

SN100221500001

Date: 05/01/2022 12:36	Job description: New Date Completed
MBA/LPC22000133/Y	SAS e-filing
GBC 2714P	E-mail Assessment & Rep
31/12/2021 23:00	i-Motor Claim Form
(TP) Reporting Unit	i-Motor W/O Claim of 20/12/2021
	i-Photo Uploaded
	Assessment/Survey Report
	Ass't Report by FAX/ Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SGA 881K INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note-Est Status (W/O: N: 0-20%, P: 21-79%, F: 80-100%))

Year of Registration: () Warranty YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer or repairer

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	
	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	1st Bill
Contact No.:	2) DA: Damage Assessment (\$100), INC (\$30)	Final Bill
Damaged Portion:	3) TF: Towing Fee \$46, \$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$10	
Est 1:	For claimant against Ins' Only (w/ef 1st Jan 2015)	
Est 2:	6) FR: Re-inspection \$15	
	7) NI: Basic DA + SMRT Survey \$140	
	8) NTR: Additional Services:	
	- NS: Courtesy Car / Tpt Allowance \$0	
	- NS: Repair cost limitation \$0	
	- NS: Post Repair Inspection \$20	
	- NS: DV / Collect Excess Contribution \$5	
	- NS: 111, 111, 111 & 111 against Ins' \$0	
	9) NTR: Who? \$0	

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	05/01/2022 12:36 (SGT)
Date of Accident	31/12/2021 23:00 (SGT)
Exact Location of Accident	Whampoa Dr, Singapore
Additional Location Information	TOWARDS BALESTIER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3714P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MPS CLEANING & MAINTENANCE PRIVATE LTD
Company Reg No	2XXXXX092D
Email Address	mps.cleaningsrvices@hotmail.com
Mobile Phone No	(Phone) +65-83980466
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 - Claiming third party
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	Z21VC05009709
Cover Note Number	-

DRIVER

Name of Driver	RAJENDRAN RAJASEKAR
Passport No/FIN	GXXXX897X

Date Of Birth	05/05/1992
Occupation	Outdoor
Date Of Driving Pass	15/11/2017
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83980466
Alt. Phone Number	-
Email Address	rajasegar925@gmail.com
Address	177B MACPERSON ROAD LEVEL 3
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle 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	SGA881K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIAN JUN JIP
Contact Number	(Phone) +65-90667581
Address	-
Address complement	-

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

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 :

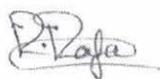
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 :

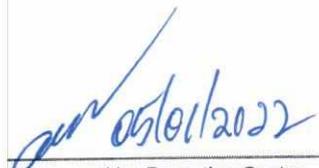
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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' 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.

X 

X 


05/10/2022

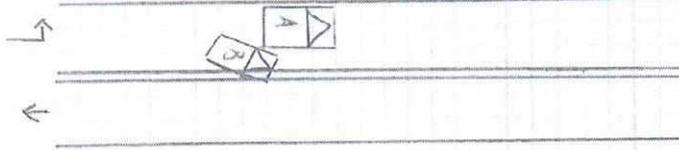
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

WITAMPA DUKA TOWARDS BOLA811K



Vehicle A: 4B(3714D)
Vehicle B: 56A881K

Describe Circumstances of the Accident

on the stated date and time, my vehicle A was stationary along the stated location with my hazard lights on. suddenly, I saw vehicle B come from behind my vehicle and in an attempt to overtake my vehicle A, vehicle B left front portion collided into my vehicle A rear right portion. vehicle B then tried to drive off immediately after the collision but I managed to stop the driver and had our particulars exchanged.

Declaration

We declare the foregoing particulars are true in every respect.

X 
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel



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.

Date of Accident: 31/12/2021 (dd/mm/yy) Time of Accident: 23:00 (24-HR-FORMAT)

Vehicle No.: GBC3714P Vehicle Make & Model / Engine (cc): Nissan NV200 Private Hire: (Y/N)

Exact location of Accident: whampoa dr towards balesiar rd

Policyholder's Name / IC No.: MPS cleaning & maintenance Ltd ROC/UEN (Company) 201542092D

Driver's Name / IC No.: Rajendran Raja sekar (As Above)

Driver's Contact No.: 83980466 Company Contact No / Owner Contact No: 67600279

Driver's Address: 177B macpherson rd level 3 5348538

Owner Email address: MPS.cleaning.services@hotmail.com Insurance Company: Longpac

Driver Email address: Raja sekar 925@gmail.com

Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer 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? Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose *No. of Passengers (Including Driver):

*Passenger Name: Gender: Male / Female x() *Passenger Name: Gender: Male / Female x()

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 Remarks:

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: Lian Jun Jip Vehicle No: SGA 881K

Driver's Contact No: 90667581 Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: 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. : Z21VC05009709

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN NV200 1.5L MT ABS AIRBAG 2WD 6DR
- GBC3714P

2. Name of Policy Holder

MPS CLEANING & MAINTENANCE PRIVATE LTD

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

30/12/2021

4. Date of Expiry of the Insurance

15/01/2023

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.

H.P. Owner : Car Financial Pte Ltd

CHIEF EXECUTIVE
(Singapore Branch)

User ID: CELESTEWEE
Date Issued: 29/12/2021