

NATIONAL Assessment Centre Services

2008/135700

Date In: 05/11/2021 14:46
Ref No: NBSA/CPC 20012887
Veh No: GBC 5687X
D.O.A: 05/11/2021 19:18

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (by date time, A/G time)

1-Motor Claim Verin

1-Motor W/O (within 60 days TP 400)

1-Photo Uploaded

Assessment Survey Report

Assessment Report by Tax/Hand to Owner/Agent

(1) TP / Reporting Only

TP Insured

Preferred Wksp / NO Ass'n Wksp / OWI

Toll

Fax

TP Initial/Agent

Veh No

SLX 6300R

NO

/ Non-NO

Owner / Driver

Toll

Policy No

Period

Cover Type

Continued by

Date

Time

Insured/Driver Liability

(%) (Note-Use Slows (WO) N10-20%, P1 23-79%, P2 80-100%)

Year of Registration

Warranty YES / NO

Deductible

Loading \$1,000 / \$2,000

() Within Coverage : Customer's information solely confidential & solely NO refer of reputation

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

Drive-In

/ Towed-In

Invoiced VAS

/ NO

Towing Cost

1) Apply for Transport Allowance / Courtesy Car

2) QO Check/Post Repair Inspection

3) Upload Recovery Photo (Repair Cost > \$3000)

Injury

Driver/Owner

Continued No

Continued Portion

QC Checked by (Engin-In-Charge)

1) All London Insurance (50)

2) All London Insurance (5000)

3) All London Insurance (5000)

4) All London Insurance (5000)

5) All London Insurance (5000)

6) All London Insurance (5000)

7) All London Insurance (5000)

8) All London Insurance (5000)

9) All London Insurance (5000)

10) All London Insurance (5000)

11) All London Insurance (5000)

12) All London Insurance (5000)

13) All London Insurance (5000)

14) All London Insurance (5000)

15) All London Insurance (5000)

16) All London Insurance (5000)

17) All London Insurance (5000)

18) All London Insurance (5000)

19) All London Insurance (5000)

20) All London Insurance (5000)

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	05/11/2021 11:46 (SGT)
Date of Accident	02/11/2021 19:15 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY BEFORE BUKIT TIMAH EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC5687X
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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.cleaningservice@hotmail.com
Mobile Phone No	(Phone) +65-91743647
Alternative Phone No	(Office) +65-67600279

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	Z21VC05006563
Cover Note Number	-

DRIVER

Name of Driver	RAVI SARAVANAN
Passport No/FIN	GXXXX383N

Date Of Birth	14/07/1992
Occupation	Outdoor
Date Of Driving Pass	31/12/2013
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91743647
Alt. Phone Number	-
Email Address	mps.cleaningservice@hotmail.com
Address	177B MACPERSON ROAD
Address complement	-
Postcode	348538
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	NEMMEPI KALIRAJ
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?	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	SLX6300B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	VIJAYAN
Contact Number	(Phone) +65-93837119
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJQ8264U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98829595
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

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5. Any false reporting may be referred to the Police for investigation.
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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' 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:

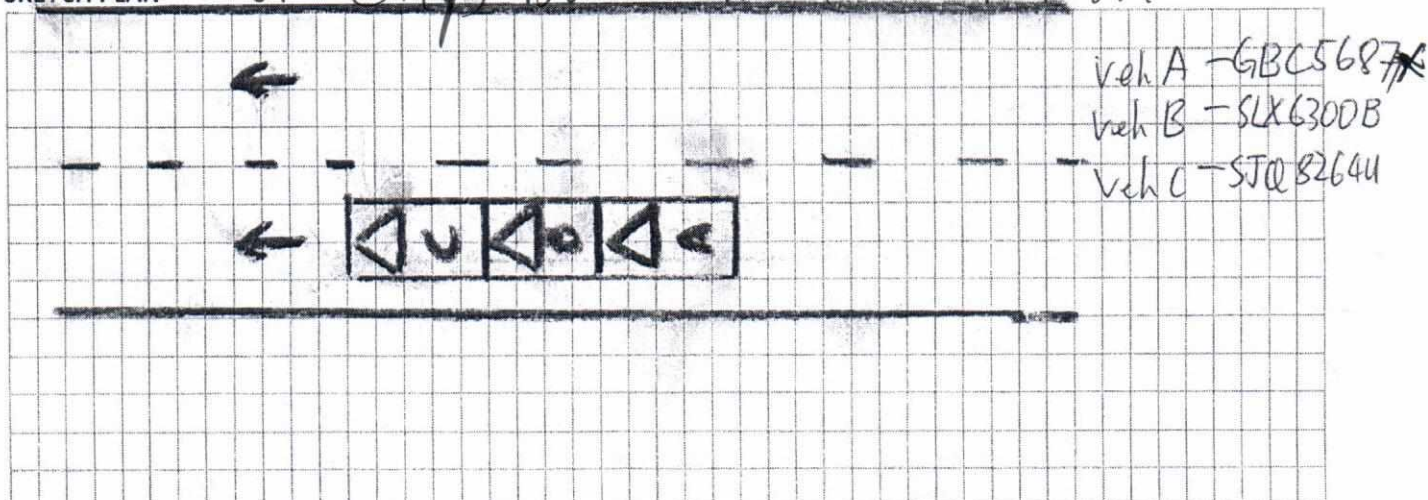
[Signature]

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

[Signature] 05/11/2021
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

CTR (CITY) BEFORE BUKIT TIMAH FLYT



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 collided into vehicle C and braked hard. I was unable to react in time and collided into vehicle B rear portion with my vehicle front portion

DECLARATION

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



Policyholder's Signature Date & Time:

P. R. Singh

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

[Signature] 05/11/2021
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

*Email: sm@idac.com.sg Tel no: 6555 6888

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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 2 / 11 / 2021 (dd/mm/yy)

Time of Accident: 19 : 15 (24-HR-FORMAT)

Vehicle No.: GBC 5687X Vehicle Make & Model: Nissan NV200

Exact location of Accident: CTE(City) before bukit timah exit

Policyholder's Name / IC No.: MPS Cleaning & Maintenance Private Ltd

Driver's Name / IC No.: RAVI SARA VANAN G2318383M (As Above) ☐

Driver's Contact No.: 9174 3647 Company Contact No (Company Veh Only): 67600279

Driver's Address: 177B Macpherson Road - (348538)

Email address: mps_cleaning_services@hotmail.com Insurance Company: Longpac

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

14/07/1992 31/12/2013

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?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

*No. of Passengers (Including Driver): 2

*Passanger Name: Nemmpni Kaliraj
Name: _____

Gender: (Male) Female *Passanger
Gender: Male / Female

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: Vijayan Vehicle No: SLX 6300B

Driver's Contact No: 93837119 Insurance Company: _____

2. Driver's Name / IC No (If Any): Cherizyan Vehicle No: STQ 8264U

Driver's Contact No: 98829595 Insurance Company: _____

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

Preferred Workshop Name: _____ Contact 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

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. : Z21VC05006563

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN NV200 1.5L MT ABS AIRBAG 2WD 6DR
- GBC5687X

2. Name of Policy Holder

MPS CLEANING & MAINTENANCE PRIVATE LTD

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

03/01/2021

4. Date of Expiry of the Insurance

02/01/2022

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 WHILE 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.

H.P. Owner : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

CHIEF EXECUTIVE
(Singapore Branch)

User ID: MHOONG

Date Issued: 04/12/2020