

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

SN08215K0002

|                           |  |                       |          |
|---------------------------|--|-----------------------|----------|
| Date In: 20/05/2021 12:05 | Job description                          | Date & Time Completed | Done by: |
| Ref No: N/A/LPC21006002/Y | SAS e-filing                             |                       |          |
| Veh No: SLB 2274K         | E-mail (within 3hrs, AIC 2hrs)           |                       |          |
| D.O.A: 20/05/2021 07:45   | 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: SKL 1619R  | 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 (\$)     | Am (\$) |
| Driver/Owner:           | 1) AR: Accident Reporting (\$30);               |             |         |
| Contact No:             | 2) DA: Damage Assessment (\$100); INC (\$30)    |             |         |
| Damaged Portion:        | 3) TP: Towing Fee \$40/\$45                     |             |         |
|                         | 4) FT: Follow-Through Survey \$120              |             |         |
|                         | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |         |
|                         | For claiming against INC Only (ver 10 Jan 2005) |             |         |
|                         | 6) TR: Re-inspection \$75                       |             |         |
|                         | 7) N1: Idao DA + SMRT Survey \$160              |             |         |
|                         | 8) NTUC Additional Services:-                   |             |         |
|                         | ON*   |             |         |
|                         | *N5: Courtesy Car / Tpl Allowance \$5           |             |         |
|                         | *N6: Repair Co-ordination \$10                  |             |         |
|                         | *N7: Post Repair Inspection \$25                |             |         |
|                         | *N8: DV / Collect Excess Coordination \$5       |             |         |
|                         | TP (N11): TP (Non INC) against INC \$20         |             |         |
|                         | 9) N12: Idao 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              | 20/05/2021 12:05 (SGT) |
| Date of Accident                | 20/05/2021 07:45 (SGT) |
| Exact Location of Accident      | Lentor Ave, Singapore  |
| Additional Location Information | TOWARDS YISHUN         |
| Country/State of Loss           | Singapore              |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SLB2274K |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | No                   |
| Name Of Registered Owner | TAN CHOON YONG       |
| NRIC No                  | SXXXX814F            |
| Email Address            | rtancy1965@gmail.com |
| Mobile Phone No          | (Phone) +65-97102914 |
| Alternative Phone No     | +65-97102914         |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Mazda                     |
| Model  | 5                         |
| 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               |
| Transmission   | Auto                      |
| CC   | 1998                      |

### INSURANCE COMPANY

|                           |                      |
|---------------------------|----------------------|
| Name of Insurance Company | Lonpac Insurance Bhd |
| Type of Coverage          | Comprehensive        |
| Fleet Policy              | No                   |
| Policy Number             | Z21VP05028776        |
| Cover Note Number         | -                    |

### DRIVER

|                |                |
|----------------|----------------|
| Name of Driver | TAN CHOON YONG |
| NRIC No        | SXXXX814F      |

|  |                                     |
|--|-------------------------------------|
| Date Of Birth  | 22/10/1965                          |
| Occupation   | Indoor                              |
| Date Of Driving Pass   | 30/11/1990                          |
| Driving experience   | 30 YEARS AND 6 MONTHS               |
| Gender   | Male                                |
| Mobile Number  | (Phone) +65-97102914                |
| Alt. Phone Number  | +65-97102914                        |
| Email Address  | rtancy1965@gmail.com                |
| Address  | BLK 338B ANCHORVALE CRESCENT #13-57 |
| Address complement   | -                                   |
| Postcode   | 542338                              |
| 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   | Collision - U-Turn |
| 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)   | 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?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH

#### 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 | SKL1619R             |
| Vehicle Manufacturer        | -                    |
| Vehicle Model               | -                    |
| Vehicle Variant             | -                    |
| Vehicle Colour              | -                    |
| Vehicle Category            | Private car          |
| Name of Driver              | NG KEE KO            |
| Contact Number              | (Phone) +65-98639322 |
| 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 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

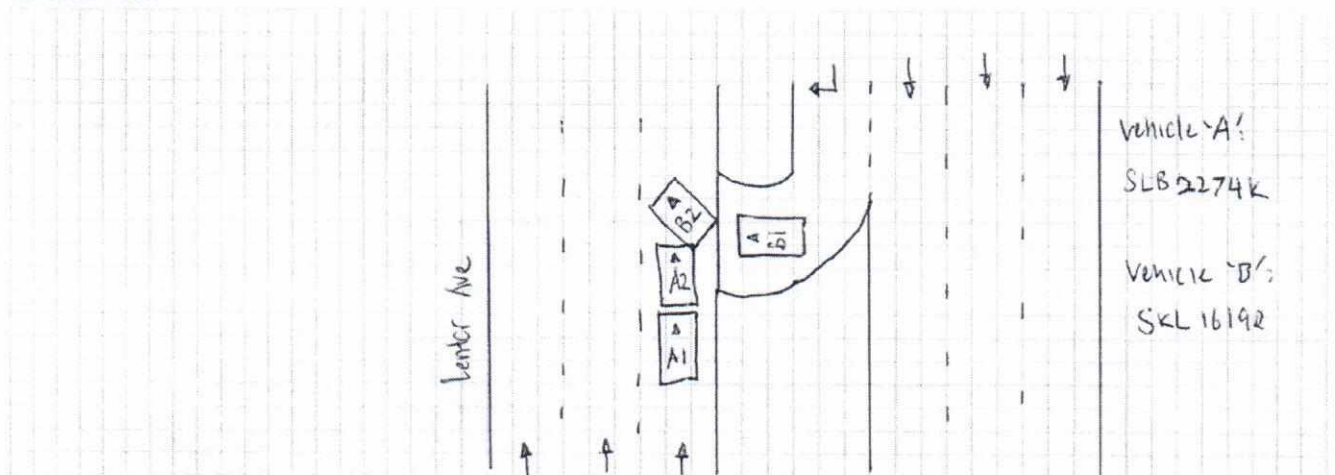
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

20/05/2021  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, I (Vehicle A) was travelling straight along Lenter Avenue towards Trshun in my designated lane. Out of sudden, Vehicle B made an U-turn without proper checking and collided onto my vehicle. I wish to state that <sup>o</sup> there is a stop line over at the U-turn point which we should stop and check for oncoming Vehicles before making an U-turn.

Declaration

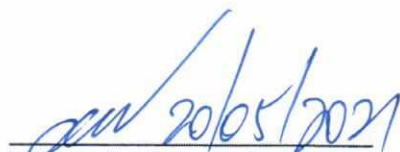
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

**\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 20/05/2021 (dd/mm/yy) Time of Accident: 07 : 45 ( 24-HR-FORMAT)  
Vehicle No. : SLB 2274 K Vehicle Make & Model / Engine (cc): Mazda 5 2.0 1998 cc Private Hire: ( Y / N )  
Exact location of Accident: Lentor Avenue Towards Yishun  
Policyholder's Name / IC No. : Tan Choon Yong S1713814F  
Driver's Name / IC No. : Tan Choon Yong S1713814F (As Above) ☒  
Driver's Contact No. : 9710 2914 Company Contact No / Owner Contact No: 9710 2914  
Driver's Address: Blk 338B Anchorvale Crescent #13-57 S542338  
Owner Email address : rtancy1965@gmail.com Insurance Company : Lonpac  
Driver Email address : rtancy1965@gmail.com

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Owner

**What do you wish to claim?** (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle  
Was being used at time of accident?**

**Occupation (nature of job)** ☒ Indoor/ ☐ Outdoor

☒ Private use / ☐ Work purpose

**\*No. of Passengers (Including Driver):** 1

**\*Passanger Name:** \_\_\_\_\_

**Gender:**

**\*Passanger Name:** \_\_\_\_\_

**Gender:**

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person' Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name / IC No: Ng Kee Ko Vehicle No: SKL 1619 R

Driver's Contact No: 9863 9322 Insurance Company : \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_

**\*Independent Witness (If Any):** \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

**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

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. : Z21VP05028776

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MAZDA 5 2.0  
- SLB2274K

2. Name of Policy Holder

TAN CHOON YONG

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

30/03/2021

4. Date of Expiry of the Insurance

29/03/2022

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\$ 100.00WINDSCREEN EXCESS

LONPAC'S AUTHORISED WORKSHOPS

AN ADDITIONAL EXCESS OF \$500 FOR 2ND &amp; SUBSEQUENT CLAIM DURING THE POLICY PERIOD (FOR COMPREHENSIVE COVER ONLY).

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* 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 : UNITED OVERSEAS BANK LIMITED

CHIEF EXECUTIVE  
(Singapore Branch)