

# NATION Assessment Centre Services *SKOP 2300002*

Date In: <i>30/08/2022 16:12</i>	Job Description: <i>SAS e-filing</i>	Date & Time Completed:	Done by:
Ref No: <i>138/PC22002488/Y</i>	E-mail (when data Ab-2hrs):		
Veh No: <i>SPV 2829A</i>	i-Motor Claim Form		
DDA: <i>30/08/2022 10:00</i>	i-Motor W/O (Within 10 Days, 1st 4hrs)		
QD: <i>TP</i> Reporting Only	i-Photo Uploaded		
TP Insured	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <i>6X5752X</i>	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%; F: 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 repairer.

( ) 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:-	Driver/Owner:	Contact No:	Damaged Portion:	QC Checked by (Engr-In-Charge):	Auditors' Comments:-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
						1st Bill	Add Bill		
						1) AR: Accident Reporting (\$30)			
						2) DA: Damage Assessment (\$100); INC (\$30)			
						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 2019)			
						6) TR: Re-inspection \$15			
						7) N1: Idac DA + SMRT Survey \$160			
						8) NTUC Additional Services:-			
						• N5: Courtesy Car / Tpt Allowance \$5			
						• N6: Repair Coordination \$10			
						• N7: Post Repair Inspection \$25			
						• N8: DV / Collect Excess Coordination \$5			
						TP (N11): TP (N11) against INC \$20			
						9) N12: Idac Mobile \$10			
						Invoice dated	Fee Charged		
						Invoice dated	Fee 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	30/03/2022 16:12 (SGT)
Date of Accident	30/03/2022 10:00 (SGT)
Exact Location of Accident	52 Marine Terrace, Block 52, Singapore 440052
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV2829A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOW LENG KONG
NRIC No	SXXXX068F
Email Address	insco@singnet.com.sg
Mobile Phone No	(Phone) +65-98331812
Alternative Phone No	+65-98331812

#### 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	1998

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VP05029507
Cover Note Number	-

#### DRIVER

Name of Driver	CHOW LENG KONG
NRIC No	SXXXX068F

Date Of Birth	03/05/1941
Occupation	Indoor
Date Of Driving Pass	03/12/1965
Driving experience	56 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98331812
Alt. Phone Number	+65-98331812
Email Address	insco@singnet.com.sg
Address	BLK 1 RHU CROSS #01-11
Address complement	COSTA RHU
Postcode	473431
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?	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 (TYPE OF COLLISION T/P REVERSE AND HIT INSURED)

#### 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	GX5752X
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NAGARAJAN SENTHIL
Passport No/FIN	GXXXX288N
Contact Number	(Phone) +65-98933948
Address	-



Address complement	-----	-
Postcode	-----	-
Insurance Company Name	-----	-
Nature Of Damage	-----	-
Details of property damaged in accident	-----	-
No. Of Passenger (Including Driver)	-----	-



### SKETCH PLAN

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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.

### Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

I) 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 assessed 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:

processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

investigating the accident and/or my claims;

carrying out and/or dealing with my instructions or responding to any enquiries by me;

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

complying with applicable law in administering, processing, handling and/or dealing with my claims.

collectively the "Purposes")

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

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.

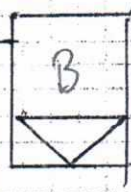
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

BK 52 MARINE TERRACE OPEN CAR PARK



ONE WAY

↑ REVERSE OUT

A) SDV 2829A

B) GX5752X

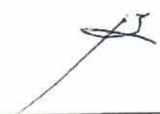
**Describe Circumstances of the Accident**

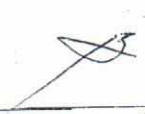
I was driving along a one way road in the car park. As I was about to drive past a lorry it suddenly reverse onto the front right side of my car.

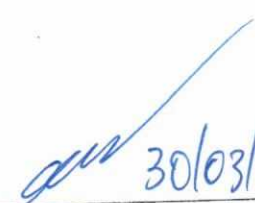
The driver of the lorry an Indian came down and apologise for reversing out of the lot without proper look out.

**Declaration**

I/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

 30/03/2022  
Witnessed by Reporting Centre Personnel



NOTE IF ACCIDENT REPORT SUBMITTED AFTER 24 HOURS NCD WILL BE AFFECTED

### ACCIDENT DETAILS

DATE OF REPORT: 30 3 22 ACCIDENT DATE & TIME: 30 3 22  
ACCIDENT LOCATION: CAR PARK BLK 52 MARINE TERRACE  
COUNTRY: SINGAPORE OR MALAYSIA

### VEHICLE DETAILS/OWNER'S DETAILS

VEHICLE NO: SDV 2829A POLICY NUMBER:  
OWNER'S NAME: CHOW LENG KONG HP/OFFICE:  
NRIC NO: S0893068F COVERAGE: COM/TPFT/TP  
EMAIL: INSUR@SINGNET.COM.SG LOWPAC.  
INSURANCE: NTUC DIRECT ASIA AXA HL FWD BUDGET ECICS

### VEHICLE PARTICULARS

MAKE & MODEL: TIGANY  
VEHICLE CATEGORY: PRIVATE OR PRIVATE HIRE OR COMMERCIAL  
PROPOSE DURING ACCIDENT: PERSONAL  
CLAIM: OWN DAMAGE REPORTING ONLY

THIRD PARTY

### DRIVER DETAILS

NAME: AS ABOVE.  
NRIC NO:  
DATE OF BIRTH: 3 5 1941  
OCCUPATION: INDOOR OR OUTDOOR RETIRED.  
PASSED DATE: 03/12/1965  
GENDER: FEMALE OR MALE  
HP NUMBER: 98331812.  
ADDRESS: BLK 1 RHY CROSS  
POSTCODE 473431 #01-11  
EMAIL: COSTA RHY.

/S WITH POLICYHOLDER:

WEATHER CONDITION: DRY/CLEAR/WET/RAIN

INJURY:

DOES DRIVER OWN OTHER VEH?

IF YES, CAR NO:

INSURANCE CO:

POLICE REPORT:

VIDEO FOOTAGE OR VOICE RECORD: FAULTY

OFFER BY OTHER WORKSHOP:

NO OF VEHICLE INVOLVED: 2

WITNESS: IF YES - NAME&HP:

NO PPL IN CAR:

PASSENGER NAME (NAME AND GENDER):

- 1)
- 2)
- 3)

### OTHER PARTY'S DETAILS

VEHICLE NO: GX5752X  
NAME: NAGARAJAN SENTHIL  
NRIC NO: G7924288N  
HP NUMBER: 98933948  
INSURANCE:  
ADDRESS:  
MODEL: TOYOTA DYNA.  
VEH CATEGORY: LORRY.  
PASSENGER: 01

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07 The Concourse, Singapore 159551

Tel: (65) 6250 7338 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. : Z21VP05029507

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA CAMRY 2.0  
- SDV2829A

2. Name of Policy Holder

CHOW LENG KONG

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

21/07/2021

4. Date of Expiry of the Insurance

20/07/2022

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\$ 0.00(SECTION 1) INSURED / NAMED DRIVERS

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

S\$ 3,000.00(SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 1,000.00(SECTION 1) ADDITIONAL EXCESS FOR REPAIR AT DISTRIBUTOR OWNED WORKSHOP

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 OR DISTRIBUTOR-OWNED MOTOR WORKSHOP

**Memo**

: EYIDR excess not applicable to Mr Chow Leng Kong

\* 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: 29/06/2021