

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In 20/01/2023 | Job description | Date & Time Completed | Done by |
| Ref No NM/LPC23000711/Ad4 | SAS e-filing | | |
| Veh No SJC5518G | E-mail (within 8hrs. Alt 2hrs) | | |
| DOA 19/01/2023 18:15 | i-Motor Claim Form | | |
| OD/TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksn | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: GBC 8060J 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:- | Invoice Preparation Checklist | |
|------------------------------|---|----------------------|
| | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | |
| Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | |
| Editors' Comments:- | 5) FT: Follow-Through Survey (Resurvey) \$30 | |
| | For claiming against INC Only (wef 10 Jan 2005) | |
| | 6) TR: Re-inspection \$75 | |
| | 7) N1: Idac DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services:- | |
| | Q1* | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | |
| | *N6: Repair Co-ordination \$10 | |
| | *N7: Post Repair Inspection \$25 | |
| | *N8: DV / Collect Excess Coordination \$5 | |
| | | \$20 |

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 Actual 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 20/01/2023 16:48 (SGT)
Reported by Both
Date of Accident 19/01/2023 18:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information SOUTH BUONA VISTA ROAD BEFORE JUNCTION OF KENT
RIDGE ROAD / STOCKPOET ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJC5518G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SIN YEW LUNG JULIAN
NRIC No SXXXX285J
Email Address julian.sin@hotmail.com
Mobile Phone No (Phone) +65-96600421
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Subaru
Model Outback
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 2498

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VP05031299

DRIVER

Name of Driver SIN YEW LUNG JULIAN

| | |
|--|---------------------------|
| Occupation | Indoor |
| Date Of Driving Pass | 11/07/1986 |
| Driving experience | 36 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96600421 |
| Alt. Phone Number | - |
| Email Address | julian.sin@hotmail.com |
| Address | APT BLK 22 DOVER CRESCENT |
| Address complement | # 13-350 |
| Postcode | 130022 |
| 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 | Wet |

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 |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

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 THE ATTACHED STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|--------------------|
| Vehicle Registration Number | GBC8060J |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |

| | |
|---|-----------|
| Passport No/FIN | GXXXX569W |
| 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.

Juan

Policyholder's Signature / Date & Time

Juan

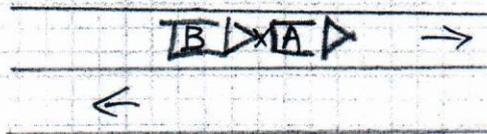
Driver's Signature (If driver is not the policyholder) / Date & Time

20/1/23

Witnessed by Reporting Centre Personnel

Sketch Plan

SOUTH BUONA VISTA ROAD BEFORE JUNCTION OF KENT RIDGE ROAD / STOCK POET ROAD



A SJC 5518G

B GBC 8060J

Describe Circumstances of the Accident

Date & Time of Accident: 19 Jan 2023 1815hr
Location of Accident: Along South Buona Vista Road before
junction of Kent Ridge Road/Stockport road
Road Condition: Wet after Raining
Traffic Condition: Very Slow due to traffic jam
Vehicles involved: SJC5518G & GBC8060J
Any injuries: None
Any damage to public property: None
Particulars of Drivers:

SJC5518G

Name: Sin Yew Lung Julian
NRIC: S6844285J

GBC8060J

Name: Pogalendi Satheeshkumar
Licence Number: G7220569W

Description of Accident:

On 19 Jan 2023 about 1815hr, I was driving alone along South Buona Vista Road towards North Buona Vista Road direction. Traffic condition was very slow moving due to traffic jam. Just before the traffic light junction, my car was in complete stopped. Lorry (GBC8060J) hit my car (SJC5518G) from the rear. The rear of my car was damaged. Both drivers alighted & exchanged driver particulars. There was no witness to the accident.

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Declaration

We declare the foregoing particulars are true in every respect.



Driver's Signature (Date)



Driver's Signature (Date)

 20/1/23

SUBARU OUTBACK

VEHICLE NO: SJC 5518G

MAKE & MODEL: 2.5I-SCVTAWD SR

(AUTO) MANUAL

| | | |
|--|--|---------------------------|
| DATE OF ACCIDENT | 19 / 01 / 2023 | *C.C. 2500 |
| TIME OF ACCIDENT | 1015 | AM / -PM |
| LOCATION OF ACCIDENT | SOUTH BUONA VISTA ROAD BEFORE JUNCTION | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT / (PRIVATE USE) / PRIVATE HIRE | OF KENT RIDGE |
| NAME OF OWNER | SIN YEW LUNG JULIAN | ROAD / STOCKPORT ROAD |
| EMAIL | Julian.sin@hotmail.com | Office. MOBILE. 9660.0421 |
| NRIC | S6844285T | |
| CLAIM TYPE | OD / (THIRD PARTY) / REPORTING ONLY | |
| FLEET POLICY | YES / (NO) | |
| INSURANCE CO. | LONPAC INSURANCE BHD | |
| TYPE OF COVERAGE | Comprehensive / (Third Party) / Third Party Fire & Theft | |
| POLICY NO. | Z22VP05031299 | |
| NAME OF DRIVER | (AS ABOVE) / IF NO. | |
| NRIC | | |
| DATE OF BIRTH | 02 / 11 / 1968 | |
| ANY PASSENGER | YES / (NO) | |
| NAME OF PASSENGER | / | |
| GENDER OF PASSENGER | MALE / FEMALE | |
| OCCUPATION | Outdoor / (Indoor) | |
| DATE OF DRIVING PASS | 11 JUL 1986 | |
| SEX | (Male) / Female | |
| CONTACT NO. | Mobile 9660042 | Office. Home. |
| EMAIL | julian.sin@hotmail.com | |
| ADDRESS | BLK 22 DOVER CRESCENT #13-350 S130022 | |
| DOES DRIVER OWN OTHER VEHICLES? | (NO) / If yes, Reg No. | INSURER. OWNER |
| RELATIONSHIP | Employee / If No. OWNER | |
| WEATHER CONDITION | (Clear) / - / Raining / Other. | |
| ROAD SURFACE | (Dry) / (Wet) / Other. | |
| ANY INJURIES | (No) / If yes, Who? | |
| CONVEYED BY AMBULANCE | (No) / If yes, Who? | |
| POLICE REPORT | (No) / If yes, Where? | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | NO/IF YES, WHO? | |
| VEHICLE B NO. | GBC 8060T | Any Passenger: 0 |
| NAME | POGALENDI SATHEESHKUMAR | |
| CONTACT NO. | G7220569W | |
| VEHICLE C NO. | 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 / (NO) | |
| WAS THERE ANY AUDIO RECORDED? | YES / (NO) | |
| SCENE ACCIDENT PHOTOS TAKEN? | (YES) / NO | |
| **WORKSHOP: | Ysk Auto Workshop | |



LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/06, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005835-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. : Z22VP05031299

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

SUBARU OUTBACK 2.5I-S CVT AWD SR 2.5
- SJC5518G

2. Name of Policy Holder

SIN YEW LUNG JULIAN

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

31/05/2022

4. Date of Expiry of the Insurance

30/05/2023

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\$ 2,000.00(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 : UNITED OVERSEAS BANK LIMITED

CHIEF EXECUTIVE
(Singapore Branch)