

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MNA119149327**

Date In: 11/11/19-17:37	Job description	Date & Time Completed	Done by
Ref No: NA119149327	SAS e-filing		
Veh No: 5P9944R	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 9/11/19-11:05	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: E7617	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

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
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:-		
	OD:		
	*N5: 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 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	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 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	11/11/2019 17:37
Date Of Accident	09/11/2019 11:05
Exact Location Of Accident	PIE TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP9944R
Insured/Policyholder	
Name Of Registered Owner	MOHSEIN HYDER
NRIC No	S1610531G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97266100
Alternative Phone No	OFFICE-97266100

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 200CGI
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	Z19VP05024599
Cover Note Number	

Driver

Name of Driver	SOPHIA HYDER
NRIC No	S9636620E
Date Of Birth	15/10/1996
Occupation	INDOOR
Date Of Driving Pass	21/12/2017
Driving Experience	1 YEAR AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97266100
Fax Number	
Contact Number	OFFICE-97266100
EMail Address	NOEMAIL

Address	BLK 2 MARINE TERRACE #21-292
Postcode	440002
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	ET61J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA PENG HUEI
NRIC/Passport Number	S1826396C
Contact Number	91881881
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SOPHIA HYDER
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLP9944R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

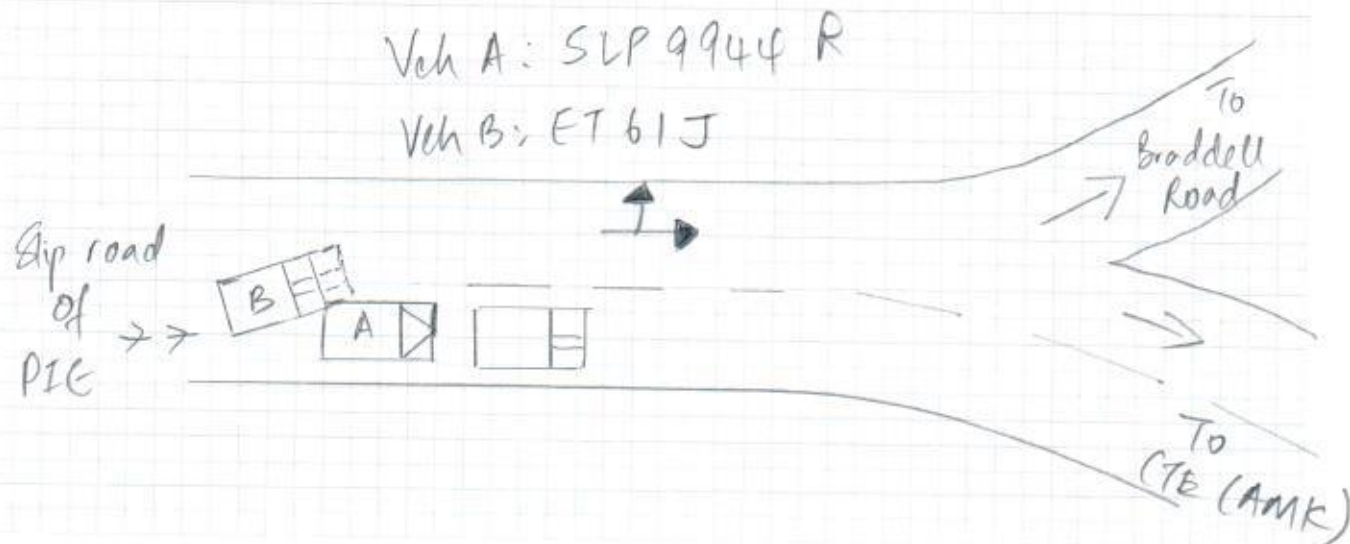
Driver's Signature
(If driver is not the policyholder)

Date & Time: 11/11/2019

4:37 pm

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/11/2019 @ 11.05 pm, my daughter was travelling along PIE to CTE (AMK direction) in the right most lane. Just before reaching the fork between Braddell Road / CTE, traffic slowed down due to heavy traffic in CTE, she then followed to a stop behind several vehicles. Suddenly, a hard bang from behind, a vehicle (ET 61 J) had hit the left rear of my car (A: SLP 9944 R). No passenger on both vehicles. As my daughter is staying in hostel, I am filing the report on her behalf. I am the owner of the car.

DECLARATION

I/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: 11/11/2019
4:37 pm

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

SINGAPORE ACCIDENT STATEMENT

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3. Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Policy Department for investigation.
6. This report will be forwarded by the insurers to 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 11.11.2019 @ 1620h
 Date of Accident 09.11.2019 @ 1105h.
 Exact Location of Accident PTE to CTE (Ave direction)

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP9944R.

Insured/ Policyholder

Name of Registered Owner Mohsein Hyder.
 FIN/ Passport Number S16105346.

Vehicle Particulars

Vehicle Make Mercedes Benz
 Type of Vehicle E200CGI
 Exact Purpose for which vehicle was being used at the time of accident Private Use.
 Are you claiming under your own insurance policy for repair to your vehicle? Yes/ ☒ No Third Party.
 Vehicle Category Private Car.

Insurance Company

Name of Insurance Company Longac Insurance Bhd.
 Type of Policy Comprehensive.
 Fleet Policy No.
 Policy Number 219VP0500599.
 Motor CI 30-10-2019 to 29-10-2020

Driver

Name of Driver Sophia Hyder.
 FIN/ Passport Number S9636620E.
 Date of Birth 15.10.1996
 Occupation Student (indoor)
 Year of Driving Experience 21.12.2017
 Gender ☒ Male/ ☐ Female
 Contact Number 97266100
 Address Block 2 Marine Terrace #21-202 S'406002.
 Email Address mohseinhyder@yahoo.com.sg.
 Was driver an employee of the Insured's Company? No.
 If no, Relationship of the Driver with the Insured Children.

1 Driver only.

Vehicle Registration Number of Driver's Own Vehicle (If applicable)

Insurance Company of Driver's Own Vehicle (if applicable)

General Information of the Accident

Type of Collision

Head to Rear

Weather Conditions

clear

Road Surface

Dry

Other Information

Was any body injured in the Accident?

Yes/ No

Was any other material or property damage?

Yes/ No

Details of Injured Persons

Name

Sophia hyder

Address

Approximate Age

Injuries Sustained

If vehicle Occupants, state in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance? No.

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?

If yes, against whom?

No.

Circumstance of Accident

Refer to sketch plan.

DETAILS OF OTHER VEHICLE(S)/ PROPERTIES

Vehicle Registration Number

ET 61 J

Details of Properties

Vehicle Make/ Model/ Colour

Name of Driver

Chua Peng Hwei

NRIC/ Passport Number

S1826396C

Contact Number

9158 1881

Email Address

Address

Insurance Company Name

NTUC Income.

Nature of Damage

Details of Witness

Name

Phone Number

Email Address

Video Footage : (Yes)

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 190555.

Tel: (65) 6250 7368 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MX1

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. : Z19VP05024599

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MERCEDES-BENZ E200 CGI 1.8
- SLP9944R

2. Name of Policy Holder

MOHSEN HYDER

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

30/10/2019

4. Date of Expiry of the Insurance

29/10/2020

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\$ 100.00 WINDSCREEN 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.

CHIEF EXECUTIVE
(Singapore Branch)

User ID: MARKKUAH

Date Issued: 11/09/2019