

# NATIONAL Assessment Center Services

10/1/2021

SN072/AB0006

Date In: 11/10/2021 16:45	Job description	Date & Time Completed	Done by
Ref No: NNA/IPC2010411/Y	SAS e-Milling		
Val No: SEP 6883 Y	E-mail (by date time, A/C time)		
P.O.A: 01/10/2021 15:50	1-Motor Claim Form		
	1-Motor W/O (within 60 days, TP 400)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by Fax/Hand to Owner/Agent		

TP Insurer:

Preferred Wksp / INC Assgn Wksp / QW:

TP Incident No: Vch No: SSU 1265

INC ( ) / Non-INC ( )

Owner / Driver (

Tell

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 Y/N ( ) / NO ( )

Excess (\$

Loading: \$1,000 ( ) / \$2,000 ( )

( ) Walk-In Customer: Customer's information strictly confidential & strictly NO KOF or report

( ) Total Loss Case: to e-mail Insurer URGENTLY

Drive-In ( ) / Towed-In ( ) : Invoice Y/N ( ) / NO ( ) : Towing Co ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QO Check / Post Repair Inspection

3) Upload Recovery Photo (Repair Cost > \$9,000)

Injury:

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Sign-in-Charge):

1) All Additional Work (DO)	NO ( )
2) DA Survey Attachment (\$100)	\$100
3) TP Follow-up	\$100
4) PT Follow-through Survey	\$100
5) PT Follow-through Survey (Recovery)	\$100
6) Vehicle Inspection (NO ONLY) (with 10 days)	\$100
7) TP Follow-up	\$100
8) TP Follow-up	\$100
9) TP Follow-up	\$100
10) TP Follow-up	\$100
11) TP Follow-up	\$100
12) TP Follow-up	\$100
13) TP Follow-up	\$100
14) TP Follow-up	\$100
15) TP Follow-up	\$100
16) TP Follow-up	\$100
17) TP Follow-up	\$100
18) TP Follow-up	\$100
19) TP Follow-up	\$100
20) TP Follow-up	\$100

Fee Charged

Per Charge



## 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 16:15 (SGT)
Date of Accident	08/10/2021 15:50 (SGT)
Exact Location of Accident	Kallang Way Flyover, Singapore
Additional Location Information	TOWARDS SIMS AVENUE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFB6883Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LYE YOON SAN
NRIC No	SXXXX595I
Email Address	jameslye61@gmail.com
Mobile Phone No	(Phone) +65-96956883
Alternative Phone No	+65-96956883

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	1991

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VP05029819
Cover Note Number	-

#### DRIVER

Name of Driver	LYE YOON SAN
NRIC No	SXXXX595I

Date Of Birth	23/02/1966
Occupation	Indoor
Date Of Driving Pass	07/03/1997
Driving experience	24 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96956883
Alt. Phone Number	+65-96956883
Email Address	jameslye61@gmail.com
Address	BLK 330 YISHUN RING ROAD #08-1436
Address complement	-
Postcode	760330
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 - Head to Rear
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 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	SJU7826J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DOLLY TAN SHAO SHI
Contact Number	(Phone) +65-89214950
Address	-
Address complement	-

Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## SKETCH PLAN

### IMPORTANT NOTICE

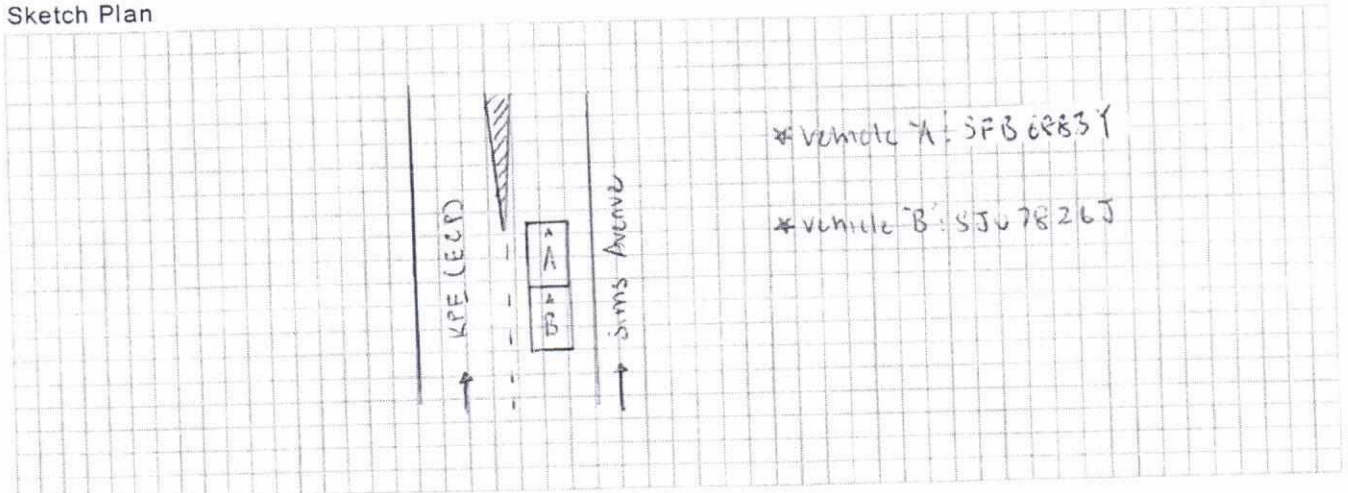
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies 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

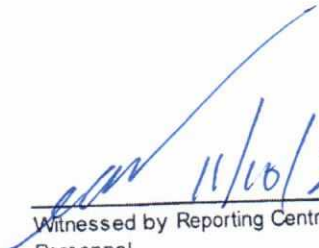
At 08/10/2021 around 3:50PM I was traveling along Kallang Expressway Flyover towards Sims Ave, I noticed that the cars in front jammed brakes and I follow suit. As I slowed down to a stop, I suddenly felt a huge impact hitting me on the rear portion of my vehicle. I got down to realised that vehicle 'B' has collided into me. That is all.

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

 11/10/2021  
Witnessed by Reporting Centre Personnel



(M)

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: 08/10/2021 (dd/mm/yy) Time of Accident: 15 : 50 (24-HR-FORMAT)  
Vehicle No.: SFB6883Y Vehicle Make & Model / Engine (cc): Mercedes-Benz E200 Exclusive Private Hire: (Y/N) (N)  
Exact location of Accident: Kallang Way Flyover Towards Sims Avenue  
Policyholder's Name / IC No.: LYE YOON SAN S26705951  
Driver's Name / IC No.: LYE YOON SAN S26705951 (As Above) ☐  
Driver's Contact No.: 96956883 Company Contact No / Owner Contact No: \_\_\_\_\_  
Driver's Address: APT BLK 330 YISHUN RING ROAD, #06-1436, S(760330)  
Owner Email address: JAMESLYE61@GMAIL.COM Insurance Company: Lonpac  
Driver Email address: JAMESLYE61@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?**

☒ Private use / ☐ Work purpose

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

**\*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: DOLLY TAN SHAO SHI Vehicle No: SJU7826J

Driver's Contact No: 8921 4950 Insurance Company: NTUC Income

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** (598FC 5435C)  
(Incorporated in Malaysia)  
Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 189555  
Tel: (65) 6192 7383 Fax: (65) 6296 3767 Website: www.lonpac.com.sg  
OST Reg No.: PD-000535-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 1961 (REPUBLIC OF SINGAPORE)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2016 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No.: Z21VP05029819

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MERCEDES-BENZ E200 (R18) 2.0 (A)  
SFR683Y

2. Name of Policy Holder

LYE YOON SAN

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

15/09/2021

4. Date of Expiry of the Insurance

14/09/2022

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

\$5 0.00 (SECTION 1) INSURED / NAMED DRIVERS

\$5 1,000.00 (SECTION 1) UNNAMED DRIVERS

\$5 2,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS

\$5 100.00 WINDSCREEN EXCESS

LONPAC'S AUTHORISED WORKSHOPS

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

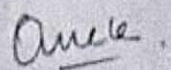
Condition

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: EMOTORCAT  
Date Issued: 23/08/2021