

NATIONAL Assessment Centre Services [WET - JAN 05] 19 MAY 2015 84			
Date In: 28/09/2018 11:59	Job description	Date & Time Completed	Done by
Ref No: NBA/LPC/8017692/4	SAS e-filing		
Veh No: SJJ 1583G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/09/2018 14:45	i-Motor Claim Form		
OD / TP: <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars:	Veh No: SLG2881G	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	
Driver/Owner:	1) AR: Accident Reporting (\$30);	Am't (\$)	Am't (\$)
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	1st Bill	Add Bill
Damaged Portion:	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 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OH*		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):		Invoice dated:	Fee Charged:
Auditors' Comments:-			
Cat 1:			
Cat 2 / 3:			

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 ability.
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 Report	28/09/2018 11:59
Date Of Accident	27/09/2018 14:45
Exact Location Of Accident	SLE TOWARDS CTE ABOUT 4.1KM LAMP POST 224
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ1583G
Insured/Policyholder	
Name Of Registered Owner	MD KHALID BIN SALLEH
NRIC No	S2180094E
Email Address	KHAIRIL4MALI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96335639
Alternative Phone No	OTHERS-98529545

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05019508
Cover Note Number	

Driver

Name of Driver	MUHAMMAD KHAIRIL AMALI BIN MD KHALID
NRIC No	S9542120B
Date Of Birth	13/11/1995
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96335639
Fax Number	
Contact Number	OTHERS-98529545
Email Address	KHAIRIL4MALI@GMAIL.COM

Address	BLK 734 JURONG WEST STREET 73 #02-12
Postcode	640734
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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	SLG2881G
Vehicle Make/Model/Colour	TOYOTA PRIUS HYBRID
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED FAZALL BIN MOHAMED ALI
NRIC/Passport Number	S7731492Z
Contact Number	84017801
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

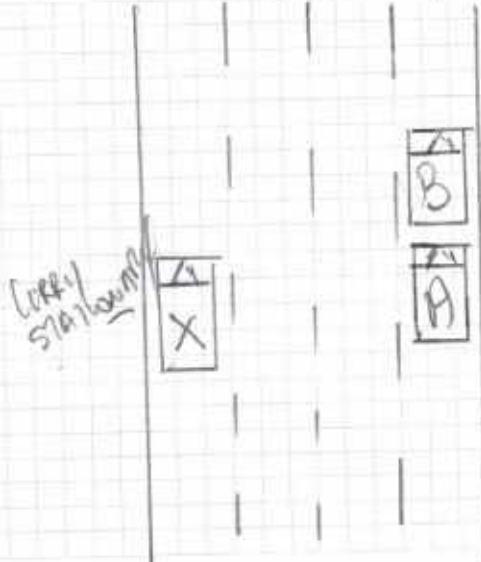
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/9/18 @ 1125hrs

28/09/2018
Reporting Centre Personnel's Signature
Name: Rishi Vardhan
NRIC/FIN No.:

SKETCH PLAN

SLK TOWARDS CTE ABOUT 4.1KM LAMPPOST 224



A) SJJ 1583G

B) SLG 2881G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on SLE towards CTE before Lantor Exit. I was on the most right lane driving at around 90 km/h. There was a lorry with blue canvas stopped at the left most lane as some of his goods/loads were on the road on few lanes. I looked at the side for awhile before looking back ahead before I noticed the front car brake and I did not have the time to avoid the collision even after doing an e-brake.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Anti

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

Date & Time: 28/1/18 @ 1149hrs

28/01/2018
Rahli
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9542120B



Name

MUHAMMAD KHAIRIL AMALI
BIN MD KHALID

Race

MALAY

Date of birth

13-11-1995

Sex

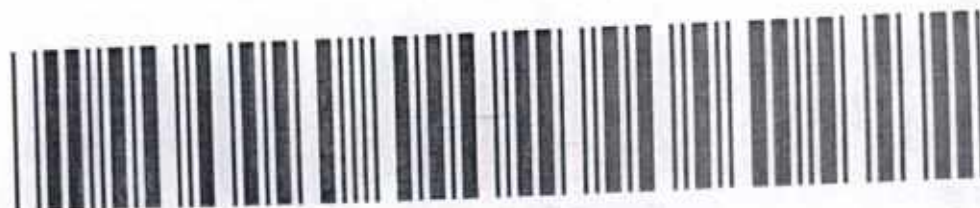
M

Country of birth

SINGAPORE



4 8 2 4 3 1



NRIC No. **S9542120B**



Date of issue
26-01-2012

Address

**APT BLK 734 JURONG WEST STREET 73
#02-12
SINGAPORE 640734**

REPUBLIC OF SINGAPORE DRIVING LICENCE

002623686E

9542120B

MUHAMMAD KHAIRIL AMALI BIN
MD KHALID

Birth Date: 13 Nov 1995
Issue Date: 13 Jul 2018



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver, and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 13 Jul 2018

NP 428A



ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 09 / 2018 (DD/MM/YYYY), TIME: 014: 45 (HH:MM)

LOCATION: SLE towards CTE abt 4.1km LP224

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ515836
 b) INSURANCE COMPANY: LONPAC BERHAD
 c) POLICY NUMBER: Z18VPO3019508
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA WISH
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MD Khalid Bin Salleh (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S95421203 CONTACT: 9633 5639
 c) ADDRESS: 734 Jurong West St 73 #02-12
Singapore 640734

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Khairil Amali Bin Md Khalid (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S95421203 CONTACT: 90529545
 c) ADDRESS: 734 Jurong West St 73 #02-12
Singapore 640734

* d) DATE OF BIRTH: 13 / 11 / 1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/02/18

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: son

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG 2861G MODEL: Toyota Prius Hybrid
 b) DRIVER'S NAME: Mohamed Fazali Bin Mohamed Ali
 c) NRIC/FIN/PASSPORT: S77314922 CONTACT: 8401 7601

9. THIRD PARTY VEHICLE

- c) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____ CONTACT: _____
 f) NRIC/FIN/PASSPORT: _____

EMAIL = khairil4mali@gmail.com

VIDEO =



LONPAC INSURANCE BHD (598FC5635C)

(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

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).
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No.: Z18VP05019503

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA WISH 1.8
- SJJ1583G

2. Name of Policy Holder

MD KHALID BIN SALLEH (INSURED NOT DRIVING)

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

20/07/2018

4. Date of Expiry of the Insurance

19/07/2019

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\$ 1,500.00 (SECTION 1) UNNAMED DRIVERS

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

S\$ 100.00 WINDSCREEN EXCESS

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 : INDEX CREDIT PTE LTD

Onele

CHIEF EXECUTIVE
(Singapore Branch)

User ID: WLPHANG
Date Issued: 20/07/2018