

NATIONAL Assessment Centre Services (wef 1 Jan 03)

Date In: 02/08/2023	Job description	Date & Time Completed	Done by
Ref No: NA/LPC23007815/04	SAS e-filing		
Veh No: SM G 9172L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 01/08/2023 19:30	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor Y/O (Within: OD 2hrs, TP 4hrs)		
	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: YN7676J	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%; 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 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		Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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: Idao Mobile \$30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Cat. 1:

Cat. 2 / 3:

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 First Submission	02/08/2023 12:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/08/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GREENRIDGE SHOPPING CENTRE CARPARK LOT 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG9172L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SURIABALAN S/O JAYABALAN
NRIC No	SXXXX132H
Email Address	suriabalan.j@gmail.com
Mobile Phone No	(Phone) +65-91883995
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	1991

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VP05033943-001

DRIVER

Name of Driver	SURIABALAN S/O JAYABALAN
NRIC No	SXXXX132H
Date Of Birth	23/08/1975
Occupation	Outdoor

Date Of Driving Pass	09/12/1993
Driving experience	29 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91883995
Alt. Phone Number	-
Email Address	suriabalan.j@gmail.com
Address	APT BLK 162 JALAN TECK WHYE
Address complement	# 03-214
Postcode	680162
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	Collided into Parked Vehicle
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)	0
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 THE ATTACHED STATEMENT

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	YN7676J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHEW SENG CHYE
Contact Number	(Phone) +65-96158454

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

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

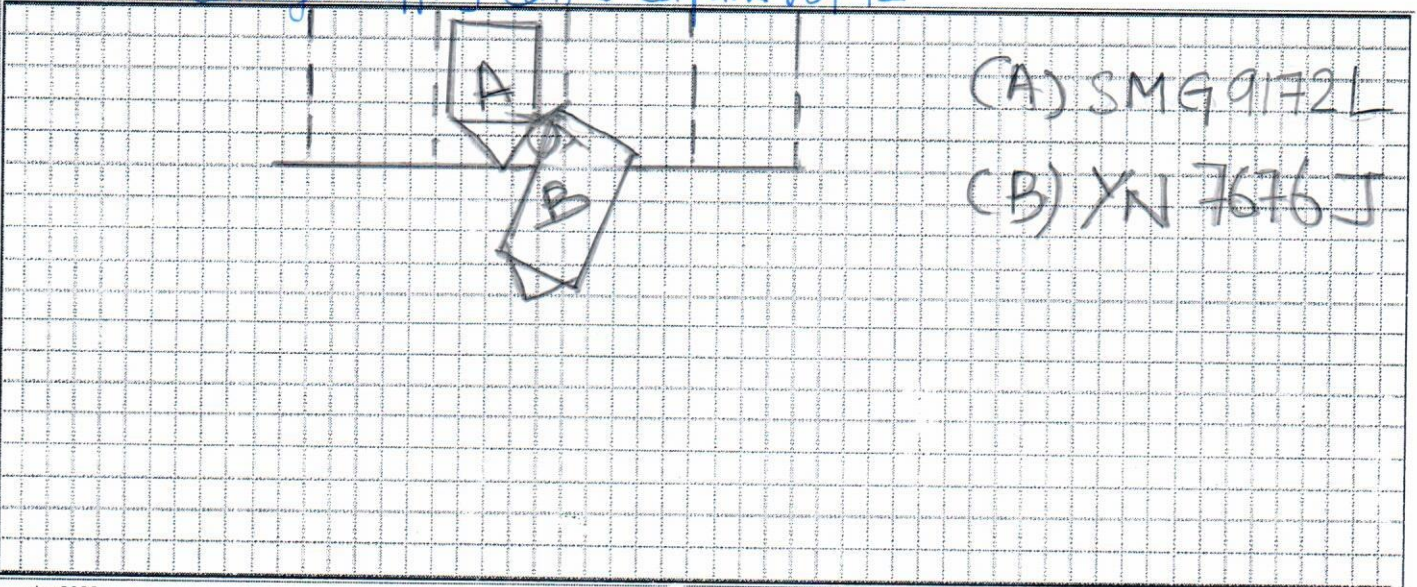
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Belu
Policyholder's Signature / Date & Time

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

Amu A 2/8/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan Greenridge shopping Centre Carpark Lot 12



Describe Circumstance of the Accident

I parked my car to go buy food when I was walking back to my car I saw vehicle B moving out of the lot and hitting my car vehicle A on the front left portion

Declaration

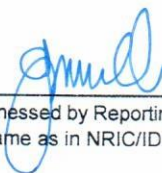
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 2/8/2023

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

10 Sin Ming Drive Singapore 575701

www.lta.gov.sg

28 Jul 2023

Our ref 2807230501N078130654

SURIABALAN S/O JAYABALAN
APT BLK 162 JALAN TECK WHYE
#03-214
SINGAPORE 680162

Dear MR SURIABALAN S/O JAYABALAN

Vehicle With New No. SMG9172L Has Been Successfully Transferred To You

The vehicle, whose previous vehicle registration number was SLN8482Z, has been successfully transferred to you. The vehicle registration number has been replaced with SMG9172L with effect from 28 Jul 2023. The Business Transaction Reference No. is 20230728130549194542.

You can find the full details in the Annex. Please check that they are correct. You can also view these details when you login to onemotoring.lta.gov.sg.

You should change the vehicle number plates to show the new number by 31 Jul 2023.

Consider subscribing to backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit:

- <https://ezpayreg.ezlink.com.sg>
- <https://vcashcard.nets.com.sg>

If you are already subscribed to a backend payment service, do update your account with the details of the vehicle transferred to you.

Visit onemotoring.lta.gov.sg for more information and to access a wide range of vehicle-related services. If you need a Singpass or Corppass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

What You Need To Do:

- Change the vehicle number plates to show the new number SMG9172L by 31 Jul 2023.
- Check that the details in the Annex are correct.
- Consider signing up for ERP backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit:
-<https://ezpayreg.ezlink.com.sg>
-<https://vcashcard.nets.com.sg>

SMG 9172L

VEHICLE NO: <u>SLN8482.2</u>	MAKE & MODEL: <u>Benz E200</u>	AUTO/MANUAL
DATE OF ACCIDENT	<u>01/08/23</u>	C.C. <u>2.0</u>
TIME OF ACCIDENT	<u>7:30</u> AM / PM	
LOCATION OF ACCIDENT	<u>Greenridge Shopping Centre CAR park lot 12</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	<u>SURIABALAN S/O JAYABALAN</u>	
EMAIL <u>Suriabalan.j@gmail.com</u>	OFFICE:	MOBILE: <u>91883995</u>
NRIC	<u>S7527132 H</u>	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	<u>LONGPAC INSURANCE</u>	
TYPES OF COVERAGE	Comprehensive / <u>Third Party</u> / Third Party Fire & Theft	
POLICY NO.	<u>223VP05033943</u>	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:	
NRIC	<u>S7527132 H</u>	
DATE OF BIRTH	<u>23/08/1975</u>	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER	<u>NIL</u>	
GENDER OF PASSENGER	MALE / FEMALE <u>NIL</u>	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	<u>09/12/1993</u>	
GENDER	<u>Male</u> / Female	
CONTACT NO	Mobile: <u>91883995</u>	Office: Home:
EMAIL		
ADDRESS	<u>81162 Jalan Tekis wylk #03-214 S680162</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No: INSURER:	
RELATIONSHIP	Employee / If No: <u>Owner</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes, Who?	
CONVEYED BY AMBULANCE	<u>No</u> / If yes, Who?	
POLICE REPORT	<u>No</u> / If yes, Where?	
VEHICLE B NO.	<u>YN7676 J</u> Any Passenger: <u>NIL</u>	
NAME	<u>CHew Seng CHYE</u>	
CONTACT NO.	<u>96158454</u>	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
IMPERIUM AUTOMOTIVE		
SHAWN7530@HOTMAIL.COM		
97489940		

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/06, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

CONFIDENTIAL

MX1

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No. : Z23VP05033943-001

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MERCEDES BENZ E200 (R18)
2.0 (A)
- SMG 9172L

2. Name of Policy Holder

SURIABALAN S/O JAYABALAN

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

28/07/2023

4. Date of Expiry of the Insurance

27/07/2024

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\$ 1500.00 (SECTION 1) UNNAMED DRIVERS
S\$ 3000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS
S\$ 100.00 WINDSCREEN EXCESS

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 to be 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

: OVERSEA-CHINESE
BANKING CORPORATION
LIMITED

CHIEF EXECUTIVE
(Singapore Branch)