

# NATIONAL Assessment Centre Services.

(ref 1 Jan 200)

SN0820CE0006

Date In: 14/12/2020 14:51	Job description	Date & Time Completed	Done by
Ref No: X/BA/LPC2001378/1	SAS e-illing		
Veh No: SJK 2565 Y	E-mail (by date time, AIC time)		
DOA: 11/12/2020 19:58	I-Motor Claim Form		
OP: 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SGC 37	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 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-Jamotion	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NIUC: Additional Services	
	ON:	
	*NS: Courtesy Car / Tpt Allowance	\$3
	*NG: Repairs Coordination	\$10
	*NT: Post Repair Inspection	\$25
	*ND: DV / Collect Excess Coordination	\$3
	TE (NI): TP & NI INC against INC	\$10
	2) NI: Idea 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	14/12/2020 14:51 (SGT)
Date of Accident	11/12/2020 19:55 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS AYE BEFORE BRADDELL EXIT 10
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK2565Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TEO KONG YING
Company Reg No	SXXXX840A
Email Address	ashley9567@yahoo.com
Mobile Phone No	(Phone) +65-98154247
Alternative Phone No	+65-98154247

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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 - Claiming third party
Vehicle Category	Private car

### INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20VP05027686
Cover Note Number	-

### DRIVER

Name of Driver	TEO KONG YING
Company Reg No	SXXXX840A

Date Of Driving Pass	01/12/1969
Driving experience	51 YEARS
Gender	Male
Mobile Number	(Phone) +65-98154247
Alt. Phone Number	+65-98154247
Email Address	ashley9567@yahoo.com
Address	BLK 149 LORONG 1 TOA PAYOH
Address complement	#08-967
Postcode	310149
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	LEE CHOON GEK
Gender	Female

#### 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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20201212/7017

#### 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	SGC3T
Vehicle Manufacturer	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC1776T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLR1765H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	TEO KONG YING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJK2565Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJK2565Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No




## 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:

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

CTE Toward AYE Before Braddell Exit 10

Vehicle A - SJK2565Y  
Vehicle B - 89 C3T  
Vehicle C - SMC1776T  
Vehicle D - SLR1765H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (SJK2565Y) was travelling straight along at the stated location on lane 4. As vehicle in front of me slowed down and came to a stop, I followed suit. Second later, I felt an huge impact from my rear portion causing me to surge forward and collided onto vehicle C (SMC1776T). I then alighted and realized that I was involved in a chain collision consisting of four vehicles.

POLICE REPORT 7/2020/1212/7017

## 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:

  
14/12/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Truck

Date of Accident: 11/12/2020 Accident Time: 1955 hrs (24-HR-FORMAT)  
Accident Place: CTE Towards AYE Before Braddell Exit 10  
Vehicle Reg. No (Car plate No.): SJK2565Y Vehicle Make/Model: Honda Stream 1.8  
Insurance Company: Lompac Policy No. Z20VP05027686  
Name of Registered Owner: Company / (individual) Teo Kong Ying  
ID of Registered Owner: Co Reg No: - Owner's NRIC No: 50024840A  
Co Contact No: - Owner's Contact No: 9815 4247  
DRIVER'S Name: Teo Kong Ying DRIVER'S NRIC No: 50024840A  
DRIVER'S Date of Birth: 13 Dec 1951 DRIVER'S License Pass Date: 01 Dec 1969  
Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ (Others) Owner  
DRIVER'S Address: APT BIK 149 Lorong 1 Toa Payoh #08-967 Singapore 310149  
DRIVER'S Contact No./ Alt No.: 1) 9815 4247 2) -  
DRIVER'S Occupation: (INDOOR) OUTDOOR (eg. working inside or outside of an etc)  
Email Address: ashley 9567 @ yahoo . com  
Weather & Road Surface: (CLEAR & DRY) RAINING & WET (AFTER RAIN & WET  
Reporting Type: Reporting Only (Claim Other Party) Claim Own Insurance  
Number of Passengers (including Driver): 02 Passenger Name: Lee Choon Gek Gender: M/F  
Was the accident reported to the police? (YES) NO Passenger Name: - Gender: M/F  
Was there any video Captured by car camera: YES (NO) Any Injuries: (YES) NO Injured Name: Teo Kong Ying  
Injured Name: Lee Choon Gek  
Exact purpose for which vehicle was being used at the time of accident: (Private use) Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SG C3T  
Vehicle Make/Model:  
Name DRIVER:  
IC No. DRIVER:  
DRIVER'S Contact & add:

Vehicle Reg No: SMC177GT  
Vehicle Make/Model:  
Name DRIVER:  
IC No. DRIVER:  
DRIVER'S Contact & add:

Other Party Driver's Particulars (if any)

Vehicle Reg No: SLR1765H  
Vehicle Make/Model:  
Name DRIVER:  
IC No. DRIVER:  
DRIVER'S Contact & add:

Vehicle Reg No:  
Vehicle Make/Model:  
Name DRIVER:  
IC No. DRIVER:  
DRIVER'S Contact & add:





**SINGAPORE  
POLICE FORCE**



T/20201212/7017

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

1 of 3

Report No. T/20201212/7017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/12/2020 13:41		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TEO KONG YING			Address: 149 LORONG 1 TOA PAYOH #08-967 SINGAPORE 310149		
ID Type / ID No.: NRIC NO / S0024840A			Contact No.: Home/Office: Mobile: 98154247		
Nationality: SINGAPORE CITIZEN			Email: jwg.claims@yahoo.com		
Sex: Male	Age: 68	Date of Birth: 13/12/1951	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Cleaner in offices and other establishments nec			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/12/2020 19:55	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGC3T	Car					0
SJK2565Y	Car	HONDA	STREAM 1.8X A	Blue		0
SLR1765H	Car					0
SMC1776T	Car					0



**SINGAPORE  
POLICE FORCE**



T/20201212/7017

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

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Report No. T/20201212/7017

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK2565Y	LONPAC INSURANCE BHD.	Z20VP05027686	13/10/2020	12/10/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	TEO KONG YING		ID No.	S0024840A
Related Vehicle	SJK2565Y (Car)		Contact No.	98154247
Hospital/Clinic	POW FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/12/2020		Date	12/12/2020
No. of Days granted Medical Leave	03		Degree of	Slight
Passenger				
Name	LEE CHOON GEK		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	POW FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/12/2020		Date	12/12/2020
No. of Days granted Medical Leave	03		Degree of	Slight

**Brief Details.**

ON 11/12/2020 AROUND 19:55HRS, I WAS DRIVING VEHICLE BEARING NUMBER PLATE (SJK2565Y) TRAVELLING STRAIGHT ALONG CTE TOWARDS AYE BEFORE BRADDELL EXIT 10 ON LANE 4. AS VEHICLE INFRONT OF ME SLOWED DOWN AND CAME TO A STOP, I FOLLOWED SUIT. SECOND LATER, I FELT AN HUGE IMPACT FROM MY REAR PORTION CAUSING ME TO SURGE FORWARD AND COLLIDED ONTO VEHICLE BEARING NUMBER PLATE (SMC1775T). I THEN ALIGHTED AND REALISED THAT I WAS INVOLVED IN A CHAIN COLLISION CONSISTING OF FOUR VEHICLES. MY PASSENGER AND I FELT UNWELL AND WENT TO CONSULT A DOCTOR AT POW FAMILY CLINIC & SURGERY AND THE DOCTOR HAS GIVEN BOTH OF US 3 DAYS MC.





**SINGAPORE  
POLICE FORCE**



T/20201212/7017

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

3 of 3

Report No. T/20201212/7017

**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 / TPB /  
NOOR HIDAYAH BINTE ABDULLAH  
Contact No.: 65476251

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:  
12/12/2020 13:41

Classification Of Case:

**LONPAC INSURANCE BHD (S98FC5635C)**

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 189555.

Tel: (65) 6250 7388 Fax: (65) 6258 3767 Website: [www.lonpac.com.sg](http://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. : Z20VP05027686

Type of Cover : THIRD PARTY FIRE &amp; THEFT

1. Index Mark and Vehicle Registration Number

HONDA STREAM 1.8  
- SJK2565Y

2. Name of Policy Holder

TEO KONG YING

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

13/10/2020

4. Date of Expiry of the Insurance

12/10/2021

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.

\* 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: VINCENTLEOW  
Date Issued: 29/09/2020