

NATIONAL Assessment Centre Services (Ref: JAN03)

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 16/01/20         | Job description                            | Date & Time Completed | Done by |
| Ref No. NA/LPC20000986/13 | SAS e-filing                               |                       |         |
| Veh No: 5JN15387J         | E-mail (within 8hrs, AIC 2hrs)             |                       |         |
| D.O.A: 15/01/20 1800      | i-Motor Claim Form                         |                       |         |
| OD: (TP) Reporting Only   | i-Motor W/O (Within: OD 2hrs, TP 4hrs)     |                       |         |
|                           | i-Photo Uploaded                           |                       |         |
|                           | Assessment/Survey Report                   |                       |         |
| TP Insurer:               | Ass't Report by Fax / Hand to Owner / Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: QBT2694H INC ( ) / Non-INC ( ) Tel: ( )

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:  | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616)                                |                       |         |
| 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                   |             | Am't (\$) | Am't (\$) |
|---------------------------------|---|-------------|-----------|-----------|
|                                 |   |             | Int. Bill | 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   |           |           |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey                    | \$120       |           |           |
| Auditors' Comments:             | 5) FT: Follow-Through Survey (Resurvey)         | \$30        |           |           |
| Date 1:                         | For claiming against INC Only (wef 10 Jan 2005) |             |           |           |
| Date 2/3:                       | 6) TR: Re-inspection                            | \$75        |           |           |
|                                 | 7) N1: Idac DA + SMRT Survey                    | \$160       |           |           |
|                                 | 8) NTUC Additional Services:-                   |             |           |           |
|                                 | OD:   |             |           |           |
|                                 | *N5: Courtesy Car / Tp. 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         |           |           |
|                                 | 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             | 16/01/2020 10:08   |
| Date Of Accident           | 15/01/2020 18:00   |
| Exact Location Of Accident | PIE TWDS KPE(TPE ) |
| Country/State of Loss      | SINGAPORE          |

### DETAILS OF OWN VEHICLE

|  |                           |
|--|---------------------------|
| Vehicle Registration Number  | SJN5387J                  |
| <b>Insured/Policyholder</b>  |                           |
| Name Of Registered Owner   | JOHARI BIN ALIAS          |
| NRIC No  | SXXXX0411                 |
| Email Address  | NOEMAIL                   |
| Mobile Phone No  | (LOCAL) +65-97113025      |
| Alternative Phone No   | OTHERS-96645815           |
| <b>Vehicle Particulars</b>   |                           |
| Manufacturer   | TOYOTA                    |
| Model  | VIOS                      |
| 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               |
| <b>Insurance Company</b>   |                           |
| Name of Insurance Company  | LONPAC INSURANCE BHD      |
| Type Of Coverage   | COMPREHENSIVE             |
| Fleet Policy   | NO                        |
| Policy Number  | Z19VP05022134             |
| Cover Note Number  |                           |
| <b>Driver</b>  |                           |
| Name of Driver   | MUHAMMAD YUSRI BIN JOHARI |
| NRIC No  | SXXXX088B                 |
| Date Of Birth  | 27/09/1989                |
| Occupation   | INDOOR                    |
| Date Of Driving Pass   | 27/10/2010                |
| Driving Experience   | 9 YEARS AND 2 MONTHS      |
| Gender   | MALE                      |
| Mobile Number  | (LOCAL) +65-96645815      |
| Fax Number   |                           |
| Contact Number   |                           |
| EEmail Address   | MUHDYUSRI89@GMAIL.COM     |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 439 HOUGANG AVE 8<br>#04-1555 |
| Postcode  | 530439                            |
| 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)   | 3   |
| Passenger 1   | NAME: : NORLIYANA<br>GENDER: : FEMALE     |
| Passenger 2   | NAME: : MUHAMMAD NAUFAL<br>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**

PLS REFER TO THE ATTACHED 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 | GBJ2694H                     |
| Vehicle Make/Model/Colour   |                              |
| Details Of Properties       |                              |
| Vehicle Category            | COMMERCIAL VEHICLE           |
| Name of Driver              | MOHAMMAD SHARUDY BIN MD SHAH |
| NRIC/Passport Number        | SXXXX468B                    |
| Contact Number              | 91848147                     |
| Address                     |                              |
| Postcode                    |                              |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

|   |                       |
|---|-----------------------|
| Name  | NORLIYANA             |
| Approximate Age                                     |                       |
| Injuries Sustain                                    | NECK & BACK(PREGNANT) |
| Injured person in which vehicle?                    | SJN5387J              |
| 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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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:

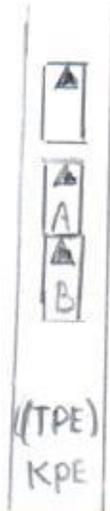
 16-01-20  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 16/01/20  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

A - SJN5387J  
B - GBJ2694H

PIE TWD5 KPE (TPE)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 1600hrs, I was driving a black Toyota Vios along Pie towards KPE (TPE). Traffic was slow moving and suddenly a blue Singapore van hit my car from the back. The driver and I went out to check the car damages and exchange particulars. There are two passenger in my car which is my 3 months pregnant wife and a 2 year 11 month son. My wife experiencing mild strain on her back and neck.

DECLARATION

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

Policyholder's Signature  
Date & Time:

*[Signature]*  
16-01-20  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 16/01/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**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. : Z19VP05022134

Type of Cover : COMPREHENSIVE

- 1. Index Mark and Vehicle Registration Number TOYOTA VIOS 1.5  
- SJN5387J
- 2. Name of Policy Holder JOHARI BIN ALIAS
- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 19/02/2019
- 4. Date of Expiry of the Insurance 18/02/2020
- 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

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

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: GRANDIOSE2  
Date Issued: 31/01/2019