

NATIONAL Assessment Centre Services. (0111 110000)

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 04/06/2018 17:26 | Job description | Date & Time Completed | Done by |
| Ref No: NA/FCI/8010106/K4 | SAY calling | | |
| Veh No: GBG 140 T | 1. Email (with a shirt, A10 shirt) | | |
| D.O.A: 04/06/2018 08:15 | 1. Motor Claim Form | | |
| OO / TP / Reasoning Only: | 1. Motor VVO (with a shirt, VVO shirt) | | |
| | 1. Photo Uploaded | | |
| TP Insured: | Assessment/Survey Report | | |
| | Loss Report by Box/Hand to Owner/VVH10 | | |

| | | | | | |
|--|--|--------------------|---------------|---------------|---|
| Preferred Wksp / INC Assign Wksp / OW: (| | Tel: (| | Fax: (| |
| TP Particulars: (| Yell No: S.JL 90845, INC (|) / Non-INC (| |) | |
| Owner / Driver: (| | Tel: (| |) | |
| Policy No: (|) | Period: (|) | Cover Type: (|) |
| Confirmed by: (| | Date: (| | Placed: (| |
| Insured/Driver Liability: (| %) (Note: B/L Slave (WO): M: 0.20%; P: 21.79%; P: 30.100%) | | | | |
| Year of Registration: (|) | Warranty: YES (|) / NO (|) | |
| Excess: (\$ |) | Loading: \$1,000 (|) / \$2,000 (|) | |

General Remarks: () Work-In Customer: Customer's information strictly Confidential & strictly NO release of reporter.
() Total Loss Case: To e-mail Insurer URGENTLY.
Drive-In () / Towed-In () / Invoiced: YES () / NO () / Towing Co: ()

| Remarks | Police (6788-6016) | On the Ground | Courtesy |
|---|--------------------|---------------|----------|
| 1) Apply for Transport Allowance () / Courtesy Car () | | | |
| 2) QC Check / Post Repair Inspection () | | | |
| 3) Upload Recovery Photo (Repair Cost > \$3000) () | | | |

[illegible]

| NA 1803554 | | INVOICE/PREDATA WORK SHEET | |
|------------------------|--|---|----------|
| Quotation Particulars: | | 1) AR: Accidental Reporting (330) | |
| Driver/Owner: | | 2) DA: Damage Assessment (3100): | INC (40) |
| Policy No: | | 3) TP: Towing Fee | \$475.00 |
| Assigned Portion: | | 4) FT: Follow Through Survey | 110 |
| | | 5) FT: Follow Through Survey (Recovery) | 430 |
| | | Excluding adjuster INC Only (250.00 in 300) | |
| | | 6) TR: Towing Inspection | 330 |
| | | 7) NTUC: DA + SMRT SURVEY | 110 |
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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 ability.
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 Report | 04/06/2018 17:26 |
| Date Of Accident | 04/06/2018 08:15 |
| Exact Location Of Accident | ALONG AYE AFTER ALEXANDRA ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | GBG140T |
| Insured/Policyholder | |
| Name Of Registered Owner | ROBINSON CAR RENTAL PTE LTD |
| Co Reg No | - |
| Email Address | FAUZIAH_JABBAR@CERTISSECURITY.COM |
| Mobile Phone No | (LOCAL) +65-98552521 |
| Alternative Phone No | OFFICE-98552521 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | NV350 |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------|
| Name of Insurance Company | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D-18090225MFCV/21 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------------|
| Name of Driver | FAUZIAH BINTE JABBAR |
| NRIC No | S9025652A |
| Date Of Birth | 23/07/1990 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/01/2013 |
| Driving Experience | 5 YEARS AND 4 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-98552521 |
| Fax Number | |
| Contact Number | OTHERS-98552521 |
| Email Address | FAUZIAH_JABBAR@CERTISSECURITY.COM |

| | |
|---|---|
| Address | BLK 815A CHOA CHU KANG AVENUE 7 #11-13 |
| Postcode | 681815 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | DRIZZLING |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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 | SJL9084S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | HWEE SEE CHEONG |
| NRIC/Passport Number | S0044879F |
| Contact Number | 98581077 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |


SKETCH PLAN

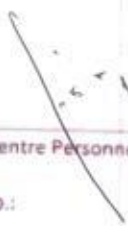
IMPORTANT NOTICE

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 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 lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



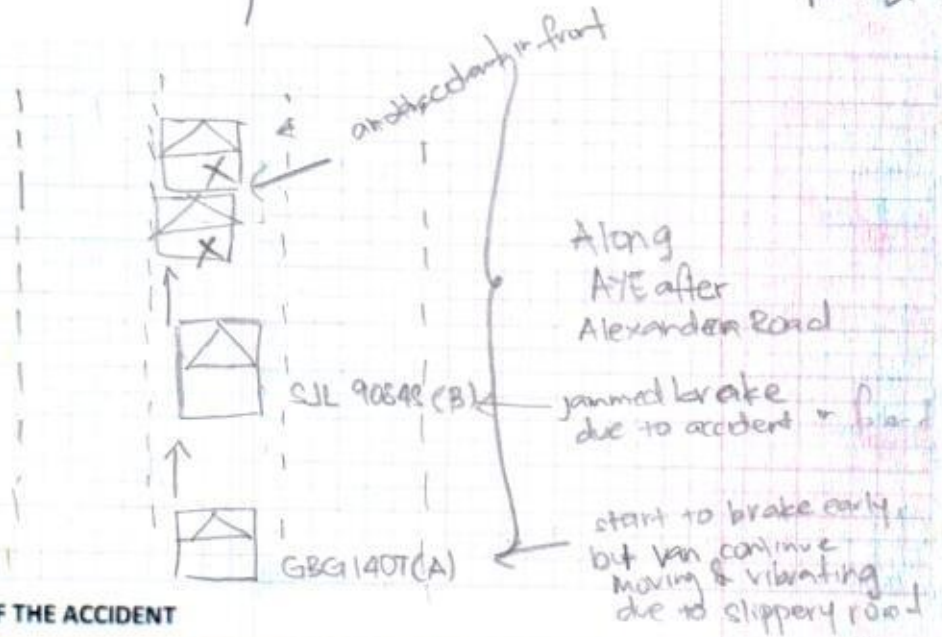
Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

↑ AYE (CITY) after Alexandra Road.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Attached

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Fauziah Binte Jabbar (56808)
Supervisor (SWRO)
NEA MosTrap

4 June 2018

Lim Sok Heng
Operation Manager

Hi Sir,

Incident report @ along AYE after Alexandra Road on 4 June 2018, 8.15am

I was alone driving the company vehicle, Dark Grey Nissan Panel Van NV350 of plate number GBG 140T, on my way to Certis CISCO Paya Lebar HQ via Ayer Rajah Expressway (AYE).

It was drizzling, heavy traffic and the condition of the road was wet and slippery. I've kept my distance and speed in check. Along the way, from quite a distance I noticed the immediate car in front of me, Silver Honda of plate number SJL 9084S, had stopped as there was an accident further down. So instantly, I've stepped on the brake hard as well. Unfortunately, to my disbelief, the van that I was driving did not stop. It continued moving forward slowly, making noises and the whole van was vibrating thus it was also unavoidable not to hit the car in front.

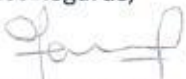
Quickly, I put on the hazard lights and went down the van and meet the driver, Mdm Cheong. She was travelling with a passenger. Thankfully no one was injured. As it was both our first ever time involved in any road accident, we are shocked and unsure what to do. Moments later, an LTA officer arrived and assessed the situation. He first checked with everyone to see if anyone is injured and the three of us confirmed no injury was sustained. He then advised us to exchange particulars (name, NRIC, contact info and plate no) and take photos for us to call and report to our insurances for claim. Subsequently, as both vehicles are still operable, he told us to continue our journey. We then left the scene at 8.26am.

The particulars of the driver are as follows:

Name: Hwee See Cheong
NRIC: S0044879F
Contact No: 9858 1077
Vehicle Make/No: Silver Honda, SJL 9084 S

Attached with this are the photos taken as well. If you need any clarification, please contact me at my mobile stated below. Thank you.

Best Regards,


Fauziah Binte Jabbar

NRIC: S9025652A
Mobile: 9855 2521
Email: fauziah_jabbar@certissecurity.com

Reported on 4/6/2018
@ 1440Hrs

ACCIDENT STATEMENT

ACCIDENT DATE: 4/6/2018 (DD/MM/YYYY), TIME: 08 15AM (HH:MM)

LOCATION: Along AYE after Alexandra Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG 140T
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98552521
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIREN
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJL9084S MODEL: _____
b) DRIVER'S NAME: HWE SEE CHEONG
c) NRIC/FIN/PASSPORT: S0044879F CONTACT: 98581077

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = fauziah-jabbar@certissecurity.com

fax = fauziah-jabbar@certissecurity.com

Waiting for (FCI) Certificate?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9025652A



Name

FAUZIAH BINTE JABBAR

Race

MALAY

Date of birth

23-07-1990

Sex

F

S9025652A

Country of birth

SINGAPORE



3750551



NRIC No. S9025652A

Date of issue

03-08-2005

APT BLK 815A CHOA CHU KANG AVENUE 7 #11-13
SINGAPORE 681815


NRIC No. S9025652A


Date: 01/01/2017

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S9025652A**
Name: **FAUZIAH BINTE JABBAR**

Birth Date: **23 Jul 1990**
Issue Date: **30 Jan 2013**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals \leq 2500kg **30 Jan 2013**

NP 428A



CERTIFICATE OF INSURANCE

ORIGINAL

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)

| | |
|-------------------------|--------------------------------|
| Type of Policy. | : COMMERCIAL VEHICLE - FLEET |
| Type of Cover. | : Comprehensive |
| Certificate No. | : D-18090225MFCV/21 |
| Vehicle No / Chassis No | : GBG140T / JN1MC2E26Z0008051 |
| Name of Insured | : ROBINSON CAR RENTAL PTE LTD |
| Period Of Insurance | : 01.04.2018 To 31.03.2019 |
| Insured Estimated Value | : Market Value At Time Of Loss |
| Financial Institution | : MV CREDIT PTE LTD |

EXCESS : AS INDICATED BELOW

Authorised Driver*
ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

- (1) Whilst the vehicle is being used in connection with the Insured's business:-
 - (a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.
- (2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-
 - (a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess : S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)
S\$2,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)
S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess : S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)
S\$4,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)
S\$2,000.00 on Section I & II separately (for Staff)

* 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.

Limitations as to use*

Use in connection with the Insured's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
Use for social, domestic and pleasure purposes.

The Policy does not cover:-

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

MS First Capital Insurance Limited
(Approved Insurers)

SUSAN/A0151/MZ301A9

Issued at Singapore on 31.03.2018

Authorised Signature