

NATIONAL Assessment Centre Services.

(wef 1 Jan'03)

MAH/1807320

Date In: 09/11/2008 19:25	Job description	Date & Time Completed	Done by
Ref No: N8810101852040017	SAS e-filing		
Vch No: SJR 4598C	E-mail (w/dia 3hrs, AIC 2hrs)		
D.O.A: 01/09/2008 21:30	1-Motor Claim Form		
OD / TP: Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-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:	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%. P: 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:	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	Remarks

MAH/1807320	Invoice Itemization	Amount	Amount
Customer Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/345		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2003)		
Date:	6) TR: Re-inspection \$75		
	7) NI: idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (NI): TP (Non-INC) against INC \$20		
	9) NI: idau Mobile \$0		
	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 Report	09/11/2018 19:25
Date Of Accident	01/09/2018 21:30
Exact Location Of Accident	PIE (TUAS) BEFORE KALLANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR4598C
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-87818338
Alternative Phone No	OFFICE-87515131

Vehicle Particulars

Manufacturer	CHEVROLET
Model	OPTRA
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994802/100856842
Cover Note Number	

Driver

Name of Driver	ROSZALANY BIN SAFARUDIN
NRIC No	S9105170B
Date Of Birth	12/02/1991
Occupation	INDOOR
Date Of Driving Pass	08/03/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87818338
Fax Number	
Contact Number	OTHERS-87515131
EMail Address	EDWIN@CARCOVE.COM.SG

Address	BLK 115 JALAN BUKIT MERAH #02-1607
Postcode	160115
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	NO COLLISION
Weather Conditions	UNKNOWN
Road Surface	UNKNOWN

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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN (PHOTOS ONLY FROM CARCOVE CAR RENTAL)

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	SLA4418E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

CAR COVE LEASING PTE LTD
REG NO: 201602573M

DRIVER
MIA

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

DRIVER REFUSE
COOPERATE

cy

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

HIRER RETURN THE CAR TO MY COMPANY WITHOUT INFORMING US ABOUT THE ACCIDENT UNTIL WE RECEIVED A CLAIM FROM FOR THE THIRD PARTY. ~~AND~~ WE TRIED TO CALLED FOR A FEW DAYS BUT NO RESPOND. UNTIL 16th OCT 2018 HE REPLY US SAYING HE WANTED TO COME DOWN, BUT STILL NO SIGHT OF HIM.

DECLARATION

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

CAR COVE LEASING PTE LTD
REG NO: 201602573M

Policyholder's Signature
Date & Time:

DEWAK
MLA

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

Reporting Centre Personnel's Signature
Name: Robert Williams
NRIC/FIN No.: 9804 1111

ACCIDENT STATEMENT

ACCIDENT DATE: 01 / 09 / 2018 (DD/MM/YYYY), TIME: 21 : 28 (HH:MM)

LOCATION: R/E (TURN) BEFORE KAWANGS EXT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SSR 4598C
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CHEVROLET ORTRA
 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: CAR COVE TRADING PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201602573M CONTACT: 87818338
 c) ADDRESS: 1557 KEREL ROAD BLOCK C #01-02
(S) 089066

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ROZALANY BIN SAFARUDIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 891051703 CONTACT: 87515131
 c) ADDRESS: BK 115 JALAN BUKIT MERAH #102-1607 (S) 160115

* d) DATE OF BIRTH: 11 / 03 / 1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08/03/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ANER

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

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

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: SLA 4418E MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

EMAIL = edwin@carcove.com.sg

VIDEO =

REPUBLIC OF SINGAPORE DRIVING LICENCE

NAME: ROSZALANY BIN SARFARUDIN

DATE OF BIRTH: 11 Feb 1991

DATE OF EXPIRY: 06 Mar 2016

002780782H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9105170B

NAME: ROSZALANY BIN SARFARUDIN

RACE: MALAY

DATE OF BIRTH: 11 Feb 1991

DATE OF PASSPORT: 04 Mar 2016

SINGAPORE

5638736

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2800\text{kg}$

08 Mar 2016

Licence No: S9105170B

NP428A

5638736

002780782H

NAME: ROSZALANY BIN SARFARUDIN

DATE OF BIRTH: 11 Feb 1991

DATE OF PASSPORT: 04 Mar 2016

Address: ART BUK 116 JALAN BUKIT MERAH #02-1607 SINGAPORE 160116



HOTLINE TEL: (65) 6410-3000
FAX: (65) 6415-1723

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)

M 2.400

TPFT COMMERCIAL MOTOR

CERTIFICATE NO. 999994802/100856842

OWN DAMAGE EXCESS S\$2,000.00 (11)
WINDSCREEN EXCESS N/A

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF Yes

SJR4598C

Car Cove Leasing Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT 12 Feb 2018

4) DATE OF EXPIRY OF INSURANCE 11 Feb 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the insured's order or with 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) LIMITATION AS TO USE *

Use for the carriage of passengers or goods in connection with the insured's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

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 (other than for reward) of any one disabled mechanically propelled vehicle.

3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY Heritage Auto Enterprise Pte Ltd

* 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).

Issued In Singapore 21 Mar 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

691991-000

MOH KOK HENG

AIG BUILDING 78 SHENTON WAY #07-15 SINGAPORE 079120 SP-MOH

Authorised Representative

ORIGINAL

80CKSA

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAY18145449 Vehicle Registration No: SR 4598C

Name (as shown in NRIC) : ROSZALANY Binti SIFARUDIN NRIC/FIN/Passport No : 89105770B

☒ Vehicle Driver ☐ Vehicle Owner () Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 87515131

Email Address : _____

Date of Accident : 01/09/2018 Time of Accident : 21:30

Place of Accident : Pia (Tua) Before Kallang

Insurance Company : ABC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Accident date 01/09/2018

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Kelly Lim
NRIC/FIN No.:
Date: 12/11/2018