

NATIONAL Assessment Centre Services.

[ver 1 Jan/00]

SW/200C7000C

| | | | |
|---------------------------|---|-----------------------|---------|
| Date In: 07/12/2020 20:17 | Job description | Date & Time Completed | Done by |
| Ref No: NPA/PC2001428714 | SAS e-filing | | |
| Veh No: SLV 8724B | E-mail (Adjuster, AIC, etc) | | |
| D.O.A: 06/12/2020 16:31 | I-Motor Claim Form | | |
| OID: TP / Reporting Only | I-Motor W/O (with/without OD, TP, etc) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/Whizz | | |

| | |
|--|--|
| Preferred Wkep / INC Assign Wkep / QW: (| Tel: () / Non-INC () |
| TP Particulars: Vch No: SLV 1036Y | Tel: () |
| Owner / Driver: () | Cover Type: () |
| Policy No: () | Period: () |
| Confirmed by: () | Dates: () |
| 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 Refor of Repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoices: 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: ()

Damage: ()

Other: ()

| | | |
|---------------------------------|--|--|
| Driver/Owner: | 1) AIC Accident Reporting (\$300) | |
| Contact No: | 2) DA: Damage Assessment (\$1000) | |
| Damaged Portion: | 3) TP: Towing Fee | |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey | |
| | 5) PT: Follow-Through Survey (Resurvey) | |
| | 6) TR: Re-inspection | |
| | 7) NI: Day DA + EMRT Survey | |
| | 8) NTUC Additional Services | |
| | 9) ON: () | |
| | 10) NS: Courtesy Car / Trip Allowance | |
| | 11) NC: Repair Coordination | |
| | 12) PC: Post Repair Inspection | |
| | 13) ND: DV / Collect Excess Coordination | |
| | 14) TP (NI) / TP (OW) INC: () | |
| | 15) NI: Idle Mobile | |

Invoice dated: ()

Invoice dated: ()

Fee Charged: ()

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 | 07/12/2020 20:17 (SGT) |
| Date of Accident | 06/12/2020 16:31 (SGT) |
| Exact Location of Accident | Angullia Park, Singapore |
| Additional Location Information | PUBLIC CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLV8727B |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | LAI YEOW MING |
| NRIC No | SXXXX368B |
| Email Address | ymlai.89@gmail.com |
| Mobile Phone No | (Phone) +65-97606374 |
| Alternative Phone No | +65-97606374 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | LandRover |
| Model | Land rover |
| 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 | Z/20/VP00/10536 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | LAI YEOW MING |
| NRIC No | SXXXX368B |

| | |
|--|-------------------------------|
| Date Of Driving Pass | 02/09/2008 |
| Driving experience | 12 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97606374 |
| Alt. Phone Number | +65-97606374 |
| Email Address | ymlai.89@gmail.com |
| Address | BLK 612 JURONG WEST STREET 65 |
| Address complement | #08-500 |
| Postcode | 640612 |
| 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 | Collided into Parked Vehicle |
| Weather Conditions | Clear |
| Road Surface | Dry |

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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|--------|
| Name | WIFE |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| 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 | SLE1036Y |
| Vehicle Manufacturer | Mercedes |
| Vehicle Model | Glc250 |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |

| | | |
|---|--|--|
| Address | | |
| Address complement | | |
| Postcode | | |
| Insurance Company Name | | |
| Nature Of Damage | | |
| Details of property damaged in accident | | |
| No. Of Passenger (Including Driver) | | |

100

100

100

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 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

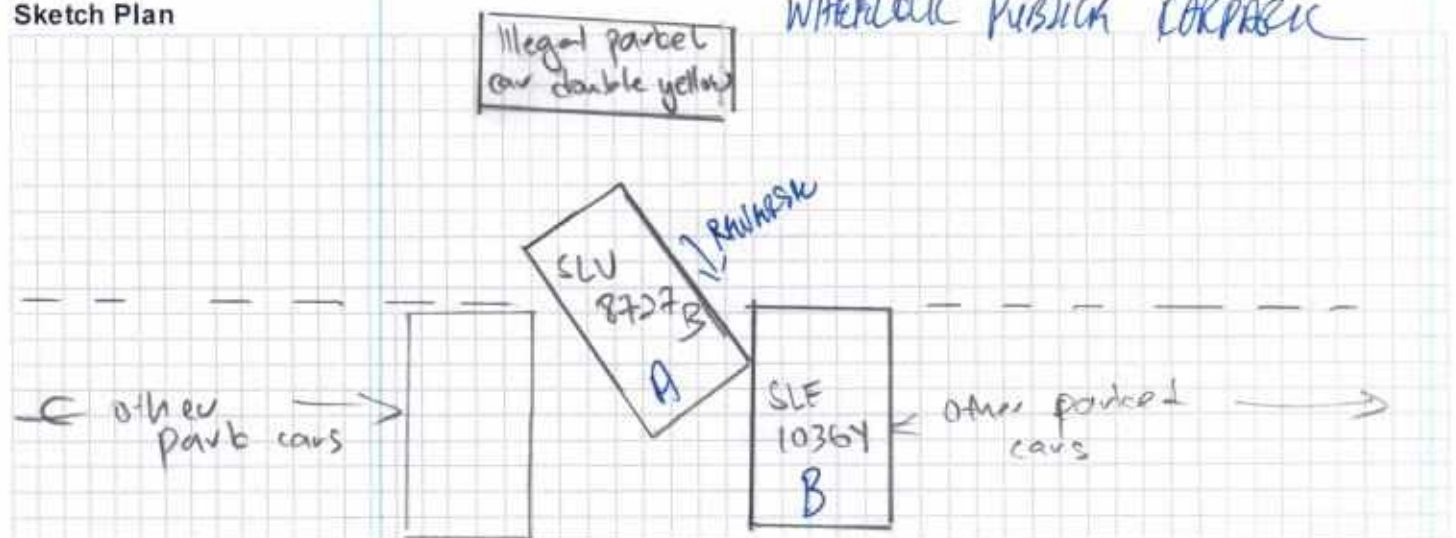
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A) SLV 8727 B

B) SLF 10364

Describe Circumstances of the Accident

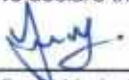
On 06 Dec 20, 1430 hrs, I arrived at the open public car park. The parking space was limited but there was a ~~lot~~ empty lot with a illegal parked car in front of the empty lot, on a double yellow line. No one was in the vehicle at the moment.

I attempted to take the lot but it was too narrow and I reversed into vehicle SLE 1036Y on his passenger door.


I waited for the driver of SLE 1036Y and we exchanged contacts on the spot, he arrived at 1431 hrs.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
1631 hrs
07 Dec 20

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

Witnessed by Reporting Centre Personnel
07/12/2020


ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 12 / 2020) (DD/MM/YYYY), TIME: (16 : 31) (HH:MM)

LOCATION: Wheelock Place Public Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 8727 B
 b) INSURANCE COMPANY: LON PAC
 c) POLICY NUMBER: 2/20/VP00/105836
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: LAND ROVER 109
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: COMMUTING
 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: LAI YEDW MING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8912368 B CONTACT: 97606374
 c) ADDRESS: 612, JURONG WEST ST. 65
 #08-500 S(640612)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LAI YEDW MING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8912368 B CONTACT: 97606374
 c) ADDRESS: 612, JURONG WEST ST. 65
 #08-500 S(640612)

* d) DATE OF BIRTH: (04 / 04 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02 SEP 2008

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

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: SL6 1036 Y MODEL: GLX 250
 b) DRIVER'S NAME: UPPAL
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email = ymlai.89@gmail.com
 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 3787 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MX1

CERTIFICATE OF INSURANCE*Insured's Copy*

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. : Z/20/VP00/105836

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

LAND ROVER LAND ROVER 109
- SLV 8727B

2. Name of Policy Holder

LAI YEOW MING

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

01/01/2020

4. Date of Expiry of the Insurance

31/12/2020

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 : NOT APPLICABLE

* 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 : ambika / nfwong
Date Issued : 18-12-2019

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 : SN0820C7000C Vehicle Registration No: SLV 8727B
Name (as shown in NRIC) : LOI YAN MING NRIC/FIN/Passport No : SXXXX 368B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97606374
Email Address : _____
Date of Accident : 16/3/2020 Time of Accident : 16/12/2020 1
Place of Accident : ANGULIA PARK CARPARK
Insurance Company : LOXI PARK

(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:

① INSURED VEHICLE NUMBER TO SLV 8727B

② INSURED FAX

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:

27/12/2020
Renee Wong