

# NATIONAL Assessment Centre Services.

(ver 1 Jan 03)

MA/19002732

Date In: 01/01/2009 16:03	Job description	Date & Time Completed	Done by
Ref No: X/BA/19000346/Y	SAS e-filing		
Veh No: SMC 7674P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 03/01/2009 16:45	I-Motor Claim Form		
QID: TP 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 Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: ABB 8647Y

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: ( )

General Remarks (continued):

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time: Actions:

MA/1900206

Claimant Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Invoice Item	Amount	INC
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		INC (\$50)
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (ver 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
QD:		
*N5: Courtesy Car / Tpt Allowance	\$3	
*N6: Repair Coordination	\$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	

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 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	07/01/2019 16:03
Date Of Accident	03/01/2019 16:45
Exact Location Of Accident	OPHIR ROAD TOWARDS ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7674P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	K-10 CAR RENTAL PTE LTD
Co Reg No	29724040C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97488629
Alternative Phone No	OFFICE-97488629

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	GRANDIS
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SD18V04593/VPZ/R00
Cover Note Number	

### Driver

Name of Driver	SYED AGIL BIN SYED IBRAHIM ALBAHAR
NRIC No	S8225390D
Date Of Birth	24/08/1982
Occupation	INDOOR
Date Of Driving Pass	25/11/2008
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97488629
Fax Number	
Contact Number	OTHERS-97488629
Email Address	NOEMAIL

Address	BLK 280 TAMPINES STREET 22 #05-248
Postcode	520280
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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: : ALYAA 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

#### 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	GBB8647Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WONG NAM SHIONG
NRIC/Passport Number	S7217422D
Contact Number	93247145
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:

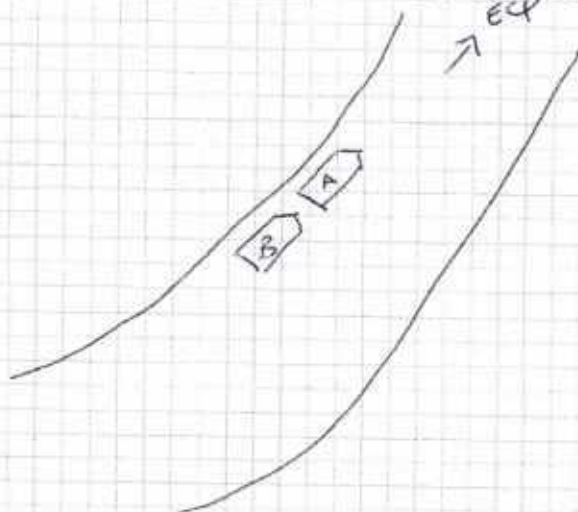
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

07/01/2019

Roshli Luthas

OPHIR from Toward ECP



A) SMC 7674P

B) GBB 8647 y

near Heading up the highway towards ECP, the car instant stop hence I had to stop my car. Before I can start and move the car behind ~~hit~~ B hit my car at A.

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

pk



fred Hoyle 4/1/2019.

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

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

NRIC/FIN No.:



ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date: 3 / 1 / 2019 Time: 16:45 (24 hr format)
Exact Location of Accident *	Ophir Rd Heading to ECP
INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	SMC7674P Make & Type*: Grandis
Name of Registered Owner *	K-10 CAR RENTAL PRE LTD
NRIC / FIN / Passport / Co Regn No. *	<del>832253900</del> 29724040C
Contact Number *	97488629 Email/Fax No:
Exact Purpose for which vehicle was being used at Time of Accident	<input checked="" type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken <input type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	China / EG / Etiqa / MSIG / Tokio Marine / Great American Liberty
Type of Policy *	Comprehensive / <u>Third Party</u> / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	SD18V04593 / VP2 / R00
DRIVER	
Name of Driver *	SYED ARIK Gender* <u>Male</u> / Female
NRIC / FIN / Passport Number *	832253900
Date of Birth *	24 / 8 / 1982 (dd/mm/yyyy)
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	25 NOV 2008
Contact Number *	97488629
Address	Blk 280 Tampines EF 22 #05-248 S(520280)
Email Address / Fax Number *	Email: Fax:
Relationship of the Driver with the Insured *	Owner / Employee / Spouse / Friend / Others: <u>Hiree</u>
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision	Chain Collision / Side-Swipe / <u>Front to Rear</u> / Others:
Weather Conditions *	<u>Clear</u> / Raining / Others:
Road Surface *	Wet / <u>Dry</u> / Others:
OTHER INFORMATION	
Was anybody Injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	( 2 )
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property Involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
DETAILS OF POLICE ACTION	
Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)? *	( 2 )
Passengers	Name: <u>Alyan</u> Name: _____ Gender: Male / <u>Female</u> Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / <u>No</u>	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) 9BB 8647 Y	2)
Vehicle Make / Model / Colour	van	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	Wong Nam Shing	
NRIC/Passport Number	S7217422D	
Contact Number	93247145	
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8225390D



Name

SYED AGIL BIN SYED  
IBRAHIM ALBAHAR

سيد اثليا بن ابراهيم البحار

Race

ARAB

Date of birth

24-08-1982

Sex

M

Country of birth

SINGAPORE

J 12208

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8225390D

Name

SYED AGIL BIN SYED  
IBRAHIM ALBAHAR

Birth Date: 24 Aug 1982

Issue Date: 25 Nov 2008



NP 425A

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES  
CLASS 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg  
Valid Date 25 Nov 2008



NP 425A

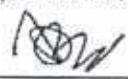


Date of issue 08-01-2013

Address APT BLK 280 TAMPINES STREET 22  
#05-248 SINGAPORE 520280

## 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>	SD18V04593/VPZ/R00
<b>Form</b>	MZ406C
<b>Date Of Issue</b>	07-AUG-2018
<b>1.Index Mark and Registration No. of Vehicle:</b>	SMC7674P
<b>2.Chassis number of Vehicle:</b>	JMYLRNA4W9Z000124
<b>3.Name of Policyholder:</b>	K-10 CAR RENTAL PTE LTD
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	07-AUG-2018 12:17 PM
<b>5.Date of Expiry of Insurance:</b>	10-MAY-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,          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.          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.          B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.          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.          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>	
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b>	
COVERAGE:	Third Party Only, Grabcar Extension (Singapore only)
SUM INSURED:	
EXCESS:	Section II (Singapore) S\$2000, Section II (Outside Singapore) S\$4000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000
FINANCE COMPANY:	
PRODUCER NAME:	GENERAL INSURANCE AGENCY PTE LTD

PLYW/PLYW/07-AUG-18

S3\_CI\_T1\_T3\_TEMPLATE2-VER1 07-AUG-18