

NATIONAL Assessment Centre Services

Date In: 24/12/20	Job description	Date & Time Completed	Done by
Ref No. NA/LAC 20014462/12	SAS e-filing		
Veh No. SGJ 298H	E-mail (within 8hrs, A/C 2hrs)		
D.O.A : 23/12/20 1800	i-Motor Claim Form		
OD : 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBJ 668Y	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% F: 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 (\$)	Am't (\$)
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) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	on:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
Cal. 1:	Invoice dated	Fee Charged	
Cal. 2 / 3:	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	24/12/2020 15:06 (SGT)
Date of Accident	23/12/2020 18:00 (SGT)
Exact Location of Accident	Choa Chu Kang, Singapore
Additional Location Information	LOT ONE SHOPPER'S MALL BASEMENT CARPARK B2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ8998H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM BEE LENG
NRIC No	SXXXX081J
Email Address	tay@haoda.com.sg
Mobile Phone No	(Phone) +65-91594979
Alternative Phone No	+65-91594979

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	Z20VP05026738
Cover Note Number	-

DRIVER

Name of Driver	TAY JIE YU(ZHENG JIEYU)
NRIC No	SXXXX282G
Date Of Birth	20/12/1989
Occupation	Outdoor

Date Of Driving Pass	01/06/2009
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91127369
Alt. Phone Number	-
Email Address	jieyu@haoda.com.sg
Address	24 PAVILION GROVE
Address complement	-
Postcode	658616
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	GBJ668Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-91738835
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	•
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	•

SKETCH PLAN

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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

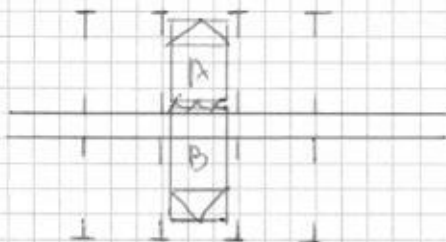
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A: SGT 8998H
Veh B: GBJ 668Y

Lot One Shopper's Mall Basement Car Park B2
SHOR CHU KANG


Describe Circumstances of the Accident

On 23/12/2020 time around 1700hrs, I was parked my vehicle A (SGJ8998H) at Lot One Shopper's Mall Basement Car Park B2 car park lot. I then leave my vehicle and I ensured my vehicle was in good condition before I leave. I came back to my vehicle time around 1800hrs and I realised the rear portion of vehicle B (ABJ6884) was collided onto the rear portion of my vehicle when he parked his vehicle. I been waited at the scene until the driver come back. After that, we agreed to report to our insurance.

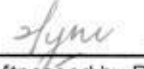
Declaration

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

 24/12/20

Witnessed by Reporting Centre Personnel

VEHICLE NO:	SGJ89984		MAKE & MODEL:	Mercedes Benz E250 AUTO / MANUAL	
DATE OF ACCIDENT:	23 / 12 / 2020		CC:	2-0	
TIME OF ACCIDENT:	1800 HRS				
LOCATION OF ACCIDENT:	Along Lot One Shopper's Mall Basement Car Park B2				
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	Lim Bee Leng				
TEL NO:	H/P: 91594079		OFFICE:	HOME:	
NRIC:	S1398081J				
ADDRESS:	24 Pavilion Grove S(658616)				
EMAIL:	tay@haoda.com.sg				
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES / NO?				
INSURANCE COMPANY:	Lompac				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	Z20VP05026738				
NAME OF DRIVER:	AS ABOVE / IF NO: Tay Jie Yu				
NRIC:	S8946282G		ANY PASSENGER:	-	
DATE OF BIRTH:	20 / 12 / 1989		LICENCE PASSED DATE:	1 / 6 / 2009	
OCCUPATION:	OUTDOOR / INDOOR				
GENDER:	MALE / FEMALE				
CONTACT NO:	H/P: 9127369		OFFICE:	HOME:	
ADDRESS:	24 Pavilion Grove S(658616)				
EMAIL:	jieyu@haoda.com.sg				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:				
RELATIONSHIP:	INSURER / OTHER: Mother & Son				
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	DRY / WET / OTHER:				
ANY INJURIES:	NO / IF YES, WHO?				
NAME & CONTACT:					
NAME & CONTACT:					
POLICE REPORT:	NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?				
VEHICLE B REG NO:	GBJ668Y		ANY PASSENGERS:		
NAME OF DRIVER:			CONTACT NO:	9173 8835	
VEHICLE C REG NO:			ANY PASSENGERS:		
VEHICLE D REG NO:			ANY PASSENGERS:		
VEHICLE E REG NO:			ANY PASSENGERS:		
VEHICLE F REG NO:			ANY PASSENGERS:		
VEHICLE G REG NO:			ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	YES / NO				
WAS THERE ANY AUDIO RECORDED?	YES / NO				
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO				
ACCIDENT PORTION:	Rear portain				
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Brandon				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				



(Incorporated in Malaysia)

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

Tel: (65) 6250 7388 Fax: (65) 6256 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

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. : Z20VP05026738

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MERCEDES-BENZ E250 2.0
- SGJ8998H

2. Name of Policy Holder

LIM BEE LENG

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

29/05/2020

4. Date of Expiry of the Insurance

28/05/2021

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\$ 1,000.00(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\$ 1,000.00(SECTION 1) ADDITIONAL EXCESS FOR REPAIR AT DISTRIBUTOR OWNED WORKSHOP

S\$ 100.00WINDSCREEN EXCESS

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.

H.P. Owner : DBS BANK LTD

CHIEF EXECUTIVE
(Singapore Branch)

User ID: LEONARD1

Date Issued: 11/05/2020