

NATIONAL Assessment Centre Services

SN0821AB0005

Date In: 11/10/2021 15:07	Job description	Date & Time Completed	Done by
Ref No: NBA/PC21010404/4	SAS e-illing		
Veh No: SGC 818 B	E-mail (yoursite, A/S site)		
U.O.A: 08/10/2021 19:20	1-Motor Claim Form		
Q1: TP Reporting Only	1-Motor W/O (Within 30 days TP 4hrs)		
	1-Photo Uploaded		
	Assessment Survey Report		
	Assessment Report by Tax/Hand to Owner/TP User		

Preferred Wksp / INC Assgn Wksp / OW:	Tel:	Fax:
TP Referral/Ref:	Veh No: FBL 2494 H	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 Customer: Customer's information strictly confidential & strictly NO Referral or referral	
() Total Loss Case: To e-mail Insurer URGENTLY	
Drive-In () / Towed-In ()	Invoice: YES () / NO ()
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Recovery Photo (Repair Cost > \$9,000) ()	

Injury:	

Driver/Owner:	1) All Accident Invoice (000)	INC ()
Contract No:	2) BA Survey Attachment (\$100)	\$100
Damaged Portion:	3) P1 Filing Fee	\$100
	4) P1 Follow-up Survey	\$50
	5) P1 Follow-up Survey (Recovery)	\$50
	6) P1 Follow-up Survey (Recovery)	\$50
	7) P1 Follow-up Survey (Recovery)	\$50
	8) P1 Follow-up Survey (Recovery)	\$50
	9) P1 Follow-up Survey (Recovery)	\$50
	10) P1 Follow-up Survey (Recovery)	\$50
	11) P1 Follow-up Survey (Recovery)	\$50
	12) P1 Follow-up Survey (Recovery)	\$50
	13) P1 Follow-up Survey (Recovery)	\$50
	14) P1 Follow-up Survey (Recovery)	\$50
	15) P1 Follow-up Survey (Recovery)	\$50
	16) P1 Follow-up Survey (Recovery)	\$50
	17) P1 Follow-up Survey (Recovery)	\$50
	18) P1 Follow-up Survey (Recovery)	\$50
	19) P1 Follow-up Survey (Recovery)	\$50
	20) P1 Follow-up Survey (Recovery)	\$50

QC Checked by (Engin-Chief):	1) All Accident Invoice (000)	INC ()
	2) BA Survey Attachment (\$100)	\$100
	3) P1 Filing Fee	\$100
	4) P1 Follow-up Survey	\$50
	5) P1 Follow-up Survey (Recovery)	\$50
	6) P1 Follow-up Survey (Recovery)	\$50
	7) P1 Follow-up Survey (Recovery)	\$50
	8) P1 Follow-up Survey (Recovery)	\$50
	9) P1 Follow-up Survey (Recovery)	\$50
	10) P1 Follow-up Survey (Recovery)	\$50
	11) P1 Follow-up Survey (Recovery)	\$50
	12) P1 Follow-up Survey (Recovery)	\$50
	13) P1 Follow-up Survey (Recovery)	\$50
	14) P1 Follow-up Survey (Recovery)	\$50
	15) P1 Follow-up Survey (Recovery)	\$50
	16) P1 Follow-up Survey (Recovery)	\$50
	17) P1 Follow-up Survey (Recovery)	\$50
	18) P1 Follow-up Survey (Recovery)	\$50
	19) P1 Follow-up Survey (Recovery)	\$50
	20) P1 Follow-up Survey (Recovery)	\$50

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	11/10/2021 15:07 (SGT)
Date of Accident	08/10/2021 19:20 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS SLE (AFTER ANG MO KIO AVENUE 1)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK8118B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO THIAM CHUAN WILLIAM
NRIC No	SXXXX503J
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-96622993
Alternative Phone No	+65-96622993

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	2494

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VP05029922
Cover Note Number	-

DRIVER

Name of Driver	TEO THIAM CHUAN WILLIAM
NRIC No	SXXXX503J

Date Of Birth	01/08/1969
Occupation	Indoor
Date Of Driving Pass	06/08/1987
Driving experience	34 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96622993
Alt. Phone Number	+65-96622993
Email Address	cs8558cs@gmail.com
Address	BLK 54 KENT ROAD #23-02
Address complement	-
Postcode	210054
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	4
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?	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	FBL2494H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	SHC8181Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJF2973D
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEO THIAM CHUAN WILLIAM
Gender	Male
Phone No	(Phone) +65-96622993
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGK8118B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.



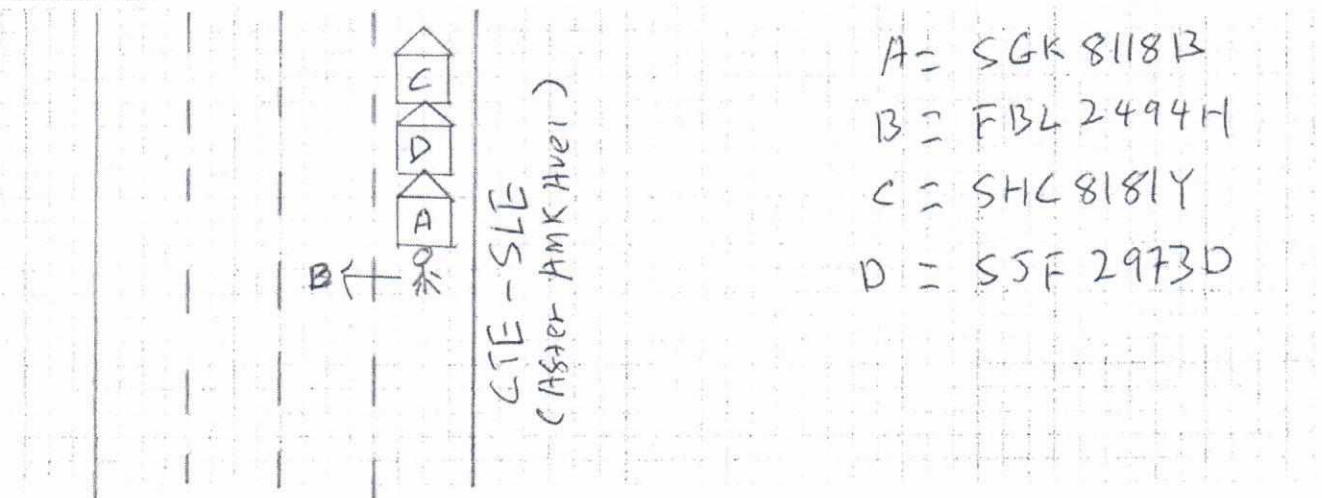
Policyholder's Signature / Date & Time



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


11/10/2021
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

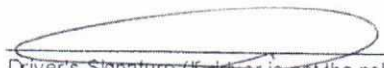
Date: 8/10/2021 Time: 7.20 PM

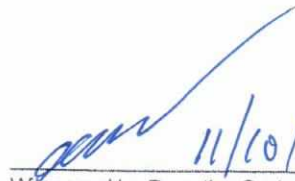
I was traveling along CIE towards SLE, while I drove pass AMK Ave1, the front car slow down and stop due to front traffic. I follow and stop. Suddenly vehicle B could not stop on time and collided onto the rear of my car. The impact from the rear cause my car to surge forward into the front vehicle. I came down and found im involve in an 4 vehicle chain collision accident.

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

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Email: 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.

Date of Accident: 8 / 10 / 2021 (dd/mm/yy) Time of Accident: 19 : 20 (24-HR-FORMAT)

Vehicle No: SGK8118B Vehicle Make & Model / Engine (cc): Toyota Alphard 2.5 Private Hire: (Y ☒ N ☐)

Exact location of Accident: CTE towards SLE Caster AMK Ave 1

Policyholder's Name / IC No.: Teo Thiam Chuan William ROC/UEN (Company): _____

Driver's Name / IC No.: 569265035 (As Above) ☐

Driver's Contact No.: 96622993 Company Contact No / Owner Contact No: _____

Driver's Address: Blk 54 Kent Road #23-02 S(210054)

Owner Email address: _____ Insurance Company: Lohpa C

Driver Email address: CS855865@gmail.com

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

☒ Owner ☐ Spouse ☐ Children ☐ Friend ☐ Parents ☐ Sibling ☐ Relative ☐ Employee ☐ Hirer or Others specify: _____

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

*Passenger Name: _____ Gender: Male / Female x()

*Passenger Name: _____ Gender: Male / Female x()

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 Remarks: _____

Any Injuries: ☒ Yes ☐ No (If YES) Injured Person's Name: TEO THIAM CHUAN WILLIAM

Injuries Sustain: Body Injured Person in Which Vehicle: SGK8118B

Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: FBL 249411

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: SHL 8181Y, SSF 2973 D

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 7358 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. : Z21VP05029922

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA ALPHARD 2.5 2.5
- SGK8118B

2. Name of Policy Holder

TEO THIAM CHUAN WILLIAM

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

25/09/2021

4. Date of Expiry of the Insurance

24/09/2022

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\$ 2,500.00(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 : MAYBANK

CHIEF EXECUTIVE
(Singapore Branch)

User ID: MRMLP0014

Date Issued: 09/09/2021