

# NATION Assessment Centre Services *SN0822330004*

Date In: <i>03/08/2022 17:15</i>	Job Description	Date & Time Completed	Done by
Ref No: <i>NBA/UPC220020214</i>	SAS e-filing		
Veh No: <i>SGL 883 Y</i>	E-mail (within 2hrs. After 2hrs.)		
DOA: <i>03/08/2022 17:50</i>	i-Motor Claim Form		
OD: <i>TP</i> Reporting Only	i-Motor W/O (Within 2hrs. After 2hrs.)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <i>SMF 3769K</i>	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%; R: 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 of 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 (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2015)		
Cat 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	• N5: Courtesy Car / Tpt Allowance \$5		
	• N6: Repair Co-ordination \$10		
	• N7: Post Repair Inspection \$25		
	• N8: DV / Collect Excess Coordination \$5		
	• TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Blue Mobile \$10		
	Invoice dated	Fee Charged	
	Invoice dated	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	03/03/2022 17:15 (SGT)
Date of Accident	02/03/2022 17:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE ADAM ROAD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL883Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAVI S/O SUBRAMANIAM
NRIC No	SXXXX832I
Email Address	ravi070367@hotmail.com
Mobile Phone No	(Phone) +65-97371453
Alternative Phone No	+65-97371453

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1998

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VP05029470
Cover Note Number	-

#### DRIVER

Name of Driver	RAVI S/O SUBRAMANIAM
NRIC No	SXXXX832I

Date Of Birth	03/07/1967
Occupation	Indoor
Date Of Driving Pass	12/10/1996
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97371453
Alt. Phone Number	+65-97371453
Email Address	ravi070367@hotmail.com
Address	BLK 601 SENJA ROAD #09-07
Address complement	-
Postcode	670601
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220303/2002

#### 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	SMF3769K
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	RAVI S/O SUBRAMANIAM
Gender	Male
Phone No	(Phone) +65-97371453
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, HIP AND LEFT NECK PAIN
Injured person in which vehicle?	SGL883Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 be 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/mailed packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 under GIA to their third party service providers or agents (including their lawyers/law firms), which may be situated outside of Singapore, for one or more of the above Purposes.

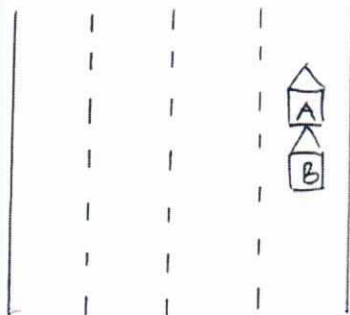
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan:

PTE Tuas  
Before Adam Rd



Vehicle A: SGL 883Y

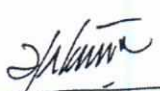
Vehicle B: SMF 3769K

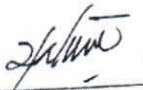
Describe Circumstances of the Accident

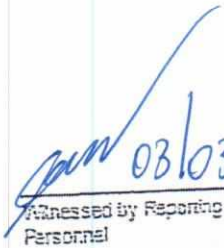
Refer to Police report. 7/20220303/2002

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

 03/03/2022  
Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20220303/2002

1 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20220303/2002

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/03/2022 00:41		Vide Report No.:		Station Diary No.: 7	
<b>Informant's Particulars</b>					
Name of Informant: RAVI S/O SUBRAMANIAM			Address: APT BLK 601 SENJA ROAD #09-07 SINGAPORE 670601		
ID Type / ID No.: NRIC NO / S2657832I			Contact No.: Home/Office: Mobile: 97371453		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 54	Date of Birth: 07/03/1967	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: PRODUCTION SUPERVISOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/03/2022 17:50	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGL883Y	Car	TOYOTA	HARRIER ELEGANCE 2.0 A	Black	Seriously Damaged	0
SMF3769K	Car				Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGL883Y	LONPAC INSURANCE BHD.	Z21VP05029470	07/07/2021	06/07/2022



**SINGAPORE  
POLICE FORCE**



T/20220303/2002

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

2 of 3

Report No. T/20220303/2002

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	RAVI S/O SUBRAMANIAM	ID No.	S2657832I
Related Vehicle	SGL883Y (Car)	Contact No.	97371453
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	02/03/2022	Date Discharge	02/03/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the 02/03/2022 at about 1750hrs, I was driving my vehicle (SGL883Y) from my work place in Changi to go back home. I was driving on PIE towards BKE and it was raining very heavily. I was driving on the expressway when all of a sudden, the vehicle in front of me suddenly started to slow down. Due to that I also reacted by slowing down my vehicle. Thankfully I was able to stop on time to which I saw through my rear mirror and spotted the vehicle behind me coming in fast. The vehicle behind me was not able to come to a stop in time and shortly after, the vehicle (SMF3769K) behind me collided with the rear of my vehicle.

I stepped out of the vehicle and the driver namely (Abdul Rashid S/O Mohamed Hanieff, S1438535E) stepped out of his vehicle and we exchanged particulars. My vehicle's rear bumper got dislocated and my boot dented and thus causing alignment issues on my rear tire. The other vehicle sustained damages to their front bumper. Initially after the accident I was feeling ok, however after a few hours later, I felt pains in my body. Due to that, I visited Mount Alvernia Hospital due to the pain in the back of my neck, left knee, and the left side of my hip. After the doctor's assessment, I was given 5 days of MC. The other driver was not injured. No police or ambulance came to the scene.





**SINGAPORE  
POLICE FORCE**



T/20220303/2002

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20220303/2002

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:  
J / SGT 3 NUR HAKIM BIN  
LOQMAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
03/03/2022 00:41

Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168

Date of Accident : 2/3/2022 Accident Time: 1750 (24-HR-Format)  
 Accident Place : PIE Twds Tuas Before Adam Rd Exit  
 Vehicle No. (Car Plate No.) : SGL 883 Y Make/Model: Toyota Harrier  
 Insurance Company : Longac Policy No: ZJ1VP05029470  
 Owner or Company Name / IC No. : Ravi S/o Subramaniam / 52657832 I  
 Owner or Company Contact No. : 97371453 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : As above  
 DRIVER'S Date Of Birth : 7/3/1967 DRIVER'S License Pass Date 12/10/1996  
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others:  
 DRIVER'S Address : Blk 601 Senja Rd # 09-07 S670601  
 DRIVER'S Contact No. / Alt No. : (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : ravi070367 @ 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): 1  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
 Any Injury (If YES, Pls state): Yes. Neck, hip, left knee

Other Party Driver's Particular (if any)

Vehicle No: <u>SMF 3769 K</u>	Vehicle No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

NEW - Passenger's name & gender:



**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. : Z21VP05029470

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA HARRIER 2.0  
- SGL883Y

2. Name of Policy Holder

RAVI S/O SUBRAMANIAM

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

07/07/2021

4. Date of Expiry of the Insurance

06/07/2022

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\$ 500.00(SECTION 1) INSURED / NAMED DRIVERS

S\$ 1,500.00(SECTION 1) UNNAMED DRIVERS

S\$ 3,000.00(SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00WINDSCREEN EXCESS

AN ADDITIONAL EXCESS OF \$500 FOR 2ND &amp; 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 : HL BANK SINGAPORE

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: WOOALAN

Date Issued: 23/06/2021