

ADDITIONAL Assessment Centre Samples, **SN0821870003**

Date In: **17/11/2021 15:31**
 Ref No: **UBA/PC2101733/Y**
 Val No: **EMF 62345**
 S.O.A: **17/11/2021 10:40**

(C) / (T) / Reporting Only

TP Insurer

Preferred Wksp / HO Atty / Wksp / QW /

TP Insured / Val No: **SA285** NOC / Non-NOC /
 Owner / Driver /

Policy No: () Period: () Cover Type: ()
 Co-insured by: () Date: ()

Insured / Driver / Val No: () % (Note: Est. 50% (WO) / NO-20% / PI 21-79% / PI 80-100%)
 Year of Registration: () Warrant / YES () / NO ()
 Excess (\$) Load limit \$1,000 () / \$2,000 ()

() Written Guarantee / Customer's Information solely confidential & solely NO Referral / Repetition
 () Total Loss Case / to e-mail Insurer URGENTLY,
 Drive-In () / Towed-In () / Involves VRS () / NO () / Towed-In ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QO Check / Post Repair Inspection ()
- 3) Upload Recovery Photo (Repair Costs > \$3,000) ()

Injury:

Driver / Owner	1) All Additional Insurance (50%)		
Contract No:	2) BA / Out-of-Pocket (3100X)	WOM	
Contracted Person:	3) P1 / Following		
	4) P1 / Following		
	5) P1 / Following		
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	100) P1 / Following		

QO Checked by (English-Chinese):

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	17/11/2021 15:31 (SGT)
Date of Accident	17/11/2021 10:40 (SGT)
Exact Location of Accident	Ang Mo Kio South Flyover, Singapore
Additional Location Information	(CTE,CITY) BEFORE EXIT 11 ANG MO KIO AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF6234S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KAMARUDEEN BIN AHMAD 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	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1590

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	MUHAMMAD AMIR BIN KAMARUDEEN
NRIC No	SXXXX210A

Date Of Birth	21/10/1990
Occupation	Outdoor
Date Of Driving Pass	29/08/2013
Driving experience	8 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81269046
Alt. Phone Number	-
Email Address	amir.kamarudeen@gmail.com MUHAM
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FARAH BEGUM SHAH
Gender	Female

PASSENGER 2

Name	MUHAMMAD ARFAAN FATIH BIN MUHAMMAD AMIR
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	SLA28Z
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMS1722P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD AMIR BIN KAMARUDEEN
Gender	Male
Phone No	(Phone) +65-81269046
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMF6234S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	FARAH BEGUM SHAH
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMF6234S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	MUHAMMAD ARFAAN FATIH BIN MUHAMMAD AMIR
Gender	Male
Phone No	-

Address	-
* Address Complement	-
Post Code	-
* Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMF6234S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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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.

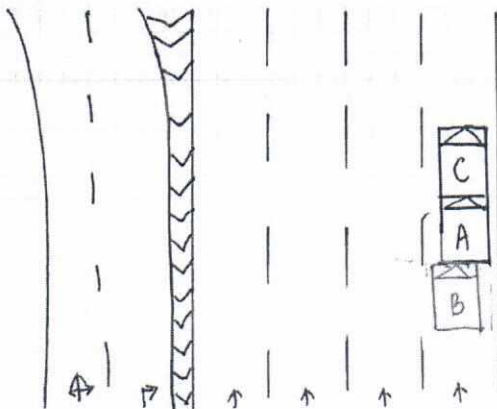
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Ang mo kio South Flyover (JTE, City) before Exit 11 Ang mo kio Ave 1



Vehicle A: SMF 6234S

Vehicle B: SLA 282

Vehicle C: SM 1727P

Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (SMF6234S) was travelling at the stated location on the extreme right lane. As the front vehicle came to a stop, I followed suit. Out of sudden, I felt a huge impact from the rear portion of my vehicle. Vehicle B (SUA2BZ) collided onto the rear portion of my vehicle causing me to collided onto vehicle C (SMS1722P).

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

July

Date of Accident : 17/11/2021 Accident Time: 1040hrs (24-HR-FORMAT)
Accident Place : Ang mo kio South Flyover (TE, City) before Exit 11 Ang mo kio Ave 1
Vehicle Reg. No (Car plate No.) : SMF 62345 Vehicle Make/Model: mitsubishi Lancer
Insurance Company : Lompac Policy No. 221VP05028366
Name of Registered Owner : Company / Individual Kamarudeen Bin Ahmad Pillai
ID of Registered Owner : Co Reg No: - Owner's NRIC No: C1650843H
Co Contact No: - Owner's Contact No: 90064185
DRIVER'S Name : Kamarudeen Muhammed Amir Bin DRIVER'S NRIC No: S9030210A
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 B1F 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): 03 Passenger Name: Farah Begum Shah Gender: M/F
Was the accident reported to the police? YES NO Passenger Name: Muhammed Arfaan Fatih Gender: M/F
Was there any video Captured by car camera: YES NO Any Injuries: YES NO Injured Name: Muhammed Amir Bin Kamarudeen
Injured Name: Farah Begum Shah
Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose Muhammed Arfaan Fatih
Bin Muhammed Amir

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SLA282</u>	Vehicle Reg No: <u>SM51722P</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
ID No. DRIVER: _____	ID No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
ID No. DRIVER: _____	ID No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

**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: WOQALAN
Date Issued: 05/01/2021