

NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

SN0921780009

Date In: 08/02/2021 14:40	Job description	Date & Time Completed	Done by
Ref No: NPA/LPC2100700817	SAS e-filing		
Veh No: SLK 8000A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/07/2021 11:00	I-Motor Claim Form		
OD: TR 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: SLV 15927	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 repaler.
() 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	Ant (\$) Inc Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
C. Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
auditors' Comments:	*N8: DV / Collect Excess Coordination \$5		
U. 1:	TP (N11): TP (Non INC) against INC \$20		
U. 2 / 3:	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	08/07/2021 14:40 (SGT)
Date of Accident	07/07/2021 17:00 (SGT)
Exact Location of Accident	Ubi Rd 3, Singapore
Additional Location Information	TOWARDS UBI AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8606A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO SENG CHUAN @ LIM SENG POH
NRIC No	SXXXX446G
Email Address	hscbenson6@gmail.com
Mobile Phone No	(Phone) +65-94664567
Alternative Phone No	+65-94664567

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
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	1497

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VP05028398
Cover Note Number	-

DRIVER

Name of Driver	HO SENG CHUAN @ LIM SENG POH
NRIC No	SXXXX446G

Date Of Birth	16/11/1966
Occupation	Indoor
Date Of Driving Pass	31/07/1993
Driving experience	28 YEARS
Gender	Male
Mobile Number	(Phone) +65-94664567
Alt. Phone Number	+65-94664567
Email Address	hscbenson6@gmail.com
Address	55 UPPER SERANGOON VIEW #2-09
Address complement	-
Postcode	534018
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210708/7005

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	SLV1592T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	REANEY PEH TIAN HOON
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	HO SENG CHUAN @ LIM SENG POH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLK8606A
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 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

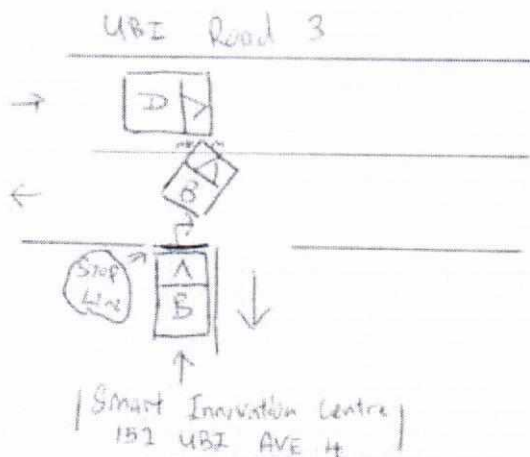
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

As above mentioned date and time, I was driving along Ubi Avenue 3 towards UBI AVE 3. Somewhere in front of Smart Innovation Centre 152 Ubi Ave 4, I was driving straight and Veh (B) suddenly turned right from Smart Innovation centre without checking oncoming vehicles and collided with my vehicle right hand side portion. After the accident, we exchanged particulars and left the scene.

Veh A - BLK 8606A

Veh B - SLV 1592T

POLICE REPORT 1/20210708/7005

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

VEHICLE NO:	SLK 8606A	MAKE & MODEL:	Honda City	AUTO/MANUAL
DATE OF ACCIDENT:	07/07/2021	CC:	1.5	
TIME OF ACCIDENT:	17:00	HRS		
LOCATION OF ACCIDENT:	UBi Road 3 towards Ubi Ave 3			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	Ho Seng Chuan			
TEL NO:	H/P: 9466 4567	OFFICE:	HOME:	
NRIC:	S176 444 66			
ADDRESS:	55 Upper Serangoon View #02-09 (534017)			
EMAIL:	HSCBensin66@gmail.com			
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	YES / NO?			
INSURANCE COMPANY:	Lompac Insurance			
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO:	Z21VP 05028398			
NAME OF DRIVER:	AS ABOVE / IF NO:			
NRIC:	As above	ANY PASSENGER: N.A.		
DATE OF BIRTH:	16/11/1966	LICENCE PASSED DATE: 31/07/1993		
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	MALE / FEMALE			
CONTACT NO:	H/P: As above	OFFICE:	HOME:	
ADDRESS:	As above			
EMAIL:	As above			
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:	INSURER:		
RELATIONSHIP:	Owner			
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:			
ROAD SURFACE:	DRY / WET / OTHER:			
ANY INJURIES:	NO / IF YES, WHO?			
NAME & CONTACT:	Ho Seng Chuan (9466 4567) observation			
NAME & CONTACT:				
POLICE REPORT:	NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?			
VEHICLE B REG NO:	BLV 1542T	ANY PASSENGERS: N.A.		
NAME OF DRIVER:	Reaney Peh Tian Huan	CONTACT NO: —		
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:	Right Side portion.			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?				YES / NO
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Jun Ming			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			



**SINGAPORE
POLICE FORCE**



T/20210708/7005

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

1 of 3

Report No. T/20210708/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2021 11:25		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: HO SENG CHUAN		Address: 55 UPPER SERANGOON VIEW #02-09 SINGAPORE 534018	
ID Type / ID No.: NRIC NO / S1764446G		Contact No.: Home/Office: Mobile: 94664567	
Nationality: SINGAPORE CITIZEN		Email: hscbenison66@gmail.com	
Sex: Male	Age: 54	Date of Birth: 16/11/1966	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: Management executive		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/07/2021 17:00	Type of Location: Straight Road
Location: UBI ROAD 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLK8606A	Car	HONDA	Honda City	Grey	Seriously Damaged	0
SLV1592T	Car	BYD	BYD	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210708/7005

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210708/7005

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK8606A	LONPAC INSURANCE BHD.	Z21VP05028398	01/02/2021	31/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	HO SENG CHUAN	ID No.	S1764446G
Related Vehicle	SLK8606A (Car)	Contact No.	94664567
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/07/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	REANEY PEH TIAN HOON	ID No.	NIL
Related Vehicle	SLV1592T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was driving my vehicle (SLK8606A) along Ubi Road 3 towards Ubi Ave 3 on a single lane dual carriageway. Somewhere after Honda Service centre entrance, a vehicle (SLV1592T) turned right from Smart Innovation Centre with a Stop-Line signage, without checking oncoming vehicles and collided onto my vehicle Right Hand side portion. We exchange particulars and left the scene accordingly. I felt unwell after the accident therefore i seek medical attention at Mount Alvernia A&E.



**SINGAPORE
POLICE FORCE**

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



T/20210708/7005

3 of 3

Report No. T/20210708/7005

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 / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404
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:
08/07/2021 11:25

Classification Of Case:



LONPAC INSURANCE BHD (598FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-03-07, The Concourse, Singapore 189555
Tel: 65-6250 7388 Fax: 65-6294 3767 Website: 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 1950 (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. : Z21VP05028398

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HONDA CITY 1.5
- SLK8606A

2. Name of Policy Holder

HO SENG CHUAN @ LIM SENG POH

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

01/02/2021

4. Date of Expiry of the Insurance

31/01/2022

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\$ 500.00(SECTION 1) INSURED / NAMED DRIVERS
S\$ 1,500.00(SECTION 1) UNNAMED DRIVERS
S\$ 3,000.00(SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS
S\$ 100.00WINDSCREEN EXCESS
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

* 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 : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Amek

CHIEF EXECUTIVE
(Singapore Branch)

User ID: KKLEE

Date Issued: 08/01/2021