

NATIONAL Assessment Centre Services.

part 1 Jan 09

MINA/19023474

Date In: 19/02/2009 19:33	Job description	Date & Time Completed	Done by
Ref No: NBA/LPC/19003136/Y	SAS e-filing		
Veh No: SJS 8006M	E-mail (w/idea sheet, AIC sheet)		
D.O.A: 08/02/2009 07:40	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: SCE 2218P	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:	1) Apply for Transport Allowance () / Courtesy Car ()
	2) QC Check / Post Repair Inspection ()
	3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Assign

Claimant's Particulars:	Invoice	Amount	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (w/ 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$23		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors Comments:

Ref 1:

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 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	19/02/2019 19:33
Date Of Accident	08/02/2019 07:40
Exact Location Of Accident	ALONG UPPER EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS8006M
Insured/Policyholder	
Name Of Registered Owner	SUSHIL SINGH S/O DILBAGH SINGH
NRIC No	S7331162D
Email Address	SSTATLA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90031134
Alternative Phone No	OFFICE-90031134

Vehicle Particulars

Manufacturer	BMW
Model	740LI
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	Z18VP05019344
Cover Note Number	

Driver

Name of Driver	SUSHIL SINGH S/O DILBAGH SINGH
NRIC No	S7331162D
Date Of Birth	28/08/1973
Occupation	INDOOR
Date Of Driving Pass	02/07/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90031134
Fax Number	
Contact Number	OFFICE-90031134
Email Address	SSTATLA@GMAIL.COM

Address	34 JALAN TANAH PUTEH
Postcode	457352
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	SIDE SWIPE
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	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	SCE2218P
Vehicle Make/Model/Colour	BMW 216
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

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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 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:

19/2/19 4.20pm

Driver's Signature

(If driver is not the policyholder)

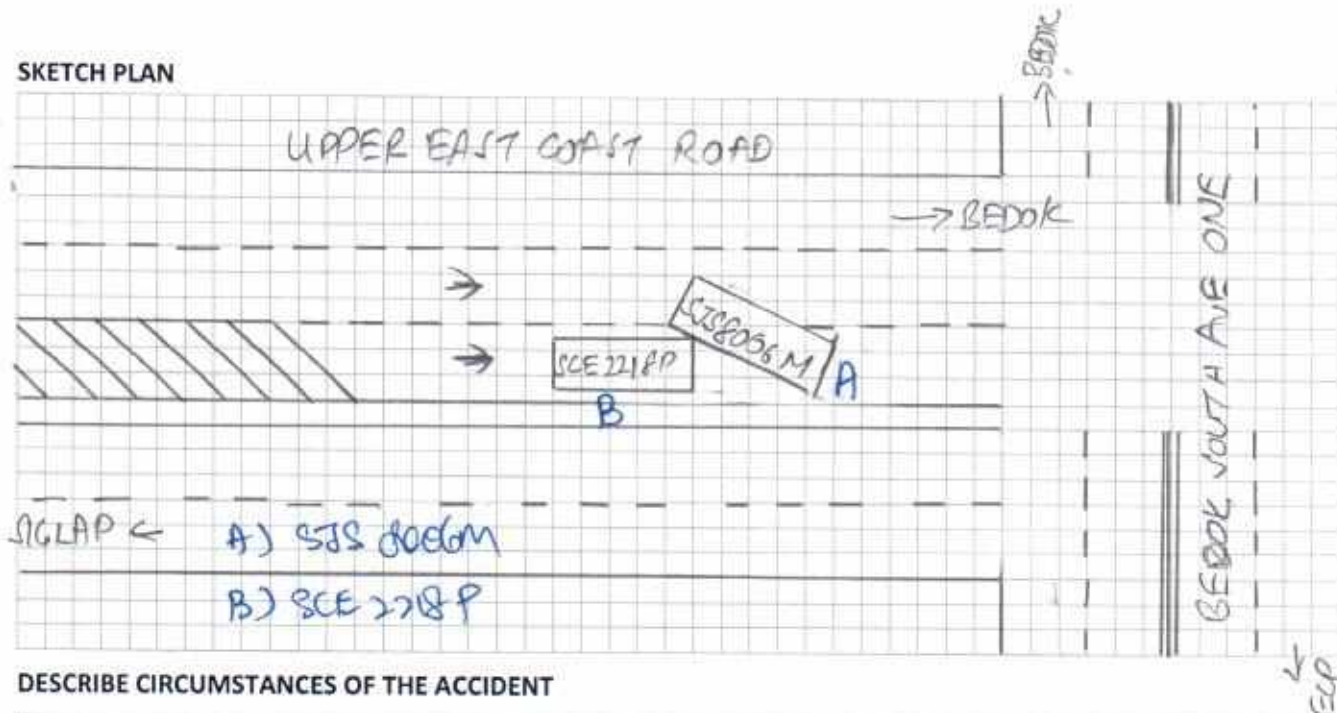
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8 Feb at 7.40am I was driving SJS 8006M on Upper East Coast Rd towards Bedok. I signaled and filtered into the turning lane turning right onto Bedok South Ave 1 towards ECP. There was more than sufficient space between the car ahead and SCE 2218P that was behind. As I was almost fully in the turning lane SCE 2218P accelerated and hit my rear right bumper close to the door. I felt some impact. I turned into Bedok South Ave 1 and proceeded to ECP with my blinkers on looking for a safe spot to stop without obstructing traffic. I am on crutches and need sufficient space to exit and enter my vehicle. SCE 2218P kept a distance behind me even though I was travelling very slowly. SCE 2218P filtered into MCE and I lost them as I was travelling straight. I wasn't able to obtain the details of SCE 2218P and didn't have footage from my car camera.

DECLARATION

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

Indira Puff
Policyholder's Signature

Date & Time:
19/02/19 4.30pm

GAARMC SketchPlanForm_V3

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

19/02/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I/c of Insurance Policy

ACCIDENT STATEMENT

ACCIDENT DATE: 08/02/2019 (DD/MM/YYYY), TIME: 07:40 (HH:MM)

LOCATION: UPPER EAST COAST ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5JS8006 M
 b) INSURANCE COMPANY: LONPAC INSURANCE BHD
 c) POLICY NUMBER: Z18/VPO5/019244
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 740 Li
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: ASHIL SINGH S/O DIBAKH SINGH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S73311620 CONTACT: 90031134
 c) ADDRESS: 34 JALAN TANAH PUTIH 51457352

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 28/08/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02/07/1996

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

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: SCE 2218 P MODEL: BMW 216
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____


9. THIRD PARTY VEHICLE

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

Email = ssstalia@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7331162D





Name
SUSHIL SINGH S/O DILBAGH
SINGH

Race
SIXTH

Date of birth
25-05-1973

Sex
M

Country of birth
SINGAPORE



4553840



NRIC No S7331162D



Date of issue
06-04-2010

Address
34 JALAN TANAH PUTEH
SINGAPORE 457352



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7331162D**

Name: **SUSHIL SINGH S/O DILBAGH SINGH**

Birth Date: **28 Aug 1973**

Issue Date: **07 Jun 2003**

000551631B



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

Class 3: Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kg.

PASS DATE: **02 Jul 1996**

NP 428A

License No: **S7331162D**



**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7385 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

THE SCHEDULE

Class of Policy	: MOTOR CAREPLUS	Policy No.	: Z18VP05019344
Insured	: SUSHIL SINGH S/O DILBAGH SINGH	Type of Cover	: COMPREHENSIVE
Address	: 34 JALAN TANAH PUTEH SINGAPORE 457352	Replacing CN/Policy No.	: Z17VP05014243
Business or Profession	: MANAGER	Account No	: Z10005

Period of Insurance

(a) From 27/07/2018 To 26/07/2019 (both dates inclusive)

(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

Description of Vehicle	The Policy's Premium																																								
Vehicle/Trailer Regn. No : SJS8006M	<table border="1"> <thead> <tr> <th>Premium Component</th><th>%</th><th>Amount (\$)</th><th>Total (\$)</th></tr> </thead> <tbody> <tr> <td>Basic Premium</td><td></td><td></td><td>2,696.00</td></tr> <tr> <td>NCD</td><td>-50.00%</td><td>-1,348.00</td><td></td></tr> <tr> <td>OFD</td><td>-5.00%</td><td>-67.40</td><td></td></tr> <tr> <td>Workshop Discount</td><td>-25.00%</td><td>-320.15</td><td></td></tr> <tr> <td>Premium After Discount</td><td></td><td></td><td>960.45</td></tr> <tr> <td>Gross Premium</td><td></td><td></td><td>960.45</td></tr> <tr> <td>Actual Gross Premium</td><td></td><td></td><td>960.45</td></tr> <tr> <td>GST</td><td>7.00%</td><td>67.23</td><td></td></tr> <tr> <td>Premium Payable</td><td></td><td></td><td>1,027.68</td></tr> </tbody> </table>	Premium Component	%	Amount (\$)	Total (\$)	Basic Premium			2,696.00	NCD	-50.00%	-1,348.00		OFD	-5.00%	-67.40		Workshop Discount	-25.00%	-320.15		Premium After Discount			960.45	Gross Premium			960.45	Actual Gross Premium			960.45	GST	7.00%	67.23		Premium Payable			1,027.68
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Make & Model of Vehicle : BMW 740 3.0																																									
Type of Body : SALOON - 4 DR																																									
Engine No : 05117033N54B30A																																									
Chassis No : WBAKB420XDCY82166																																									
Year of Registration : 2009																																									
c.c./Tonnage : 2,979																																									
Seating Capacity : 5																																									
Sum Insured : MARKET VALUE																																									
Excess : \$S 0.00 (SECTION 1) INSURED / NAMED DRIVERS \$S 3,000.00 (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 LONPAC'S AUTHORISED WORKSHOPS																																									
Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS																																									