

BY EMAIL: mt_claim@lonpac.com

Kaki Bukit Autohub, 2 Kaki Bukit Ave 2, #01-18 Singapore 417921

Tel No.: +65 6842 0051 / 6744 0510 Fax No.: +65 6741 0510

Company Reg. No.: 200616038C GST Registration No.: 200616038C

Our Ref:

SLL 8553 M

Your ref:

YN 2113 A

08 April 2019

LONPAC INSURANCE BHD

100 BEACH ROAD #19-00 SHAW TOWER SINGAPORE 189702

Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT: 05 Apr 2019

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

PURSUANT TO PARAGRAPH 2.2 OF PRE-ACTION PROTOCOL FOR NIMA CASES

We are instructed by **GRAB RENTALS PTE LTD** to notify you of a road traffic accident on **05 Apr 2019** at about **17:55 HOURS** along **CARPENTER RD** involving our client's vehicle **SLL8553M & YN2113A** driven by you/your insured at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please be inform that we don't excess to Merimen System and kindly reply to us by Email / Fax.

Yours faithfully,



N-51 AUTOMOTIVE PTE LTD

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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/04/2019 08:31
Date Of Accident	05/04/2019 17:55
Exact Location Of Accident	CARPENTER RD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL8553M
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66550005
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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 HIRE

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number A29114756MKF

Cover Note Number

Driver

 Name of Driver
 TAN KIM HUAT

 NRIC No
 \$7103802E

 Date Of Birth
 12/02/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 04/09/1995

Driving Experience 23 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97257697

Fax Number

Contact Number

EMail Address NOEMAIL

Address

NIL

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

-

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)

2

involved in the accident

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

NO

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:

: PASSENGER 1

GENDER:

: MALE

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

My vehicle was already stopped due to pick up my passenger. After pick up my passenger. Checked my blind spot,hence it was cleared and was about to moved forward. Suddenly a lorry came from behind cut into my lane. As a result the lorry bumped onto my front right portion. The road was big enough for the lorry to pass.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

RETRIEVING

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YN2113A

Vehicle Make/Model/Colour

MITSUBISHI/FE83BE6SRDEA/WHITE

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

UNKNOWN DRIVER

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

IMPORTANT NOTICE

SKETCHIA

1. Please report correctly the decade of the ecoxient to specif up the claims process.
2. This Form must be completed by the Policyholder analyse the Authorited Oxiver.
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3. Endownels moved and must be a traithful and accurate as possible. Any with must expressed the complete of research tests may asked insurance completes of this form by insurance companies in not an activities on of policy beloaky on the part of insurance companies.
4. The scale and acceptance of this form by insurance companies in not an activities on of policy beloaky on the part of insurance companies.
5. The report will be invanied by the insurance of the GiA Records Numberson.
6. The report will be invanied by the insurance of the GiA Records Numberson.
7. By the bodgement of this report to the insurance, you havely consum to the archiving of this report at the centre and to consecut the finance may evidence allowed.
8. Consent under the Personal Data Protection Act (PDPA)
8. Indefinition, my evidation and the Centeral Insurance Association of Beggspore ("CIA") may give permitted to collect, use, disclaims entitled insurance may personal data protection act (PDPA)
9. Indefinition, my evidation and the Centeral Insurance Association of Beggspore ("CIA") may give permitted to collect, use, disclaims entitled in the sociation to all insurance information in the insurance of the insurance information in the insurance of the insurance of the personal information in the insurance of the insurance of the personal information in the insurance of the insurance of the personal information in the insurance of the insurance of the personal information in the insurance of the insurance of the personal information in the insurance of the insurance of the personal information in the insurance of

- (ii) Investigating the accident analor my coams;
 (iii) carrying out another dealing with my instructions or responding to any enquelies by me.
 (iv) administering my claims (including the making of correspondence, statements, invokes, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same us well as on the external cover of envelopment and analogues are accounted to the content of t packages), and or
- packages), and/or
 (iv) complying with applicable law is administering, processing, handling end/or dealing with ny claims.
 (collectively the "Purposes")
 (it) all insured law is administering, processing, handling end/or dealing with my claims.
 (it) all insured law is fine insured vehicle(s) impoved in this accident and the insured lawyershow firms, may are permitted to collect, use, disclose alliating processes 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 (insulating their lawyershow firms), which may be sited outside of Singapore, for one or more of the above Purposes.



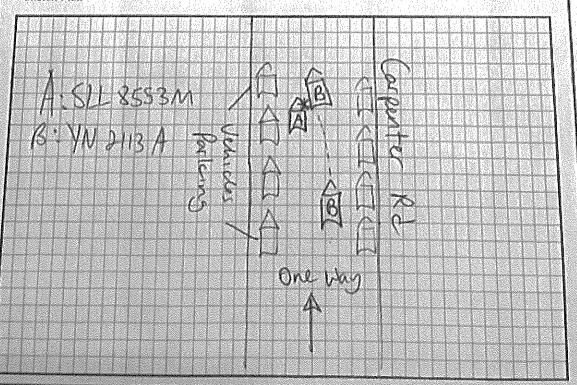
VERIFIED BY AJAX MARS REPORTING OFFICER

AIZAM BIN ATAN

Policyholder's Signature / Date & Time - Criver's Signature (flidriver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Parsonnai

Sketch Plan



Common Statement Pg. 1

ACCIDENT S	STATEMENT (2000	characters)
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My vehicle was already stopped due to pick up my passenger. After pick up my passenger. Checked my blind spot, hence it was cleared and was about to moved forward. Suddenly a lorry came from behind cut into my lane. As a result the lorry bumped onto my front right portion. The road was big enough for the lorry to pass.				
Taxi Voucher No.:				
DECLARATION I/We declare that the above particulars & information provided above are true in every aspect				
VERIFIED BY AJAX MARS REPORTING OFFICER - AIZAM BIN ATAN				
MARS Officer	Registered Owner or Driver's Signature			
Job Complete Date/Time	Date/Time:			
6 April 2019 at 3:00 PM	6 April 2019 at 3:00 PM			