

NATIONAL Assessment Centre Services

(with 1 Jan 2021)

2021/08/21

Date In: 20/08/2021 17:44	Job description	Date & Time Completed	Done by
Ref No: NAD/PC2008/17/14	SAS e-illing		
Veh No: GBB 83794	E-mail (by date time, A/C time)		
D.O.A: 20/08/2021 10:46	1-Motor Claim Form		
OID: TP / Reporting Only	1-Motor W/O (with date, A/C time, TP time)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / V/Lite		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Instructions:	Veh No: 810 8455	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 Ref of report.

() 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 > \$9,000] ()

Injury: ()

()

()

()

Driver/Owner:	1) All Accident Reporting (30)	
Contract No:	2) DA + Demurr Assessment (\$100)	INC (\$10)
Damaged Portion:	3) PT + Towing Fee	\$100
QC Checked by (Engr-In-Charge):	4) PT + Follow Through Survey	\$100
	5) PT + Follow Through Survey (Resurvey)	\$100
	6) PT + Follow Through Survey (Resurvey) (with 10 min 100)	\$100
	7) PT + Follow Through Survey (Resurvey) (with 10 min 100)	\$100
	8) PT + Follow Through Survey (Resurvey) (with 10 min 100)	\$100
	9) PT + Follow Through Survey (Resurvey) (with 10 min 100)	\$100
	10) PT + Follow Through Survey (Resurvey) (with 10 min 100)	\$100
	11) PT + Follow Through Survey (Resurvey) (with 10 min 100)	\$100
	12) PT + Follow Through Survey (Resurvey) (with 10 min 100)	\$100
	13) PT + Follow Through Survey (Resurvey) (with 10 min 100)	\$100
	14) PT + Follow Through Survey (Resurvey) (with 10 min 100)	\$100
	15) PT + Follow Through Survey (Resurvey) (with 10 min 100)	\$100
	16) PT + Follow Through Survey (Resurvey) (with 10 min 100)	\$100
	17) PT + Follow Through Survey (Resurvey) (with 10 min 100)	\$100
	18) PT + Follow Through Survey (Resurvey) (with 10 min 100)	\$100
	19) PT + Follow Through Survey (Resurvey) (with 10 min 100)	\$100
	20) PT + Follow Through Survey (Resurvey) (with 10 min 100)	\$100

21) PT + Follow Through Survey (Resurvey) (with 10 min 100)

22) PT + Follow Through Survey (Resurvey) (with 10 min 100)

23) PT + Follow Through Survey (Resurvey) (with 10 min 100)

24) PT + Follow Through Survey (Resurvey) (with 10 min 100)

25) PT + Follow Through Survey (Resurvey) (with 10 min 100)

26) PT + Follow Through Survey (Resurvey) (with 10 min 100)

27) PT + Follow Through Survey (Resurvey) (with 10 min 100)

28) PT + Follow Through Survey (Resurvey) (with 10 min 100)

29) PT + Follow Through Survey (Resurvey) (with 10 min 100)

30) PT + Follow Through Survey (Resurvey) (with 10 min 100)

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	20/08/2021 17:44 (SGT)
Date of Accident	20/08/2021 10:40 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS SLE AFTER PUNGGOL WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8379X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MPS CLEANING & MAINTENANCE PRIVATE LTD
Company Reg No	2XXXXX092D
Email Address	mps.cleaningservices@hotmail.com
Mobile Phone No	(Phone) +65-96540044
Alternative Phone No	+65-84332043

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VC05007375
Cover Note Number	-

DRIVER

Name of Driver	NARAYANAN PRABHU
Passport No/FIN	GXXXX123L

Date Of Birth	27/06/1983
Occupation	Outdoor
Date Of Driving Pass	28/10/2014
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84332043
Alt. Phone Number	-
Email Address	mps.cleaningservices@hotmail.com
Address	167A MACPERSON ROAD
Address complement	-
Postcode	348534
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RAJENDRAN SOLAIYAN
Gender	Male

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?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD345S
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

SKETCH PLAN

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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' law 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 law 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

Vehicle A: GBB 8379x
Vehicle B: SLD3455

TPE (SLK) AFTER PunchGOL way

Describe Circumstances of the Accident

On the stated date and time I was travelling along the stated location on my vehicle A. Suddenly, vehicle B jammed brake and I applied my brakes too. The wet weather caused my tyres to skid and I collided into vehicle B rear portion with my vehicle front portion.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

N. Prash

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

20/08/2021
Witnessed by Reporting Centre Personnel



Date of Accident : 20/08/2021 Accident Time: 1040 (24-HR-Format)
Accident Place : TPE(SLE) after punggol way
Vehicle No. (Car Plate No.) : G 68379X Make/Model: Nissan NV200
Insurance Company : Lonpac Policy No: Z21VC05007375
Owner or Company Name / IC No. : MPS Cleaning & Maintenance private Ltd/201542021
Owner or Company Contact No. : 96540044 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Narayanan Prabhu / 675761231
DRIVER'S Date Of Birth : 27/06/1983 DRIVER'S License Pass Date 28/10/2014
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 167A Macpherson rd 5348534
DRIVER'S Contact No./ Alt No. : 1) 84332043 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : mpps.cleaningservices@hotmail.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): 2
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>SLD3455</u>	Vehicle No: _____
Vehicle Make/Model: <u>Toyota sienta</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: <u>8121 8946</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender: Rajendran solayyan (M)

**LONPAC INSURANCE BHD** (598FC0635C)

(Incorporated in Malaysia)

Singapore Office: 300 Beach Road #17-04/07, The Concourse, Singapore 190655

Tel: (65) 6250 7300 Fax: (65) 6250 3787 Website: www.lonpac.com.sg

GST Reg No.: P0-0005605-G

MZ300

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. : Z21VC05007375

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN NISSAN / NV200 1.5L MT ABS AIRBAG 2WD 6DR
- GBB0379X

2. Name of Policy Holder

MPS CLEANING & MAINTENANCE PRIVATE LTD

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

26/05/2021

4. Date of Expiry of the Insurance

25/05/2022

5. Person 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

: S\$ 500.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

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: MHOONG

Date Issued: 20/04/2021

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM08218K0004 Vehicle Registration No: GBB 8379X

Name (as shown in NRIC): MARAYANAND PRAKASH NRIC/FIN/Passport No: GXXXX123L

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 84332043

Email Address: _____

Date of Accident: 20/08/2021 Time of Accident: 10:46

Place of Accident: TPE TOWARDS SUE ATHER RAILROAD WAY

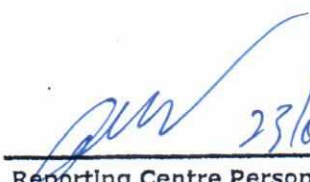
Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

change from TP to Reporting only

Policyholder / Driver's Signature
Date:

 23/08/2021
Reporting Centre Personnel's Signature
Name: