

NATIONAL Assessment Centre Services

[wef 1 Jan'05] JN29209200K

Date In: 9/12/20-16:36	Job description	Date & Time Completed	Done by
Ref No: 12/12/201362/24	SAS e-filing		
Veh No: E444D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 8/12/20-19:10	i-Motor Claim Form		
OD : TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 4B36886L	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 (\$) In 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 \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N:n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 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 Submission	09/12/2020 16:36 (SGT)
Date of Accident	08/12/2020 19:10 (SGT)
Exact Location of Accident	Lor 2 Toa Payoh, Singapore
Additional Location Information	twds pie
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EU44D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW TANG KANG @ LAU TEAH KANG
NRIC No	SXXXX926D
Email Address	stanlylau55@gmail.com
Mobile Phone No	(Phone) +65-63442911
Alternative Phone No	(Home) +65-63442911

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Slk230
Variant	-
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	Z20VP05027669
Cover Note Number	-

DRIVER

Name of Driver	JOHN LAU BENG TECK
NRIC No	SXXXX514Z
Date Of Birth	07/10/1963
Occupation	Indoor

Date Of Driving Pass	22/02/1983
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96791208
Alt. Phone Number	-
Email Address	stanlylau55@gmail.com
Address	22 BAYSHORE ROAD
Address complement	#10-01
Postcode	469970
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201209/2056.

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	GBB6886L
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 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. 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 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

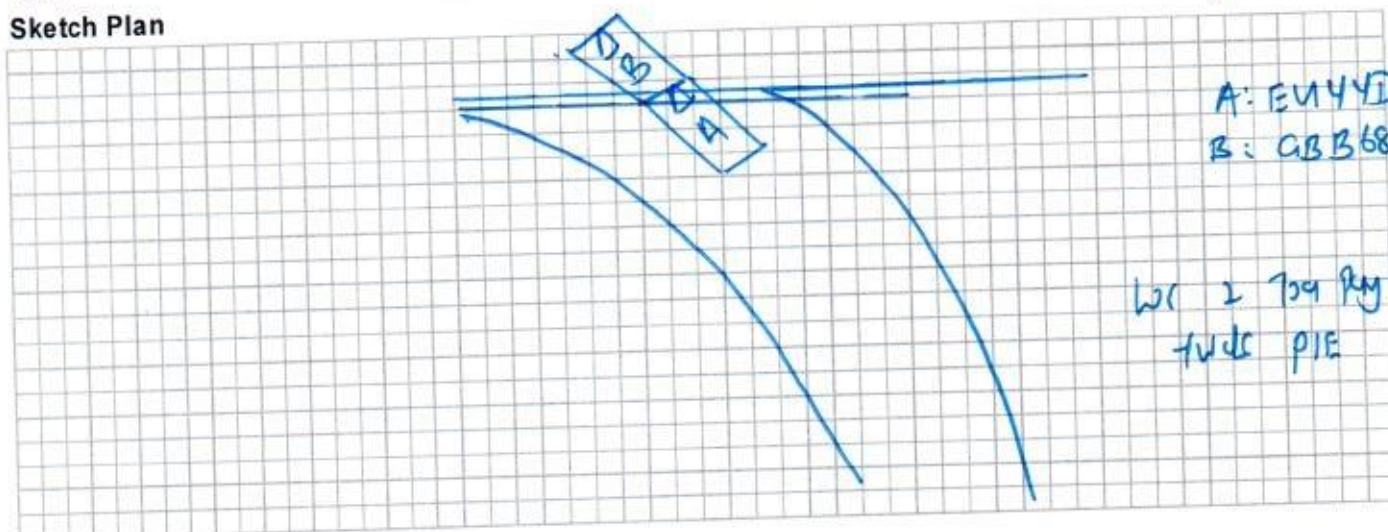
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report - 1/22/2019/2056.

Declaration

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

Witnessed by Reporting Centre
Personnel



ACCIDENT STATEMENT

ACCIDENT DATE: 8/12/2020 (DD/MM/YYYY), TIME: (19:10) (HH:MM)
 LOCATION: Top Toa payoh lwh PIE (High)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: EU44D
 b) INSURANCE COMPANY: LONPAC
 c) POLICY NUMBER: 220VPO5027669
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes - Benz SLK 230
 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: Low Tang Kam (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S07609260 CONTACT: 6344211
 C) ADDRESS: 28 Rambai Road Singapore 424347

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: John Lau Beng Teck (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S15905142 CONTACT: 91791208
 c) ADDRESS: 28 Rambai Road Singapore 424347

* d) DATE OF BIRTH: 07/10/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 39

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Wet road

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: 10 UBI Avenue 3

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBB6886L MODEL: Toyota Toyota

b) DRIVER'S NAME: Unknown

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME: CONTACT:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = stanty1455@gmail.com (83164700)

fax =

VIDEO = ☒

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
()



SINGAPORE POLICE FORCE



T/20201209/2056

1 of 3

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

Report No. T/20201209/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2020 13:26	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: JOHN LAU BRNG TECK	Address: APT BLK 22 BAYSHORE ROAD #10-01 THE BAYSHORE SINGAPORE 469970		
ID Type / ID No.: NRIC NO / S1590514Z	Contact No.:	Mobile: 96791208	
Nationality: SINGAPORE CITIZEN	Home/Office:		
	Email:		
Sex: Male	Age: 57	Date of Birth: 07/10/1963	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: UNEMPLOYED	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/12/2020 19:10	Type of Location: Y-Junction
Location: LORONG 2 TOA PAYOH				
Weather: AFTER RAIN		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EU44D		MERCEDES BENZ	SLK 230 AUTO	Silver		0
GBB6886L		TOYOTA	HIACE MANUAL	Silver		0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20201209/2056

2 of 3

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

Report No. T/20201209/2056

CONTINUATION OF REPORT

Driver			
Name	JOHN LAU BRNG TECK	ID No.	S1590514Z
Related Vehicle	EU44D	Contact No.	96791208
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	Unknown Driver	ID No.	NIL
Related Vehicle	GBB6886L	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	NIL

Brief Details.

ON STATED DATE, TIME AND LOCATION

ON 08/12/2020 AT 1910 HRS, I WAS BEARING PLATE NUMBER (EU44D) AND THE OTHER PARTY WAS BEARING (GBB6886L). I GOT INTO A ACCIDENT WITH A VAN (GBB6886) AT TOA PAYOH, I ACCIDENTLY HIT THE CAR INFRONT OF ME. AS THEY CAME OUT AND DID NOT WANT TO GIVE THEIR PARTICULARS TO BE.
THERE IS A FEW PERSON WHO CAME AND SAID THEIR THE REPAIR MAN. THEY DID NOT OFFER TO FI MY VEHICAL, AND HE OFFERED ME TO BRING TO HIS WORK SHOP. ITS WAS VERY SUSPICIOUS AS THEY DID NOT GIVE PERSONAL INFORMATION. THEREFORE I AM MAKING A POLICE REPORT.



SINGAPORE
POLICE FORCE



T/20201209/2056

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201209/2056

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:

TP /

SC MUHAMMAD SHAFFIY BIN ROSLAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI 2/3 more day

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

09/12/2020 13:26

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 



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

THE SCHEDULE

Class of Policy	: MOTOR CAREPLUS	Policy No.	: Z20VP05027669
Insured	: LOW TANG KANG @ LAU TEAH KANG (INSURED NOT DRIVING)	Type of Cover	: THIRD PARTY
Address	: 28 RAMBAI ROAD SINGAPORE 424347	Replacing CN/Policy No.	: Z19VP05024713
Business or Profession	: SOLE-PROPRIETOR	Account No	: Z10562

Period of Insurance
(a) From 06/10/2020 To 05/10/2021 (both dates inclusive)
(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

Description of Vehicle	The Policy's Premium																																
Vehicle/Trailer Regn. No : EU44D	<table><tr><th>Premium Component</th><th>%</th><th>Amount (S\$)</th><th>Total (S\$)</th></tr><tr><td>Basic Premium</td><td></td><td></td><td>1,280.38</td></tr><tr><td>NCD</td><td>-50.00%</td><td>-640.19</td><td></td></tr><tr><td>Premium After Discount</td><td></td><td></td><td>640.19</td></tr><tr><td>Gross Premium</td><td></td><td></td><td>640.19</td></tr><tr><td>Actual Gross Premium</td><td></td><td></td><td>640.19</td></tr><tr><td>GST</td><td>7.00%</td><td>44.81</td><td></td></tr><tr><td>Premium Payable</td><td></td><td></td><td>685.00</td></tr></table>	Premium Component	%	Amount (S\$)	Total (S\$)	Basic Premium			1,280.38	NCD	-50.00%	-640.19		Premium After Discount			640.19	Gross Premium			640.19	Actual Gross Premium			640.19	GST	7.00%	44.81		Premium Payable			685.00
Premium Component	%	Amount (S\$)	Total (S\$)																														
Basic Premium			1,280.38																														
NCD	-50.00%	-640.19																															
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Gross Premium			640.19																														
Actual Gross Premium			640.19																														
GST	7.00%	44.81																															
Premium Payable			685.00																														
Make & Model of Vehicle : MERCEDES-BENZ SLK 230 CABRIOLET 2.3																																	
Type of Body : COUPE - 2 DR																																	
Engine No : 11197322003631																																	
Chassis No : WDB1704472F009709																																	
Year of Registration : 1997																																	
c.c./Tonnage : 2,295																																	
Seating Capacity : 2																																	
Sum Insured : NOT APPLICABLE																																	