

NATIONAL Assessment Centre Services.

Print 1 Jan 2005

210821680001

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 08/06/2021 10:46/ | Job description | Date & Time Completed | Done by |
| Ref No: NBR/LPC 21006486/4 | SAS e-filing | | |
| Veh No: SMF 6234S | E-mail (by John Sims, AIC 2hrs) | | |
| D.O.A: 07/06/2021 12/10 | I-Motor Claim Form | | |
| OD: TP: Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/VKSR | | |

| | | |
|--|--|-----------------------|
| Preferred Wkep / INC Assign Wkep / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: GBJ 5770B | 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 refer of reprior.

() 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 > \$3000] () | | |

Injury :

| | | |
|-----------|----------|--|
| Date/Time | Location | |
| | | |
| | | |
| | | |
| | | |

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Ref. 1:

2 / 3

| Item | Amount | INC (310) |
|---|-----------|-----------|
| 1) AR: Accident Reporting (\$30) | | |
| 2) DA: Damage Assessment (\$100) | | |
| 3) TP: Towing Fee | \$40/\$45 | |
| 4) PT: Follow-Through Survey | \$120 | |
| 5) PF: Follow-Through Survey (Resurvey) | \$30 | |
| For claiming against INC Only (ver 10 Jan 2005) | | |
| 6) TR: Re-inspection | \$75 | |
| 7) NI: Idas DA + EMRT Survey | \$160 | |
| 8) NTUC Additional Services: | | |
| ON: | | |
| • NS: Courtesy Car / Tpt Allowance | \$35 | |
| • NG: Repairs Co-ordination | \$10 | |
| • NI: Post Repair Inspection | \$25 | |
| • ND: DV / Collect Excess Co-ordination | \$35 | |
| • TE (NUI): TP (Non INC) against INC | \$20 | |
| 9) N13: Idas 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 Submission | 08/06/2021 10:46 (SGT) |
| Date of Accident | 07/06/2021 12:10 (SGT) |
| Exact Location of Accident | 3 Sengkang E Ave, Singapore 544813 |
| Additional Location Information | RIVERSOUND RESIDENCE CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SMF6234S |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | KAMARUDEEN BIN AHAMAD PILLAI |
| NRIC No | SXXXX843H |
| Email Address | amir.kamarudeen@gmail.com |
| Mobile Phone No | (Phone) +65-90064185 |
| Alternative Phone No | +65-81269046 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mitsubishi |
| Model | Lancer |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1584 |

INSURANCE COMPANY

| | |
|---------------------------|----------------------|
| Name of Insurance Company | Lonpac Insurance Bhd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | Z21VP05028366 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|------------------------------|
| Name of Driver | MUHAMMED AMIR BIN KAMARUDEEN |
| NRIC No | SXXXX210A |

| | |
|--|------------------------------------|
| Date Of Birth | 21/10/1990 |
| Occupation | Outdoor |
| Date Of Driving Pass | 29/08/2013 |
| Driving experience | 7 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81269046 |
| Alt. Phone Number | - |
| Email Address | amir.kamarudeen@gmail.com |
| Address | BLK 691B WOODLANDS DRIVE 73 #12-29 |
| Address complement | - |
| Postcode | 732691 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|-------------------------------------|
| Type of Accident | Collision - Opening Door of Vehicle |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| 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 | GBJ5770B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |

| | | |
|---|-------|---|
| Postcode | | - |
| Insurance Company Name | | - |
| Nature Of Damage | | - |
| Details of property damaged in accident | | - |
| No. Of Passenger (Including Driver) | | - |

SKETCH PLAN

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. 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 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.

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.

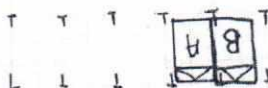
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Riversound Residence Carpark



Vehicle A: SMF62345

Vehicle B: G1BJ5770B

On the stated date & time, I, vehicle A (SMF6234s) was parked at the stated location. vehicle B (GIBJ5770B) parked beside me and went for delivery. when he come back to his vehicle, the driver open his door and knocked my left side portion of my vehicle causing damages.

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre
Personnel

Date of Accident : 07/06/2021 Accident Time: 1210hrs (24-HR-FORMAT)
Accident Place : Riversand Residence Carpark
Vehicle Reg. No (Car plate No.) : SMF 6234S Vehicle Make/Model: mitsubishi Lancer
Insurance Company : Ionpac Policy No. 221VPO5028366
Name of Registered Owner : Company / Individual Kamarudeen Bin Ahamad Pillai
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S1650843H
Co Contact No: - Owner's Contact No: 9006 4185

DRIVER'S Name : Muhammed Amir Bin Kamarudeen DRIVER'S NRIC No: 89038210A

DRIVER'S Date of Birth : 21 Oct 1990 DRIVER'S License Pass Date 29 Aug 2013

Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: -

DRIVER'S Address : APT B1K 691B woodlands Drive 73 #12-29 Singapore 732691

DRIVER'S Contact No./ Alt No. : 1) 8126 9046 2) -

DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)

Email Address : Amir.kamarudeen@gmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance

Number of Passengers (including Driver): 01 Passenger Name: - Gender: M/F

Was the accident reported to the police? YES / NO Passenger Name: - Gender: M/F

Was there any video Captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: -

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

| | |
|----------------------------------|----------------------------------|
| Vehicle Reg No: <u>G8J 5720B</u> | Vehicle Reg No: <u>-</u> |
| Vehicle Make/Model: <u>-</u> | Vehicle Make/Model: <u>-</u> |
| Name DRIVER: <u>-</u> | Name DRIVER: <u>-</u> |
| IC No. DRIVER: <u>-</u> | IC No. DRIVER: <u>-</u> |
| DRIVER'S Contact & add: <u>-</u> | DRIVER'S Contact & add: <u>-</u> |

Other Party Driver's Particulars (if any)

| | |
|----------------------------------|----------------------------------|
| Vehicle Reg No: <u>-</u> | Vehicle Reg No: <u>-</u> |
| Vehicle Make/Model: <u>-</u> | Vehicle Make/Model: <u>-</u> |
| Name DRIVER: <u>-</u> | Name DRIVER: <u>-</u> |
| IC No. DRIVER: <u>-</u> | IC No. DRIVER: <u>-</u> |
| DRIVER'S Contact & add: <u>-</u> | DRIVER'S Contact & add: <u>-</u> |

**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

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.: Z21VP05028366

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI LANCER 1.6 1.6
- SMF6234S

2. Name of Policy Holder

KAMARUDEEN BIN AHAMAD PILLAI

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

30/01/2021

4. Date of Expiry of the Insurance

29/01/2022

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.

H.P. Owner : PURE MOTORS PTE LTD

CHIEF EXECUTIVE
(Singapore Branch)

User ID: WOOALAN
Date Issued: 05/01/2021