

# NATIONAL ASSESSMENT Centre Services

SA10821310009

Date In: 01/11/2021 19:18	Job description: SAS e-tiling	Date & Time Completed:	Done by:
Ref No: X/BA/12/21011571	Terminal (Vehicle ID, A/C ID):		
Val No: SMQ 5625X	Motor Claim X/Prin:		
Q.O.A: 01/11/2021 11:15	Motor W/O (Vehicle ID, TP Code):		
(1) TP Reporting Only	Photo Uploaded:		
TP Insurer:	Assessment/Repair Report:		
	Asst Report by: Max / Hand to Owner/Driver:		

Preferred Wksp / NO Assgn Wksp / QW:	Tel:	Fax:
TP Indemnity:	Ych No: 96475021	INC / Non-INC:
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Completed by:	Date:	Time:
Insured/Driver Liability:	% (Note: Est. 50% (WO) N1 0-20% P1 21-79% P1 80-100%)	
Year of Registration:	Warranty: YES / NO	
Excess (\$):	Loading: \$1,000 / \$2,000	

( ) Written Confirmation: Customer's information is fully confidential & solely NO for of repair.

( ) Total Loss Case: to email insurer URGENTLY.

Drive-In / Towed-In: Involves VAS / NO: Towage Cost:

1) Apply for Transport Allowance / Courtesy Car

2) QO Check / Post Repair Inspection

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

Injury:

Driver/Owner:	1) All accident information (QO)	
Contract No:	2) DA/DAW/DAW/DAW (\$1000) INC (1)	
Damage Portion:	3) P1 Following:	
QC Checked by (Engineer/Driver):	4) P1 Follow-up/Repair/Repair	
	5) P1 Follow-up/Repair/Repair (Repair)	
	6) P1 Follow-up/Repair/Repair (Repair)	
	7) P1 Follow-up/Repair/Repair (Repair)	
	8) P1 Follow-up/Repair/Repair (Repair)	
	9) P1 Follow-up/Repair/Repair (Repair)	
	10) P1 Follow-up/Repair/Repair (Repair)	
	11) P1 Follow-up/Repair/Repair (Repair)	
	12) P1 Follow-up/Repair/Repair (Repair)	
	13) P1 Follow-up/Repair/Repair (Repair)	
	14) P1 Follow-up/Repair/Repair (Repair)	
	15) P1 Follow-up/Repair/Repair (Repair)	
	16) P1 Follow-up/Repair/Repair (Repair)	
	17) P1 Follow-up/Repair/Repair (Repair)	
	18) P1 Follow-up/Repair/Repair (Repair)	
	19) P1 Follow-up/Repair/Repair (Repair)	
	20) P1 Follow-up/Repair/Repair (Repair)	



# 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	01/11/2021 19:18 (SGT)
Date of Accident	01/11/2021 11:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE MOUNT PLEASANT FLYOVER
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ5625X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HO SEE SAI
NRIC No	SXXXX510A
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-91468812
Alternative Phone No	+65-91468812

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2487

## INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20VP05027873
Cover Note Number	-

## DRIVER

Name of Driver	HO SEE SAI
NRIC No	SXXXX510A

Date Of Birth	25/03/1961
Occupation	Indoor
Date Of Driving Pass	16/04/1986
Driving experience	35 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91468812
Alt. Phone Number	+65-91468812
Email Address	reporting@mycar.sg
Address	BLK 9H YUAN CHING ROAD #18-82
Address complement	-
Postcode	618650
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?	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 AND STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7502L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MIN MIN HTAIKE
Contact Number	(Phone) +65-81548073
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	YP4938M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WANG ANPENG
Contact Number	(Phone) +65-87120888
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	GBF7049J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HEE CHOON KHEONG
Contact Number	(Phone) +65-84182117
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

D15 (Tugs)

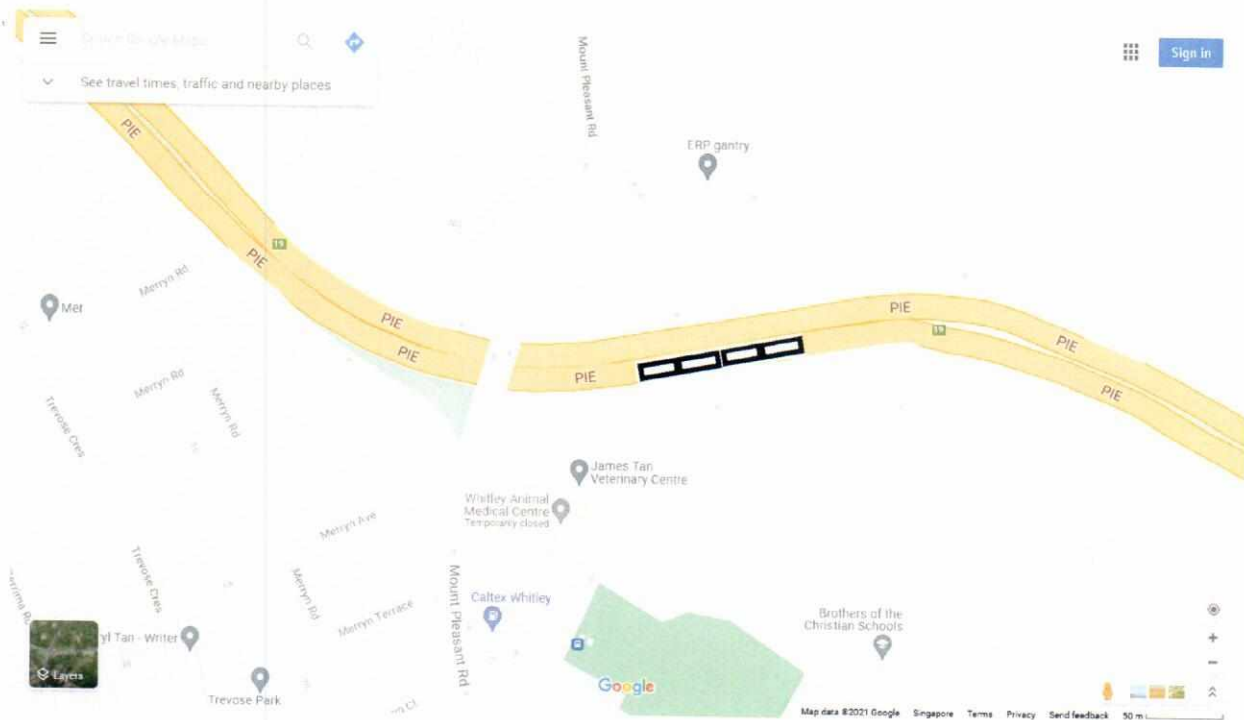
A  
A  
B  
C  
D  
D

Vehicle A : Sma5625X

Vehicle B : 6BG7502L

Vehicle C : YP4938M

Vehicle D : 6BF7049J



Reported by:

Ho See Sai  
(Driver of SMQ 5625X)


*gm 01/11/2021*

**Describe Circumstances of the Accident**

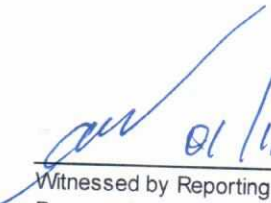
REFER TO ATTACHED STATEMENT.

**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

 01/11/2021  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



**Accident Along PIE (Towards Tuas) around 100m Before Mount Pleasant Flyover**

Date: **01 Nov 21**

Time: **1116hrs**

Vehicles Involved: 1<sup>st</sup> (Front) veh: **SMQ5625X** (My Vehicle)  
2<sup>nd</sup> Veh: **GBG7502L**  
3<sup>rd</sup> Veh: **YP4938M**  
4<sup>th</sup> (Back) Veh: **GBF 7049J**

Personnel Involved: **Ho See Sai** (1<sup>st</sup> Car driver)  
**Min Min Htaike** (2<sup>nd</sup> Van Driver with 2 passengers)  
**Wang AnPeng** (3<sup>rd</sup> Lorry Driver)  
**Hee Choon Kheong** (4<sup>th</sup> Back Veh driver)

On 01 Nov 21, at around 1116hrs, there is a slight jam along the PIE and I was driving in the Middle lane slowly behind another van.

When the van in front of me stopped, I also stop.

However, after I stopped, I felt a sudden violent bang from the rear. When I alighted from my car, I saw that it was a chain collision. It involved 3 other vehicles behind my car.

The accident happened just around 100m before the Mount Pleasant flyover going towards Tuas.

I came down and checked and noted that the rear of my car was badly crushed by the van behind.

At that moment, no one reported any injuries, but heard one of the passenger of the 2<sup>nd</sup> van said that his back was hit by some equipment when the van braked hard.

A Traffic police arrived at the scene and helped to advise what we should do. He asked the passenger if he wished to call for an ambulance, but this passenger declined. He then advised that since there is no injury, we should all go and make our own insurance claims.

I extracted the video from my car cam.

It showed clearly that my car stop fully before the van in front and the car behind mine also stopped fully. Then the car behind mine was hit and it lurched forward to hit the back of my car.

Attached below is the sketch of the accident site and vehicles arrangement.

 01/11/2021



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

Date of Accident: 01 / 11 / 2021 (dd/mm/yy)

Time of Accident: 11 : 15 ( 24-HR-FORMAT)

Vehicle No.: SMQ5625X

Vehicle Make & Model: TOYOTA CAMRY

\*Transmission : ☐ Manual ☒ Auto

\*C.c : 2487

Exact location of Accident: PIE TOWARDS TUAS BEFORE MOUNT PLEASANT FLYOVER

Policyholder's Name: HO SEE SAI

NRIC/FIN/REG No.: S1464510A

\*Policyholder's email address : REPORTING@MYCAR.SG

Driver's Name: HO SEE SAI

NRIC/FIN/REG No.: S1464510A

\*Driver's email address : REPORTING@MYCAR.SG

Driver's Contact No.: 91468812

Company Contact No (If any): \_\_\_\_\_

Date of birth: 25/03/1961

Driving Pass Date: 16/04/1986

Driver's Address: BLK 9H YUAN CHING ROAD, #18-82, SINGAPORE (618650)

Insurance Company: LONPAC

Policy No.: Z20VP05027873

Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

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)

Type of Accident

☒ Chain Collision ☐ Head To Rear ☐ Side Swipe ☐ Other \_\_\_\_\_

Occupation (nature job) ☒ Indoor / ☐ Outdoor

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

\*Passenger Name: \_\_\_\_\_

Gender: Male / Female

\*Passenger Name: \_\_\_\_\_

Gender: Male / Female

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 Car camera? ☒ Yes / ☐ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's 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: MIN MIN HTAIKE

Vehicle No: GBG7502L

Driver's Contact No: 81548073

Insurance Company : \_\_\_\_\_

2. Driver's Name / IC No (If Any): WANG ANPENG

Vehicle No: YP4938M

Driver's Contact No: 87120888

Insurance Company : \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_

Contact No: \_\_\_\_\_

Preferred Workshop Name: AUTO SPRINT PTE LTD

Contact No: 83447681

HEE CHOON KHEONG

84182117

GBF7049J

**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. : Z20VP05027873

Type of Cover : COMPREHENSIVE

## 1. Index Mark and Vehicle Registration Number

TOYOTA CAMRY 2.5 2.5  
- SMQ5625X

## 2. Name of Policy Holder

HO SEE SAI

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

25/11/2020

## 4. Date of Expiry of the Insurance

24/11/2021

## 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\$ 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 &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.

CHIEF EXECUTIVE  
(Singapore Branch)User ID: EMOTORHAZE  
Date Issued: 29/10/2020