

**NATIONAL Assessment Centre Services.** [ver 1 Jan 2005] **MMA 118151830.**

Date In: <b>23/11/18 10:56</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA12IP18021191164.</b>	SAS e-Billing		
Veh No: <b>SGX 4825B</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>20/11/18 18:00.</b>	I-Motor Claim Form		
OD <b>(IP)</b> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **Unknown.** 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 repaler.

( ) 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	Actions

<b>NA1807697</b>		<b>Invoice Preparation Checklist</b>		<b>Am't (\$)</b>	<b>Am't (\$)</b>
				<b>TP Bill</b>	<b>Inst. Bill</b>
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: Towing Fee \$40/\$43			
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 (wof 10 Jan 2005)			
Tel. 1:		6) TR: Re-inspection \$75			
Tel. 2/3:		7) NI: Ideal DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		QD:			
		• 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: Ideal 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	23/11/2018 10:56
Date Of Accident	20/11/2018 18:00
Exact Location Of Accident	300 NICOLL DR CHANGI BEACH OPEN CARPARK 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGX4825B
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81301183
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD18V12323/VPZ/R00
Cover Note Number	-
Driver	
Name of Driver	NOR FAIZAH BINTE HUSSAIN
NRIC No	S8417476I
Date Of Birth	14/06/1984
Occupation	INDOOR
Date Of Driving Pass	30/03/2007
Driving Experience	11 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88089501
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 17 LOR 7 TOA PAYOH #10-228
Postcode	310017
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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 Witness 1

Name	MUHAMMAD
Phone Number	91742926
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	BLACK VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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:



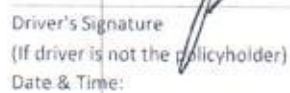
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



Please refer to police report

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



Reporting Centre Personnel's Signature

- NRIC
- DRIVING LICENSE
- CERTIFICATE OF INSURANCE
- POLICE REPORT IF ANY

Date of Accident : 20/11/18 Time : 2+pm (informed by witness)  
 Location Of Accident : Changi Beach carpark No. 1  
 Country/State of Loss : Singapore

#### INSURED/POLICYHOLDER (OWN VEHICLE)

Registered Owner Name : \_\_\_\_\_  
 Email Address : \_\_\_\_\_ Reg Owner ID : \_\_\_\_\_  
 Mobile Phone No : \_\_\_\_\_ Alternative Phone No : \_\_\_\_\_

#### INSURANCE COMPANY (OWN VEHICLE)

Handling Insurer : \_\_\_\_\_ Fleet Policy : Yes / No  
 Type Of Coverage : Comprehensive / Third Party Policy Number : \_\_\_\_\_

#### DRIVER IDENTIFICATION

Driver Name : Nor faizah Bte Hassan  
 Date Of Birth : 14/06/1984 Driving Date Pass : 30/03/07  
 Driver ID : S8417476 I Occupation : Indoor / Outdoor  
 H/P Phone No : 88089501 Alternative Phone No : 93425312  
 Address : BK 17 TDA payoh Lorong 7 #10-228 S(310017)  
 Email Address : Norizah\_2005@yahoo.com.sg Relationship : \_\_\_\_\_  
 Was driver an employee of the Insured's Company? : Yes / No  
 Driver's Own Vehicle Reg No : \_\_\_\_\_ Driver's Own Insurer : \_\_\_\_\_

#### VEHICLE INFORMATION

Vehicle Registration No : SGX 4825B  
 Manufacturer : Toyota Model : Wish 1.8cc  
 Reporting Type : Own Damage / Third Party / Reporting Only  
 Exact Purpose for which vehicle was being used at time of accident : Private Use / Company Use / Hired Use

#### GENERAL INFORMATION OF THE ACCIDENT

Weather Condition : Clear / Raining / After Rain  
 Road Surface : Dry / Wet / Damp  
 Approach by Unknown : Yes / No  
 Number of Passengers (Including Driver) : 4  
 Injured : Yes / No  
 Police Reported : Yes / No  
 Video Camera : Yes / No



Witness -

**DETAILS OF INJURED PERSON**

Name : Muhammad Hp: 918 91742926

Injuries Sustained : \_\_\_\_\_

Were seat belts worn? : **Yes / No**

Approximate Age : \_\_\_\_\_

Injured person in which vehicle? : \_\_\_\_\_

Was injured conveyed to hospital by ambulance? : **Yes / No**

Address : \_\_\_\_\_

**WITNESS**

Details of Witness : \_\_\_\_\_

Contact Number : \_\_\_\_\_ Email Address : \_\_\_\_\_

**DETAILS OF OTHER VEHICLES**

Vehicle Registration No : Unknown

Vehicle Make/Model/Colour : Black van (informed by witness)

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Vehicle Registration No : \_\_\_\_\_

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Vehicle Registration No : \_\_\_\_\_

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_





# SINGAPORE POLICE FORCE



T/20181120/2168

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 3

Report No. T/20181120/2168

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/11/2018 22:47	Vide Report No.: G/20181120/0185	Station Diary No.: 181
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**Informant's Particulars**

Name of Informant: NOR FAIZAH BINTE HUSSAIN		Address: APT BLK 17 LORONG 7 TOA PAYOH #10-228 SINGAPORE 310017	
ID Type / ID No.: NRIC NO / S84174761		Contact No.: Home/Office: Mobile: 88089501	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 34	Date of Birth: 14/06/1984	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/11/2018 18:00	Type of Location: Car Park
Location: Along Road 1 NICOLL DRIVE  300 NICOLL DRIVE, CHANGI BEACH OPEN SPACE CARPARK 1			
Weather: Clear		Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX4825B	Car	TOYOTA	WISH 1.8X A	Black	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20181120/2168

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20181120/2168

**CONTINUATION OF REPORT**

Driver			
Name	NOR FAIZAH BINTE HUSSAIN	ID No.	S8417476I
Related Vehicle	SGX4825B (Car)	Contact No.	88089501
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 20/11/2018 at 7am, I rented a vehicle from Tribecar with the vehicle bearing the registration number: SGX4825B for 24 hours.

On the same day, around 2pm, I parked the said vehicle at Changi beach carpark 1. Everything was normal and intact.

On the same day, at about 6pm, I came back to retrieve my vehicle and saw that my vehicle had sustained some damages on the front left bumper and dented. I then saw note left behind on the windscreen, the note had a contact number: 91742926. I then called the said number, the guy who I spoke to informed that his name was Muhammad and at about 2pm, he witnessed a black colored van had collided with my vehicle, the said driver of the said van did step out to make a check and after that just drove off. The said witness is willing to be a witness for my accident.

I do not have any in-vehicle camera installed. However I noticed there was CCTV installed the said vicinity and I asked if I could view the CCTV footage in regards to the accident however they informed me to lodge a police report. I then called up the police for assistance and a traffic police officer came down and gave me an incident number G/20181120/0185.

No one was injured.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999



T/20181120/2168

3 of 3

Report No. T/20181120/2168

**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:

G /

Sgt 2 MUHAMMAD ALIF BIN AZALI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Authentication Stamp

NP163

Signature Of Informant:

Date/Time:

20/11/2018 22:47

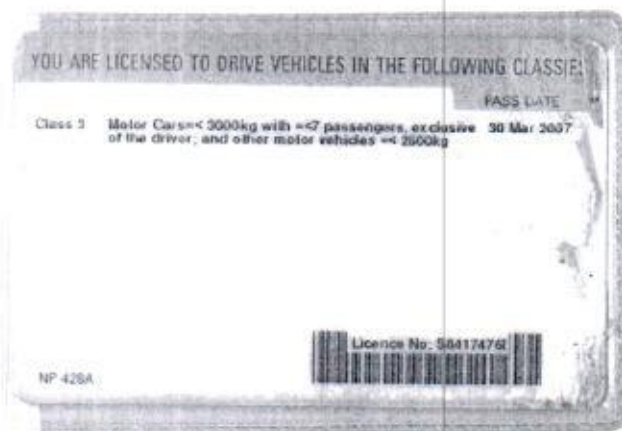
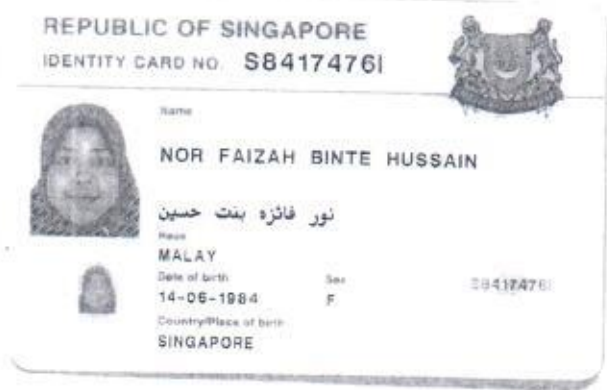
Classification Of Case:



SINGAPORE  
POLICE FORCE


SIGNATURE





## 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)

<b>Certificate No</b>	<b>SD18V12323 /NPZ /R00</b>
<b>Form</b>	MZ406C
<b>Date Of Issue</b>	30-OCT-2018
<b>1.Index Mark and Registration No. of Vehicle:</b>	SGX4825B
<b>2.Chassis number of Vehicle:</b>	ZNE100373539
<b>3.Name of Policyholder:</b>	ROSET LIMOUSINE SERVICES PTE LTD
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	01-NOV-2018 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	31-OCT-2019 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>	
<b>7.Limitations as to use*:</b>	
<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>C) Use for the carriage of passengers for hire or reward under "Uber/Grabcar" by the person to whom the vehicle is hired.</p>	
<b>8.Policy does not cover:</b>	
<p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	
<p>*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.</p>	
<p>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).</p>	
<p>For and on behalf of  <b>LIBERTY INSURANCE PTE LTD</b>          Approved Insurers</p>  <hr/> Authorised Signature	
<p><b>For Information only:</b></p> <p><b>COVERAGE :</b> Third Party Fire &amp; Theft, Geographical Area: Singapore only, Grabcar Extension</p> <p><b>SUM INSURED:</b> MARKET VALUE AT THE TIME OF LOSS</p> <p><b>EXCESS:</b> Refer Memorandum - Section II S\$2000, Refer Memorandum - Fire &amp; Theft S\$2000</p> <p><b>FINANCE COMPANY:</b></p> <p><b>PRODUCER NAME:</b> NEWSTATE STENHOUSE (S) PTE LTD</p>	

PLSL/-01-NOV-18

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01-NOV-18