

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MHAH 908453**

Date In: 27/1/14-14:37	Job description	Date & Time Completed	Done by
Ref No: HA/14P14-095474	SAS e-filing		
Veh No: SU 2364	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 26/1/14-14:15	i-Motor Claim Form		
OD : TP Reporting Only	i-Motor W/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: VMF787K	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: (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

HA1403927	Invoice Preparation Checklist		Amf (\$)	Amf (\$)
			In Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against UNC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QD*			
	*N5: Courtesy Car / Tpl 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: Idac Mobile 30			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Auditors' Comments :-				
Dat. 1:				
Dat. 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	27/05/2019 19:37
Date Of Accident	26/05/2019 16:15
Exact Location Of Accident	BLK 471 SERVICE RD CHOA CHU KANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL236G
Insured/Policyholder	
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE LTD
Co Reg No	201607970Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8S AT ABS D/AIRBAG 2WD
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V05231/VPZ/R00
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NASRUL MUHAIMIN BIN ABDUL RAHIM
NRIC No	S8317158H
Date Of Birth	19/05/1983
Occupation	INDOOR
Date Of Driving Pass	26/03/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91867854
Fax Number	
Contact Number	OFFICE-91867854
EMail Address	NOEMAIL

Address	BLK 471 CHOA CHU KANG AVENUE 3 #07-129
Postcode	680471
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 - CHANGE/CROSS LANE
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?	
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - 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

REFER TO 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	SMF2697K
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)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

SKETCH PLAN

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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:

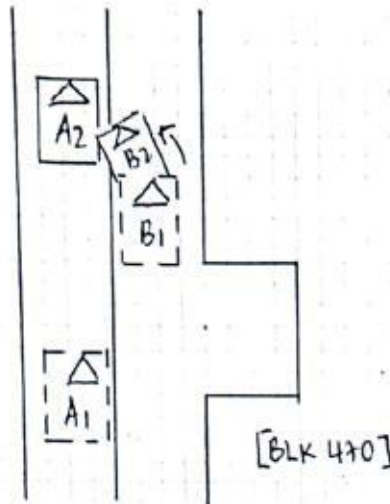
27/3/2019
15 00 hrs

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

SKETCH PLAN

Vehicle A: SL2466

Vehicle B: SMF7692R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A',
was travelling straight along the stated venue. As I saw
vehicle 'B', on the opposite lane with its hazard light
on, I stopped. About 3 seconds later, vehicle 'B',
did not move. I slowly proceeded. Suddenly, he
accelerated onto my lane and grated across my
vehicle's rear right portion.

DECLARATION

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

Policyholder's
Date & Time:



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

27/5/19
@ 1500hrs.

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

ACCIDENT STATEMENT

ACCIDENT DATE: 26/05/2019 (DD/MM/YYYY), TIME: 16:15 (HH:MM)

LOCATION: Service Road of B14 471 & 470 Choa Chu Kang Ave 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLL 236G
 b) INSURANCE COMPANY: Liberty
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Prius
 f) TYPE: (SEDAN / COUPE / MPV / VAN / Lorry / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Autokann Rent A Car Pte Ltd (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Nasrul Muhaimin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0317150H CONTACT: 91867854
 c) ADDRESS: 471 Choa Chu Kang Ave 3
#07-124 S1600471

* d) DATE OF BIRTH: 19/05/1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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: SMF 2697 R 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 =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8317158H



Name

MUHAMMAD NASRUL MUHAJMIN
BIN ABDUL RAHIM

محمد نسرول موحيامين بن عبد رحيم

Race

MALAY

Date of birth

19-05-1983

Sex

M

Country/Place of birth

SINGAPORE



S8317158H

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: S8317158H

Name:

MUHAMMAD NASRUL MUHAJMIN
BIN ABDUL RAHIM

Birth Date: 19 May 1983

Issue Date: 26 Mar 2003



5199707



NRIC No. **S8317158H**



Date of issue

30-07-2013

**APT BLK 471 CHOA CHU KANG AVENUE 3 #07-129
SINGAPORE 680471**

No: **S8317158H**

Date: **09/04/2015**

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

	PASS DATE
Class 2B Motorcycles \leq 200 CC	22 Nov 2001
Class 2A Motorcycles between 201 CC and 400 CC	03 Feb 2004
Class 2 Motorcycles $>$ 400 CC	24 Jan 2006
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	26 Mar 2003

S8317158H

S / No. 9000046227

NP 428A




Licence No: S8317158H



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069426
Tel: (65) 6221 8611 Fax: (65) 6226 6890
Website: <http://www.libertyinsurance.com.sg>

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	SD19V05231 /VPZ /R00
Form	MZ406C
Date Of Issue	25-APR-2019
1.Index Mark and Registration No. of Vehicle:	SLL236G
2.Chassis number of Vehicle:	ZVW506049914
3.Name of Policyholder:	AUTOBAHN RENT A CAR PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	26-APR-2019 00:00 AM
5.Date of Expiry of Insurance:	25-APR-2020 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
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.	
7.Limitations as to use*:	
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 Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.	
8.Policy does not cover:	
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.	
*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).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$2500, Section II S\$2500, Additional Excess - Young, Elderly & Inexperienced Drivers - Section I - S\$1500 & Section II S\$1500, Windscreen Excess S\$100
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	SC ALLIANCE PTE LTD

PLSL/-25-APR-19

S1_CL_T1_T3_OE_Template2-Ver1.

25-APR-19