

# NATIONAL Assessment Centre Services

10/1/2021

SK0821810004

Date In: 30/08/2021 16:31	Job description	Date & Time Completed	Done by
Ref No: NPA/PC-20091174	SAS e-illing		
Veh No: 8194	E-mail (e.g. 12345@123.com)		
D.O.A: 22/08/2021 14:30	1-Motor Claim Form		
	1-Motor W/O (Within 60 days, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Victim		

(1) ☒ Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Principal/Agent:	Veh No: 8MC5900A	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 Claimant: Customer's Information strictly Confidential & strictly NO Refor of reputation

( ) 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 > \$3,000] ( )

Injury:

Driver/Owner:	1) All Accident Support (50%)	INC (50%)
Contract No:	2) DAI Denial Assistance (\$100)	\$100
Damaged Portion:	3) TP Towing Fee	\$120
	4) PT Follow-Through Survey	\$30
	5) PT Follow-Through Survey (Resurvey)	\$30
	6) TP Follow-Through Survey (Resurvey)	\$30
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	100) TP Follow-Through Survey (Resurvey)	\$30

QC Checked by (Engr-In-Charge):

2/2/21

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	30/08/2021 16:31 (SGT)
Date of Accident	22/08/2021 14:30 (SGT)
Exact Location of Accident	Bukit Panjang Rd, Singapore
Additional Location Information	TOWARDS BUKIT BATOK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8794U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TOK SOON HENG
NRIC No	SXXXX066H
Email Address	tok@splendorinno.com
Mobile Phone No	(Phone) +65-90062312
Alternative Phone No	+65-90062312

## VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

## INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20VP05028035
Cover Note Number	-

## DRIVER

Name of Driver	TOK SOON HENG
NRIC No	SXXXX066H

Date Of Birth	14/08/1970
Occupation	Outdoor
Date Of Driving Pass	08/02/2001
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90062312
Alt. Phone Number	+65-90062312
Email Address	tok@splendorinno.com
Address	1 BUKIT BATOK STREET 25 #02-23
Address complement	-
Postcode	658882
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	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	SAYERS TOK WEI QI
Gender	Male

#### 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	SMC5900A
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 2

Vehicle Registration Number	SHB939L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-



## 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.

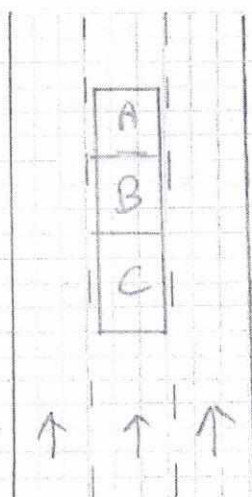


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A = SL5 8794 U

B = SMC 5900 A

C = SHB 939 L

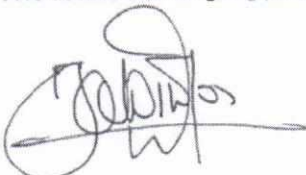
BUKIT PANTANE RD TWDS  
BUKIT BATOK

Describe Circumstances of the Accident

ON THE STATED TIME AND DATE, MY VEHICLE WAS  
STATIONARY WHILE WAITING FOR THE TRAFFIC LIGHT TO TURN  
GREEN. OUT OF A SUDDEN, I FELT AN IMPACT FROM THE REAR.  
I GOT DOWN AND REALISE THAT I GOT INTO A 3 CAR  
COLLISION.

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



E NO: SLS 8794 U

MAKE &amp; MODEL : MAZDA 3

AUTOMATIC / MANUAL

DATE OF ACCIDENT	22 / 08 / 21	*CC 1-5
TIME OF ACCIDENT	2:30	AM / PM
LOCATION OF ACCIDENT	BUKIT PANTAN RD TWDS BUKIT BATOK	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Tok SOON HENG	
EMAIL: tok@splendorinn.com	Office:	MOBILE: 9006 2312
NRIC	S 7027 066H	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	LONPAC	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	Z 20VP 05028 035	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:	
NRIC		
DATE OF BIRTH	14 / 08 / 1970	
ANY PASSENGER	<u>YES</u> / NO:	
NAME OF PASSENGER	<u>SAYERS TOK WEI QI (M)</u>	
GENDER OF PASSENGER	<u>MALE</u> / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	08 / 02 / 2001	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile:	Office: Home:
EMAIL:		
ADDRESS	<u>1 BUKIT BATOK ST 25, #02-23</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No:	INSURER:
RELATIONSHIP	Employee / If No:	<u>SELF</u>
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes: Who?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	<u>SAC 5900 A</u>	Any Passenger: -
NAME		
CONTACT NO.		
VEHICLE C NO.	<u>SHB 939 L</u>	Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
**WORKSHOP:	<u>REVOLUTION AUTOMOTIVE</u>	
Have you been approach by unknown person soliciting (s) /		
Offering accident claims assistance?	YES / <u>NO</u>	



**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.: F04005635-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. : Z20VP05028035

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MAZDA 3 1.5 (A)  
- SLJ8794U

2. Name of Policy Holder

TOK SOON HENG

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

29/12/2020

4. Date of Expiry of the Insurance

28/12/2021

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\$ 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

LONPAC'S AUTHORISED WORKSHOPS

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 : KENSO LEASING PTE LTD

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: VINCENTLEOW

Date Issued: 24/11/2020



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

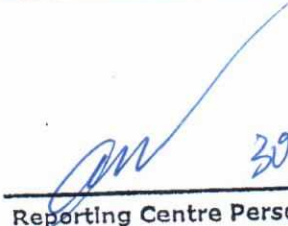
Original Report No: SN0821840004 Vehicle Registration No: SLT 87944  
Name (as shown in NRIC): TOK BOON HANG NRIC/FIN/Passport No: SXXXX066H  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 9006 2312  
Email Address: \_\_\_\_\_  
Date of Accident: 21/08/2021 Time of Accident: 14:30  
Place of Accident: BUKIT BARU ROAD FROM JAWA ROAD BUKIT BARU  
Insurance Company: COMAC

**(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:

to upload the correct sketch plan

Policyholder / Driver's Signature  
Date:

 30/08/2021  
Reporting Centre Personnel's Signature  
Name: