

NATIONAL Assessment Centre Services.

[ver 1 Jan 03] **MAIA 200914/9**

Date In: 19/10/2020 15:54	Job description	Date & Time Completed	Done by
Ref No: 13A/UC20011337/Y	SAS e-illing		
Veh No: GBB 5152X	e-mail (by date sent, AIO date)		
D.O.A: 15/10/2020 14:45	1-Motor Claims Form		
OD: TP Reporting Only	1-Motor W/O (Withins: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Produced Wkup / INC Acctg / Wkup / QW: () Tel: () Fax: ()

TP Incident/Ref: () Veh No: **SJX 2191Z** 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 ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO Refor of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3,000) ()

Injury: ()

Driver/Owner:	1) All Accident Reporting (330)	
Contact No:	2) DA1 Damage Assessment (\$100) (INC 210)	
Damage Portion:	3) TP1 Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT1 Follow-Through Survey	\$120
	5) PT1 Follow-Through Survey (Resurvey)	\$30
	6) TT1 Re-Inspection (Against INC Only (ver 10 Jan 2003))	\$75
	7) TT1 Re-Inspection	\$100
	8) NTUC Additional Services	
	ON:	
	• NS1 Courtesy Car / Tpl Allowance	\$3
	• NS1 Repair Coordination	\$10
	• PT1 Post Repair Inspection	\$25
	• NS1 DV / Collat Unacc Coordination	\$3
	• TP (NTUC) TP OADR INC Against INC	\$20
	• NS1 10.0 Mobile	\$0
	Invoice dated	
	Invoice dated	

Fee Charged
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	19/10/2020 15:54
Date Of Accident	15/10/2020 14:45
Exact Location Of Accident	JUNCTION OF MARYMOUNT LANE AND BISHAN STREET 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5752X
Insured/Policyholder	
Name Of Registered Owner	NANA'S ENTERTAINMENT
Co Reg No	5XXXX401L
Email Address	IRMAYA.NANA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97325217
Alternative Phone No	OFFICE-97325217

Vehicle Particulars

Manufacturer	RENAULT
Model	KANGOO II-1.6 D EXPRESS AT ABS AB 2WD 6DR (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z/19/VC5/003727-001
Cover Note Number	

Driver

Name of Driver	ROSTAH BTE HUSSAIN
NRIC No	SXXXX005D
Date Of Birth	02/11/1954
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2019
Driving Experience	1 YEAR AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97325217
Fax Number	
Contact Number	OTHERS 97325217

Address	BLK 480 JURONG WEST STREET 41 #04-668
Postcode	640460
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	COLLISION - CROSS JUNCTION
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)	5
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : GRAND SON GENDER: : MALE
Passenger 3	NAME: : GRAND DAUGHTER GENDER: : FEMALE
Passenger 4	NAME: : GRAND DAUGHTER 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

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	SJX2191Z
Vehicle Make/Model/Colour	

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	85335992
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

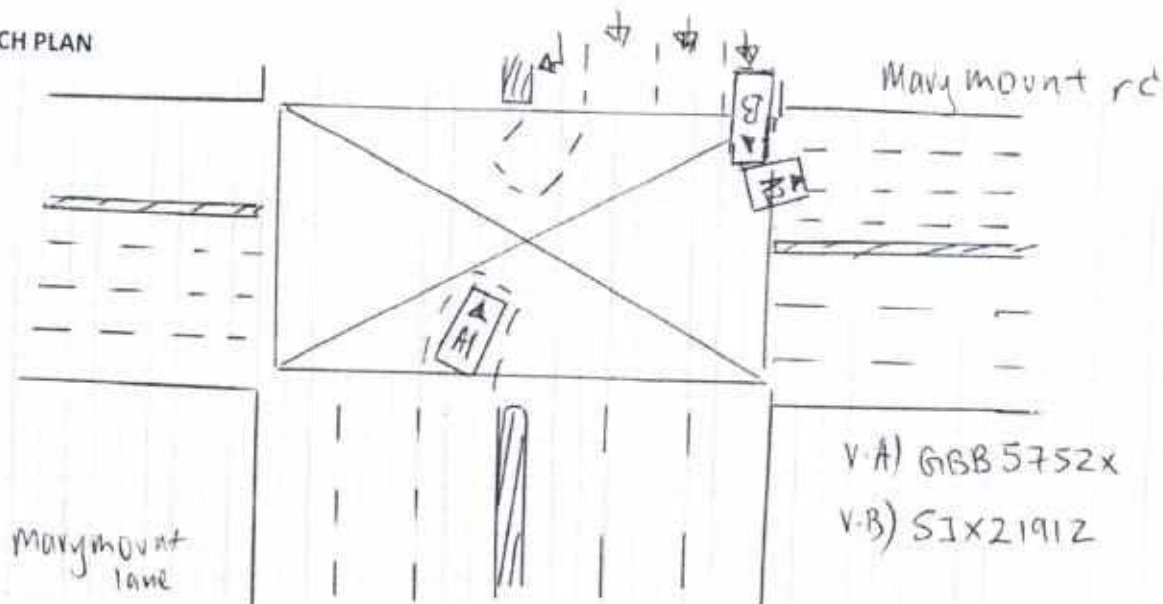
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



V-A) GBB5752x

V-B) SJX21912

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'H' GBB5752x was travelling on the stated venue. I was on the first lane turn right towards Marymount road. As traffic was green in my favour I proceed to turn. As I've approached the junction, I noticed the opposite lane vehicle stopped, however only SJX21912 did not stop. Instead it went straight ahead and collided against my vehicle rear left portion. After the accident, we got out of our vehicle and exchange contacts then left the scene.

DECLARATION

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

Policyholder's Signature
Date & Time:

Nana



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

Nana

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

19/10/2020

Rosa

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15/10/2020 (dd/mm/yy) Time of Accident: 14:45 (24-HR-FORMAT)
Vehicle No.: GBB 5752 X Vehicle Make & Model: RENAULT KANGOO EXPRESS II 1.6
Exact location of Accident: JUNCTION OF MARYMOUNT LANE AND BISHAN STREET 21
Policyholder's Name / IC No.: NANA'S ENTERTAINMENT 53404401L
Driver's Name / IC No.: ROSNAH BTE HUSSAIN S0120005D (As Above) ☐
Driver's Contact No.: 9732 5217 Company Contact No.:
Driver's Address: 21 WOODLANDS CLOSE #09-25 PRIMZ BIZHUB SINGAPORE (737854)
Insurance Company: LONPAC Email address (if any): IRMAYA.NANA@GMAIL.COM

Relationship between Owner & Driver: OWNER

or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 05

Passenger Name : SON

Passenger Name : FEMALE X2 MALE X1 GRAND CHILDREN

Gender : Male

Gender :

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SJX 2191 Z

Driver's Contact No: 8533 5992 Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



LONPAC INSURANCE BHD (596FC6835C)

(Incorporated in Malaysia)
Singapore Office: 203, Beach Road #17-04/07, The Concourse, Singapore 189555.
Tel: (65) 6250 7388 Fax: (65) 6250 3707 Website: www.lonpac.com.sg
GST Reg No.: F9-0000435-C

MZ300

For Renewal/Extension, Please Contact
COE AUTO TRADING
18 Sin Ming Lane
#02-03 Midview City
Singapore 573960
Tel: 64589833, 64571902
Fax: 64565729

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION ACT (CAP 169) 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. : Z/19/VCD5/003727-001

Type of Cover : THIRD PARTY FIRE
AND THEFT

1. Index Mark and Vehicle Registration Number

RENAULT KANGOO EXPRESS II 1.6L AT
ABS AB 2WD 6DR
- GBB 5752X

2. Name of Policy Holder

NANA'S ENTERTAINMENT

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

11/10/2020

4. Date of Expiry of the Insurance

18/12/2020

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/THEIR 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 IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. USE FOR THE CARRIAGE OF
PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S
BUSINESS. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES. THE POLICY DOES NOT
COVER:- USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR
SPEED TESTING. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE
DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess : NOT APPLICABLE

* 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 169) Republic of Singapore are not included under
heading.

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 169) Republic of
Singapore.

H.P. Owner : HITACHI CAPITAL
ASIA PACIFIC PTE
LTD

Anne

CHIEF EXECUTIVE
(Singapore Branch)

User ID : amoka / pta
Date Issued : 05-06-2020