH GUAN Enterprise HUB #01-144. The Lorry YN4969J knocked to right of my car. The dent was caused.

Daniel Wang
9239 2398
NRIC 50062483G.

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: 14/10/2020 (DD/MM/YYYY), TIME: 10:26 (HH:MM)

LOCATION: 48 TOH GUAN ENTERPRISE HUB

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCU6888U
 b) INSURANCE COMPANY: LONPAC INSURANCE BHD
 c) POLICY NUMBER: 220VPO5026106
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: SUBARU 2.0XT FORESTER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PARKED
 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: KOK LEE CHIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2567857E CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WANG TEW BOON DANIEL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0062483G CONTACT: 92392398
 c) ADDRESS: 12 MT SINAI RISE
SINGAPORE 276904

* d) DATE OF BIRTH: 10/05/1950 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29/01/1970

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

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: YN 4669J MODEL: _____
 b) DRIVER'S NAME: SWEET WEE KUANG
 c) NRIC/FIN/PASSPORT: S1813886G CONTACT: _____

9. THIRD PARTY VEHICLE

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

No of passenger
 (Including driver)
(0)

No of passenger
 (Including driver)
()

No of passenger
 (Including driver)
()

Email =

VIDEO

**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.: P0-0005635-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. : Z20VP05026106

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

SUBARU FORESTER 2.0XT 2.0
- SCU6888U

2. Name of Policy Holder

KOK LEE CHIN

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

27/03/2020

4. Date of Expiry of the Insurance

26/03/2021

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 2,000.00 (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 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: 25/02/2020

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: M/MAY/20090000 Vehicle Registration No: SCU 6888U
Name (as shown in NRIC): WANG TAN BOON DANIEL NRIC/FIN/Passport No: SXXX 4834
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 91392398
Email Address: _____
Date of Accident: 14/10/2020 Time of Accident: 10:24
Place of Accident: A7 48 70H GURAN EMBARRAS HUB
Insurance Company: WUIPAC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THIRD PARTY VEHICLE NUMBER TO YN 4969J

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Kadi Muthus
NRIC/FIN No.:
Date: 15/10/2020