NATIONAL Assessment Centr	e Services	[wef   Jan'06]	•	p.
Date In: # 22 06 2023	Jeb description	,	Date & Time Completed	Done
Ref No: NA LPC 2300 6433 104	SAS e-filing			
Veh No: 81877671	E-mail (within	Shrs, AIC 2hrs)		
D.O.A: 21 06 2023 17:15	i-Motor Clai	m Form		
OD (TP) Reporting Only	i-Motor W/C	(Within: OD 2hrs.	TP 4hrs)	
ob i ir reporting only	i-Photo Uplo	aded		
TP Insurer:	Assessment/Su	rvey Report		
	Ass't Report b	y Fax / Hand to	Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW; (			Tel:	Fax:
TP Particulars: Yeh No: No	× 1568	, INC (	)/Non-INC( )	
Owner / Driver: (			Tel:	)
Policy No: ( ) Pe	riod: (	)	Cover Type: (	
Confirmed by: (		Date:	Time:	)
Insured/Driver Liability: ( %) [	Note-Est. Status (V	VO): N: 0-20	%; P: 21-79%. F: 80-	100%]
Year of Registration: ( )	Warranty: YES (	)/NO(	)	
Excess: (\$ ) Loading: \$1,0	000()/\$2,000	( )		
General Remarks:-			100010000000000000000000000000000000000	
( ) Walk-In Customer: Customer's info	rmation strictly Cor	nfidential & Str	ictly NO refer of renairer	
( ) Total Loss Case : to e-mail Insur-			Total of Topolion.	
	e: YES ( ) / N	IO ( ) · To	owing Co: (	
Remarks: (INC horline: 6788 6616)			Date&Time Completed	Done
1) Apply for Transport Allowance ( )/(	Courtesy Car (	)		
2) QC Check / Post Repair Inspection	. ( )			
3) Upload Resurvey Photo [Repair Cost > \$3	30001 (	)		
Injury:				<del></del>
			-	
Date/Time Actions				
		Israeco wiesoccino		8 ************************************
N		Invoice Prep	paration Checklist	Anıt (\$) İst Bill
laimant's:Particulars :-		1) AR : Accident		
river/Owner:		3) TF : Towing F	Assessment (\$100); INC (\$	0/\$45
,	- Cid as	4) FT : Follow-Tl	rough Survey	\$120
ontact No:			trough Survey (Resurvey) tainst INC Only (wef 10 Jan 200	\$30
amaged Portion:		6) TR: Re-inspec 7) N1: Idac DA +		\$75
	±	8) NTUC Additio		\$160
C Checked by (Engr-In-Charge):	***	OD*  *NS: Courtesy	Car/Tpt Allowance	\$5
NATIONAL PROPERTY OF THE CONTRACT OF THE CONTR	······································	*N6: Repair Co	o-ordination	310
uditors Comments :- t. 1:			ect Excess Coordination	\$25
			(Non INC) against INC	\$20 .
1. 2/3:	1	Invoice dated	Fee Charged	
- COLD		Invoice dated	Fee Charged	



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 witholding of material facts may allow insurance companies to repudiate 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of minimal policy liability on the part of the insurance companies.

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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	22/06/2023 17:04 (SGT) Both Policyholder and Actual Driver 21/06/2023 17:15 (SGT) Singapore WOODLANDS ROAD TURNING INTO TURF CLUB Singapore
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## **DETAILS OF OWN VEHICLE**

SJR7767L

(Phone) +65-96622028

INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No	No GOH SHIANG TECK SXXXX122H kelvingohst@gmail.com

#### VEHICLE PARTICULARS

Alternative Phone No

Mobile Phone No

Vehicle Registration Number

Manufacturer Model	Hyundai
Variant	Avante
Exact purpose for which vehicle was being used at time of	•
Are you claiming under your own insurance policy for repair to	Private use
your vehicle?	No - Claiming third party
Vehicle Category Transmission	Private car
CC	Auto
	1591

#### INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number	pao modiando Dila
	22211 00001000

#### DRIVER

Name of Driver	GOH SHIANG TECK
NDION	GON SHIANG TECK
	SXXXX122H
Date Of Birth	05/06/1967
Occupation	Indoor

Date Of Driving Pass Driving experience 34 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-96622028 Alt. Phone Number Email Address kelvingohst@gmail.com Address 3 ST.MICHAEL'S ROAD Address complement # 20-04 Postcode 328007 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? Yes 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 FOREIGN VEHICLE 1 Vehicle Registration Number NBX1568 Vehicle Category Private car DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Bedok North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002449999 Alt. Police Station Phone No (Fax) +65-62447258 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230622/2052 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

## DETAILS OF OTHER VEHICLE PROPERTY 1



Venicle Registration Number	
Vehicle Manufacturor	NBX1568
Vehicle Model	-
Vehicle Variant	-
	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LAW SIONG YAO
Passport No/FIN	AXXXX0724
Contact Number	
Address	(Phone) +60-127397919
Address complement	-
Postcode	-
Insurance Company Name	÷
Notice Of D	
	% <b>=</b>
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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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' law yers/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
- (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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

22/6/202 22/06/2023 Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Time ersonnel Sketch Plan

be Circumstance of the Accident		
	•	
\ .		,
<del></del>		
P	lease Refer to the affrehed	
	police Report	·
	-7120230622/2052	
	1100230 2213032	
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		1
claration		

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

Witnessed by Reporting Centre Personnel
(Name as in/NRIC/ID card)

vJun2022





1 of 3

Report No. T/20230622/2052

Police Station Of Origin: Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time 22/06/202		Made:	Vide Report No.: Station Diary 66	
Informan				1
Name of I			Address: 3 ST. MICHAEL'S ROAD	#20-04 SINGAPORE 328007
ID Type / I NRIC NO		22H	Contact No.: Home/Office:	Mobile: 96622028
Nationality SINGAPO		EN	Email:	WODIIG. 90022020
Sex: Male	Age: 56	Date of Birth: 05/06/1967	Type of Informant:	
Race: Chinese			Language:	
Occupation SALES EX			Driving Licence Informatio Class: 3	on: Date of Expiry:

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 21/06/2023 17:15	Type of Location X-Junction
Location: WOODLAND Weather:	S ROAD	Road Surface:		
Clear		Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
One Way Type of Collis		Pedestrian Crossing	-	Moderate

Details of V	ehicle Invo	lved			The state of the s	
Vehide No.	Туре	Make	Model	Color	Condition	No of Passenger
NBX1568	Car					0
SJR7767L	Car	HYUNDAI	HD AVANTE	Red	Slightly Damaged	0

Vehicle No. Insurance Company Insurance No. Effective Events of Vehicle No. Insurance					
		Insurance No	Effective	<b>Expiry Date</b>	
SJR7767L	LONPAC INSURANCE BHD.	Z22VP05031656	14/07/2022	13/07/2023	





Police Station Of Origin: Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

2 of 3 Report No. T/20230622/2052

CONTINUATION OF REPORT

Any Pedestrian	Involved: No				<b>当时间</b> 1000000000000000000000000000000000000
No. of Pedestria	Use of Pedestrian Crossing: NA				
Driver		OSE OF FE	destnar	Cross	sing: NA
Name	LAW SIONG YAO	NULLAUTEC DES DE LES	ID No.		A54780724
Related Vehicle	NBX1568 (Car)		Contact No.		+60 12-7397919
Hospital/Clinic	NIL		Class of Driving Licence &		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Data Dias	Expiry		
No. of Days gran	Date Disc Degree of		NIL NIL		
Driver	ted Medical Leave NIL	Degree of	injury	INIL	
Name	GOH SHIANG TECK		ID No.		S1791122H
Related Vehicle	SJR7767L (Car)		Contac	t No.	96622028
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days granted Medical Leave NIL		Degree of		NIL	

#### Brief Details.

On 21/06/2023 at about 1715hrs, I was driving my vehicle bearing the plate number (SJR7767L) along woodlands road. I was at the junction with the intention of filtering to the left to the main road.

As there was a vehicle on coming at the main road, I stopped my vehicle to give way. Subsequently, I felt an impact from the rear and noticed that a foreign vehicle bearing the plate number (NBX1568) had hit my rear. I then stepped out of my vehicle and exchanged particulars with the driver.

No one injured. No traffic police or ambulance came. I wish to state that I do not have any in-car dash





3 of 3

Police Station Of Origin: Bedok N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

Report No. T/20230622/2052

CONTINUATION OF REPORT

Signature of Officer Recording The Report:	Signature Of Informant:		
SGT 1 MUHAMMAD FAZLI IDHAM BIN MOHD YAZID	a.		
Signature Of Interpreter: Not applicable	Date/Time: 22/06/2023 14:17		
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:		
NP168			

## **IDAC ACCIDENT STATEMENT**

DATE OF ACCIDENT: 2106 2023	TIME OF ACCIDENT			
VEHICLE NO: SIR 7767L	TRANSMISION: AUTO / MANUAL			
MAKE & MODEL: Hyunder Avante	LOCATION: woodlands Road turning Into			
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT	CLAIM-TYPE:			
PRIVATE USE PRIVATE HIRE	OD THIRD PARTY REPORTING ONLY			
INSURANCE COMPANY: JONPAC	POLICY NO: 222 VP 05031656			
TYPE OF COVERAGE:	VEHICLE TYPE :			
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	(SALOON)			
NAME OF OWNER: GOH SHIANG TECK	NRIC: 31791122H			
ADDRESS:	CONTACT NO: 96622028			
EMAIL ADDRESS: Kelvingonst @gmail-com	VIDEO RECORDING : YES / NO			
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC: CONTACT NO :			
DRIVER OWNER RELATIONSHIP:	PASSENGER: O MALE( ) FEMALE( )			
DATE OF BIRTH: 05 / 06 / 1967	DRIVING PASSING DATE: 20/07 / 1988			
OCCUPATION: INDOOR / OUTDOOR	ADDRESS:			
ANY INJURIES: NO, IF YES :	POLICE REPORT: NO/ IF YES WHERE?  BLOOK N. P. C.			
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	ROAD SURFACE DRY / WET / OTHERS			
VEHICLE B REG NO : NBX 1568	VEHICLE C REG NO :			
DRIVER NAME: Law Siong 400	DRIVER NAME :			
NRIC: A54786724	NRIC:			
CONTACT: 0127397919	CONTACT:			
	ANY WITNESS NO, IF YES :			
VEHICLE D REG NO :	NAME:			
DRIVER NAME :				
NRIC:	CONTACT :			
CONTACT :				
WAS NOTICE OF PROSECUTION GIVEN? (YES NO)	WERE SEAT BELTS WORN ? YES / NO			
IF YES, AGAINST WHOM:	WERE INJURY CONVEYED BY AMBULANCE : YES / NO			
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES NO				
VEHICLE MURAPHE	HANDLING INSURER:			
	- J HOVILIN			

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.: F0-0005635-C

## 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.: Z22VP05031656

Type of Cover: COMPREHENSIVE

Index Mark and Vehicle Registration Number

**HYUNDAI AVANTE 1.6** 

- SJR7767L

2. Name of Policy Holder

GOH SHIANG TECK

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

14/07/2022

4. Date of Expiry of the Insurance

13/07/2023

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\$ 1,000.00(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: HONG LEONG FINANCE LIMITED

CHIEF EXECUTIVE (Singapore Branch)

User ID: XI CHEN Date Issued: 01/07/2022