

# NATIONAL Assessment Centre Services

(Rev 1 Jan 2021)

Date In: 03/01/2023 13:04	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/IPC3000022/4	E-mail (within 3hrs, A/C this)		
Veh No: SKV 58114	I-Motor Claim Form		
D.O.A: 03/01/2023 08:51	I-Motor W/O (within: OD 2hrs, 7P 1hrs)		
OD: 07 / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars: Veh No: SHB3378K INC ( ) / Non-INC ( )

Tel:

Owner / Driver: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( )

Date:

Time:

Insured/Driver Liability: ( ) % (Note: Est Status (WO): 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 of repair.

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

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

Remarks: ( ) (INC Hotline: 6788 0010) 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:

## Invoice Preparation Checklist

1) AR: Accident Recording (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$40/\$40
4) FT: Follow-Through Survey	\$150
5) FT: Follow-Through Survey (Resurvey)	\$50
Excluding excess INC Only (up to 10 Jan 2023)	
6) TR: Re-inspection	\$75
7) NI: Issue DA + SMPT Survey	\$140
8) NIUC Additional Fee	
OD:	
*NI: Courtesy Car / Tot Allowance	\$5
*NI: Repair Coordination	\$10
*NI: Post Repair Inspection	\$25
*NI: DV / Collect Excess Coordination	\$5
*TP (R1): TP (Non-INC) against INC	\$10
5) NI: Issue Mobile	

(Invoice Valid  
For 14 Days)

Fees Charged  
Due Payment

## 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 Actual 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	03/01/2023 13:04 (SGT)
Reported by	Both
Date of Accident	03/01/2023 08:51 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	TOWARDS HOUGANG AVENUE 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV5811Y

#### INSURED/POLICYHOLDER

Is company?	No
Name of Registered Owner	MOHAMEDJAHABAR OLI S/O M A R MOHAMED ANWAR
NRIC No	SXXXX826G
Email Address	jahabaroli@gmail.com
Mobile Phone No	(Phone) +65-93864071
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	1598

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VP05032499

#### DRIVER

Name of Driver	MOHAMEDJAHABAR OLI S/O M A R MOHAMED ANWAR
NRIC No	SXXXX826G
Date Of Birth	29/06/1962
Occupation	Indoor

Date Of Driving Pass .....	12/05/1999
Driving experience .....	23 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93864071
Alt. Phone Number .....	-
Email Address .....	jahabaroli@gmail.com
Address .....	BLOCK 913 HAUGANG STREET 91 #04-32
Address complement .....	-
Postcode .....	530913
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 .....	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? .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB3378K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....  
Gender .....  
Phone No .....  
Address .....  
Address Complement .....  
Post Code .....  
Approximate Age Years Old .....  
Injuries Sustained .....  
Injured person in which vehicle? .....  
Were seat belts worn? .....  
Was this injured conveyed to hospital by ambulance? .....

MOHAMEDJAHABAR OLI S/O M A R MOHAMED ANWAR  
Male  
(Phone) +65-93864071  
-  
-  
-  
BACK AND HAND PAIN  
SKV5811Y  
Yes  
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 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. 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/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

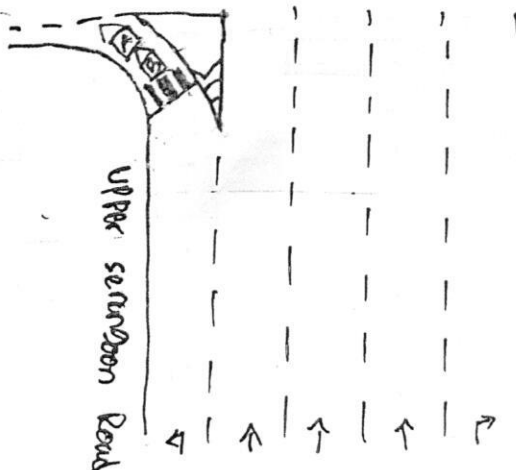
*Mohamed Jahid*  
Policyholder's Signature / Date & Time

*Mohamed Jahid*  
Driver's Signature (If driver is not the policyholder) / Date & Time  
10/10/2022

*[Signature]* 03/10/2022  
Witnessed by Reporting Centre Personnel

#### Sketch Plan

Upper Serangoon Road  
toward Hougang Ave 2



Vehicle A: SK-V 5811Y  
Vehicle B: SHB 3378 K

Describe Circumstances of the Accident

On the stated date and time, I vehicle A was stationary at the stated location. Suddenly I felt a huge impact behind me, vehicle B has collided onto my rear portion.

Declaration

We declare the foregoing particulars are true in every respect.

Adnan J. Jhalani

Policyholder's Signature / Date & Time

Adnan J. Jhalani

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

per 03/01/2023  
Witnessed by Reporting Centre Personnel

Date of Accident : 03/01/2023 Accident Time: 08:51 am (24-HR-Format)  
 Accident Place : UPPER SERANGOON ROAD toward hougang Ave 2  
 Vehicle No. (Car Plate No.) : SKV 5811Y Make/Model: Nissan Sylphy  
 Insurance Company : Lompac Policy No: 222VP05032499  
 Owner or Company Name /IC No. : Mohamed Jahabar OLI S/O MAR mohamed anwar/S21818266  
 Owner or Company Contact No. : 9386 4071 Owner's Hp Company Tel  
 DRIVER'S Name / IC No. : mohamed jahabar OLI S/O MAR mohamed anwar/S21818266  
 DRIVER'S Date Of Birth : 29/06/1962 DRIVER'S License Pass Date 12/05/1999  
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others:  
 DRIVER'S Address : Block 913 hougang street 91 #04-32 S530913  
 DRIVER'S Contact No./ Alt No. : 1) 9386 4071 2)  
 DRIVER'S Occupation : (INDOOR) OUTDOOR (e.g. working inside or outside office)  
 Email Address : jahabarolie@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): 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): Neck and hand

#### Other Party Driver's Particular (if any)

Vehicle. No: SHB 3378 K	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** (598FC5635C)

(Incorporated in Malaysia)

Singapore Office: 290 Beach Road #17-04/05, The Concourse, Singapore 189555.  
Tel: (65) 6250 7188 Fax: (65) 6256 3767 Website: www.lonpac.com.sg

GST Reg No: F8-005635-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. : Z22VP05032499

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN SYLPHY 1.5  
- SICV5811Y

2. Name of Policy Holder

MOHAMED JAHABAR OLI S/O M A R MOHAMED ANWAR

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

28/11/2022

4. Date of Expiry of the Insurance

24/11/2023

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

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 : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: ABLIM3

Date Issued: 23/11/2022