

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MNA19096825**

Date In: 24/1/19-14:15	Job description	Date & Time Completed	Done by
Ref No: NA19096825	SAS e-filing		
Veh No: JK613450	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/1/19-12:25	i-Motor Claim Form		
OD: 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: **JK613450** 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%. F: 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

Claimant's Particulars:-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments:-	5) FT : Follow-Through Survey (Resurvey) \$30			
Dat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat 2 / 3:	6) TR : Re-inspection \$75			
	7) NI : 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			
	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	24/07/2019 14:15
Date Of Accident	23/07/2019 12:25
Exact Location Of Accident	JUNC PIONEER RD NORTH & INTERNATIONAL RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG1345U
Insured/Policyholder	
Name Of Registered Owner	EASYDRIVE CAR RENTAL
Co Reg No	53375868L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96735989
Alternative Phone No	OFFICE-96735989
Vehicle Particulars	
Manufacturer	MINI
Model	LANCER EX 1.6 AT LED TAIL LAMP
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1907531900
Cover Note Number	
Driver	
Name of Driver	NUR SHAHIRAH BINTE ROZHAN
NRIC No	S9030217E
Date Of Birth	22/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	29/04/2013
Driving Experience	6 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93390126
Fax Number	
Contact Number	OFFICE-93390126
EMail Address	NOEMAIL

Address	BLK 14 TECK WHYE LANE #15-204
Postcode	680014
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	RAINING
Road Surface	WET

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?	YES
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: : SURESH S/O SUPPIAH GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190723/2114.

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	GBE8855Y
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name NUR SHAHIRAH BINTE ROZHAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLG1345U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SURESH S/O SUPPIAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLG1345U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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.

EasyDrive Car Rental

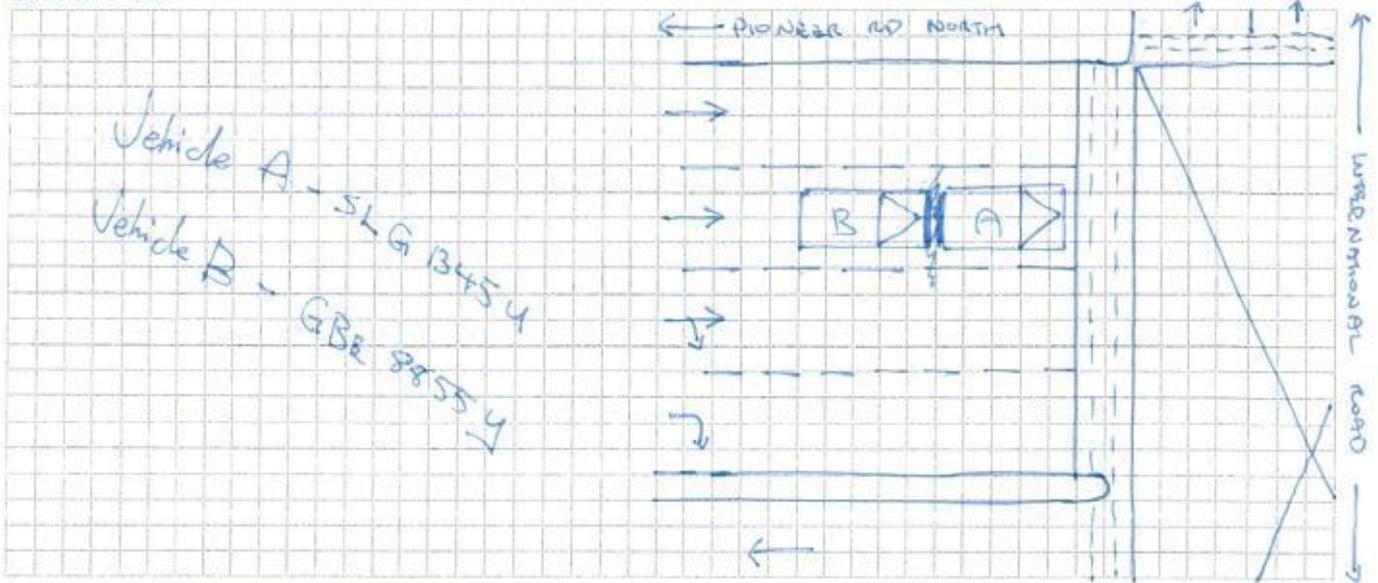
200 Jalan Sultan
#02-38 Textile Centre
Singapore 199018
Tel: 9673 5989 Fax: 6883 2418
Email: easydrive.sg@gmail.com
Tel: 53375888

Policyholder's Name:
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report. Report Number :

T/20190723/2114.

Vehicle A : SLG 1345 U
 Vehicle B : GBE 8855 Y

DECLARATION

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

EasyDrive Car Rental
 200 Jalan Sultan
 #02-38 Textile Centre
 Singapore 199018
 Tel: 9673 5989 Fax: 6883 2418
 Email: easydrivesg@gmail.com

[Signature]

[Signature]

Policyholder's Signature: _____
 Date & Time: UEN: 53375868L
 (If driver is not the policyholder)
 Date & Time: _____

[Signature]

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

Vehicle No.	SLG 1345 U	Model / Make	MITSUBISHI LANCER EX
Date of Accident	23 / 07 / 2019		
Time of Accident	1225	HRS	
Location of Accident	PIONEER RD NORTH (TRAFFIC JUNCTION OF PIONEER RD NORTH / INTERNATIONAL RD) ^{RED LIGHT}		
Exact purpose use during accident	WORKING HOUR	TOWARD JEREMBEN WEST	
Name of Owner	EASY DRIVE CAR RENTAL		
Telephone No.	H/P: 9673 5989	Home :	Office :
NRIC	53375968 L		
Address	200 JALAN SULTAN #02-38 TRIVILE CENTRE 5 (199018)		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	CHING TAI PING		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMHCSN1907531900		
Name of Driver	As Above If <u>NO</u> , NUR SHAHIRAH BINTA ROZHAN		
NRIC	59030217 E	Any Passengers : 1 (MALE)	
Date of birth	22/08/1990		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	29 APR 2013		
Gender	Male / <u>Female</u>		
Contact No.	H/P: 9339 0126	Home :	Office :
Address	BLK 14 TEKK WYGE LANE #15-204 5 (690014)		
Driver have any own vehicle	<u>NO</u> , If yes, Reg No.		
Relationship	Employee,	If no, state <u>RENTAL / LEASING</u>	
Weather condition	Clear	<u>Raining</u>	Other
Road Surface	Dry	<u>Wet</u>	Other
Any Injuries	No, If <u>YES</u> , Who?		
Name And Contact No.	NUR SHAHIRAH BINTA ROZHAN, 9339 0126		
Name And Contact No.	SURIASH S/O SUPPIAH, 9116 5057		
Police Report	No, If Yes, Where?		
Vehicle B No.	GBE 8855 Y	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	<u>REAR</u>		
Camera Recorder	Yes / <u>No</u> OVER WIND		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTO MOTORS Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	HUANG SHUO JIE, DAN	ID No.	S7832905Z
Related Vehicle	GBE8855Y (Van)	Contact No.	93214252
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
Driver			
Name	NUR SHAHIRAH BINTE ROZHAN	ID No.	S9030217E
Related Vehicle	SLG1345U (Car)	Contact No.	93390126
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/07/2019	Date Discharge	23/07/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	SURESH S/O SUPPIAH	ID No.	S7907493D
Related Vehicle	SLG1345U (Car)	Contact No.	91165057
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 23/07/2019 at about 1225hrs, I was driving along pioneer road north travelling towards Jurong West. I was nearing the traffic light at the junction of pioneer road north and international road when the traffic light turned Amber and I started to slow down my vehicle bearing SLG1345U. My vehicle came to a complete stop. However, about 2 seconds later, a van bearing GBE8855Y collided onto the rear of my vehicle.

My vehicle suffered damages where the rear bumper is protruding out and there is a crack at the middle of my bumper. The other vehicle is slightly dented on the front license plate area.

No one was injured. No police nor ambulance was at scene. No government property damaged.



**SINGAPORE
POLICE FORCE**



T/20190723/2114

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Report No. T/20190723/2114

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Subsequently, I went to see a doctor and was given 5days of MC from 23/07/2019 to 27/07/2019. My friend who was with me will be consulting a doctor later.

There is an in-car camera in my vehicle but it only records at the front of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190723/2114

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

4 of 4

Report No. T/20190723/2114

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: J / Sgt 2 FELICIA GOH MIN EN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / Insp NEQ CHENG BEET, CECILIA Contact No.: 65476069	

Signature Of Informant:
Date/Time: 23/07/2019 16:39
Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9030217E



Name
NUR SHAHIRAH BINTE
ROZHAN

Race
JAVANESE
Date of birth 22-08-1990 Sex F
Country of birth SINGAPORE
S9030217/L

For LKK/NAC Use

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S9030217E

Name
NUR SHAHIRAH BINTE
ROZHAN

Birth Date 22 Aug 1990
Licence Date 29 Apr 2013

0021758536

Driver

4221912

NRIC No. S9030217E

Date of issue
03-05-2008

Address
APT BLK 14 TECK WHYE LANE
#15-204
SINGAPORE 680014

For LKK/NAC Use Only

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

EFFECTIVE DATE
29 Apr 2013

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

NP 428A





For LTA/TA Use Only

Type	Description	Issue Date
13	PRIVATE HIRE CAR VU	13/03/2018

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Land Transport Authority
 AUTO TRANSMISSION
 VEHICLE ONLY



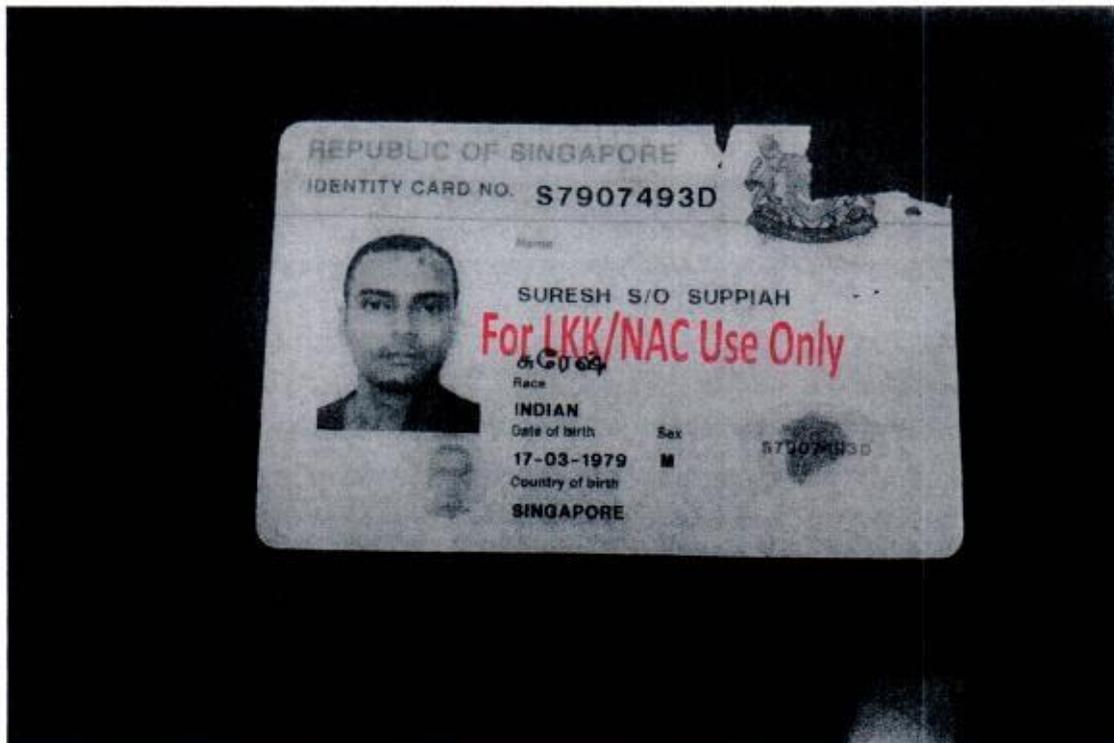
For LTA/TA Use Only
VOCATIONAL LICENCE

Licence No: 99030217E
 Name: NUR SHAHIRAH BINTE ROZHAN

Card Issue Date: 13/03/2018

Please visit www.lta.gov.sg to check the status of this vocational licence

Passenger





中国太平
CHINA TAIPING
INSURANCE (SINGAPORE) PTE. LTD.

MZ406L/BN SN B
AN0674A
Cov. Type: C
AUTOSAFE

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.	DMHCSN1907531900	Engine No :4A92CL5941 Chassis No:JMYSRCY1AGU005889
1. Index Mark and Registration Number of Vehicle	SLG1345U	
2. Name of Policy Holder	EASYDRIVE CAR RENTAL	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15 FEBRUARY 2019	EXCESS SECT IS\$3,000.00 EXCESS SECT. I (OUTSIDE SINGAPORE)S\$6,000.00 EXCESS SECT. IIS\$3,000.00
4. Date of Expiry of Insurance	21 SEPTEMBER 2020	EXCESS SECT. II (OUTSIDE SINGAPORE)S\$6,000.00 EX ON WINDSCREENS\$100.00
5. Persons or Classes of Persons entitled to drive *		

AS PER NAMED DRIVER(S) STATED BELOW.

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.

ANY EMPLOYEE OF THE COMPANY OR ANY AUTHORISED HIRER/DRIVER ONLY

6. Limitations as to use: *

- (1) USE FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (2) USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES AND BUSINESS PURPOSES OF ANY PERSON TO 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.

HIRE PURCHASE CO. : SKYWAY CREDIT & LEASING PTE LTD AS HP OWNER

* 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 those 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).
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorized Officer

Authorized Signatory