

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **MHA119008766**

Date In: 7/1/19-16:22	Job description	Date & Time Completed	Done by
Ref No: N01 VPC190086724	SAS e-filing		
Veh No: J26382A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 7/1/19-06:40	i-Motor Claim Form		
OD (TP) Reporting Only	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: SUB571R 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% P: 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

	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add. Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Driver/Owner:</b>	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
<b>Contact No:</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
	<i>For claiming against INC Only (wef 10 Jan 2005)</i>		
<b>Damaged Portion:</b>	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
<b>QC Checked by (Engr-In-Charge):</b>	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
<b>Pat 1:</b>	TP (N11): TP (Non INC) against INC \$20		
<b>Pat 2 / 3:</b>	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## 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 Report	07/01/2019 16:22
Date Of Accident	07/01/2019 06:40
Exact Location Of Accident	CTE TWDS CITY AFTER YIO CHU KANG RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ6382A
Insured/Policyholder	
Name Of Registered Owner	SHAHRUDDIN BIN SALLEH
NRIC No	S1807865A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92394976
Alternative Phone No	OFFICE-92394976
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/17/VP05/014772-002
Cover Note Number	
Driver	
Name of Driver	SHAHRUDDIN BIN SALLEH
NRIC No	S1807865A
Date Of Birth	02/05/1967
Occupation	INDOOR
Date Of Driving Pass	16/06/2000
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92394976
Fax Number	
Contact Number	OFFICE-92394976
Email Address	NOEMAIL

Address	BLK 414B FERNSVALE LINK #19-12
Postcode	792414
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : NUR SYAFIQAH BINTE SHAH RUDDIN GENDER: : FEMALE

#### 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

REFER TO STATEMENT.

#### 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	SLB571R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SMF6997Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SKE1615M  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 lodgment 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.
- (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.

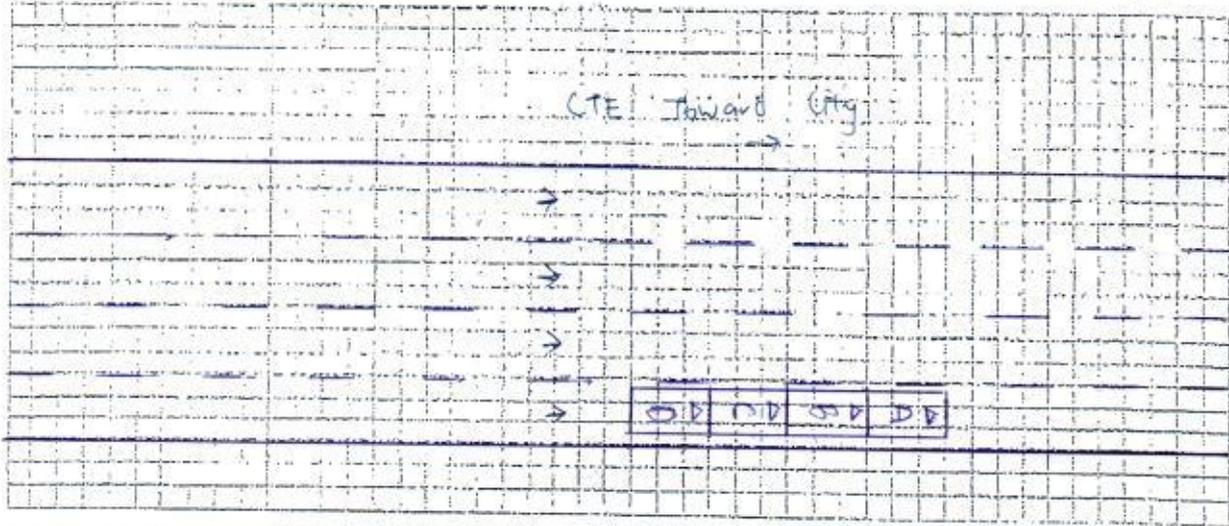
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

Ven A: SJQ6382A  
 Ven B: SLB571R  
 Ven C: SMF6997Z  
 Ven D: SKE1615M

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,  
 I was driving my car (Ven A: SJQ6382A) along CTE towards City after Yio Chu kang Road Exit. Traffic was heavy and slow moving at Lane 1. As I was about to drive-off after slowing down due to traffic slow down, suddenly I felt an impact from my vehicle rear. I alighted and realised that I was involved in chain accident of 4 cars. I am the first car in front.

Ven B: SLB571R  
 Ven C: SMF6997Z  
 Ven D: SKE1615M

I got 1 passenger on board with me, my daughter  
 NUR SYAFIQAH BINTE SHAH RUDZAN / S9911832B

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:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Date of Accident : 07/01/19 Accident Time: 0642 (24-HR-Format)  
 Accident Place : CTE Towards City After Yio Chu Kang Exit  
 Vehicle Reg. No. (Car Plate No.) : SJQ 6382A  
 Vehicle Make/Model : Mitsubishi Lancer GLX 1.6  
 Insurance Company : LONPAC Policy No. 2/17/VP05/014772-002  
 Owner or Company Name / IC No. : SHAHRUDDIN BIN SALLEH S1807865A  
 Owner or Company Contact No. : 92394976 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : "  
 DRIVER'S Date Of Birth : 02/05/1967 DRIVER'S License Pass Date \_\_\_\_\_  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : BLK 414 B Fernvale Link #19-12 (792414)  
 DRIVER'S Contact No./ Alt No. : 1) " 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
 Email Address : SHAHRUDDIN 2567 @ GMAIL.COM  
 Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 02

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLB 571 R (B)

Vehicle Reg. No: SME 6997 Z (C)

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver: \_\_\_\_\_

IC No. Driver: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_

SKE 1615M (D)

1651457



NRIC No. S1807865A



Blood Group O+ Date of Issue 03-02-1994

APT BLK 4148 FERNVALE LINK #10-12  
SINGAPORE 792414

Date: 20/06/2010

NRIC No: S1807865A



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1807865A

SHAHRUDDIN BIN SALLEH



شهرudin بن صالح

Place MALAY Sex M  
Date of Birth 02-05-1967  
Country of Birth SINGAPORE

S1807865A

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S 1807865 A**

Name:

**SHAHRUDDIN BIN SALLEH**

Birth Date: **02 May 1967**

Issue Date: **16 Jun 2003**



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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of 16 Jun 2000  
which unladen does not exceed 2500 kilograms



NP 428A


**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

**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.** : Z/17/VP05/014772-002

**Type of Cover** : COMPREHENSIVE

1. **Index Mark and Vehicle Registration Number**

MITSUBISHI LANCER 1.6  
 - SJQ 6382A

2. **Name of Policy Holder**

SHAHRUDDIN BIN SALLEH

3. **Effective date of the Commencement of Insurance for the purpose of the Act.**

20/11/2018

4. **Date of Expiry of the Insurance**

19/05/2019

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\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS  
 S\$ 1000.00 (SECTION 1) UNNAMED DRIVERS  
 S\$ 3000.00 (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** : TOKYO CENTURY  
 LEASING  
 (SINGAPORE) PTE  
 LTD

*Anele*

CHIEF EXECUTIVE  
 (Singapore Branch)

User ID : esinyeo / nfwong  
 Date Issued : 20-11-2018