

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 04/10/19	Job description	Date & Time Completed	Done by
Ref No. NA/LIA 19017543/13	SAS e-filing		
Veh No: SGN9141R	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 03/10/19 1730	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: (M GARAGE Tel: Fax:)

TP Particulars:	Veh No: SBJ7486L	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

NA1907511

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st 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		
	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR : Re-inspection \$75		
Cat 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: 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	04/10/2019 17:56
Date Of Accident	03/10/2019 17:30
Exact Location Of Accident	JUNC OF CANTONMENT RD & HOE CHIAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN9141K
Insured/Policyholder	
Name Of Registered Owner	OWESOME RENTALS PRIVATE LIMITED
Co Reg No	201701835N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	SD19V07517/VPZ/R01
Cover Note Number	

Driver

Name of Driver	ABDUL RAHIM BIN MOHAMAD ALI
NRIC No	S7443907A
Date Of Birth	24/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	24/11/2003
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98490240
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 188 BOON LAY DRIVE #10-92
Postcode	640188
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	SIDE SWIPE
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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

PLS REFER TO THE ATTACHED 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	SBS7486L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

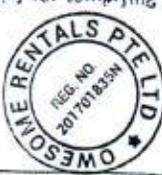
SKETCH PLAN

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.



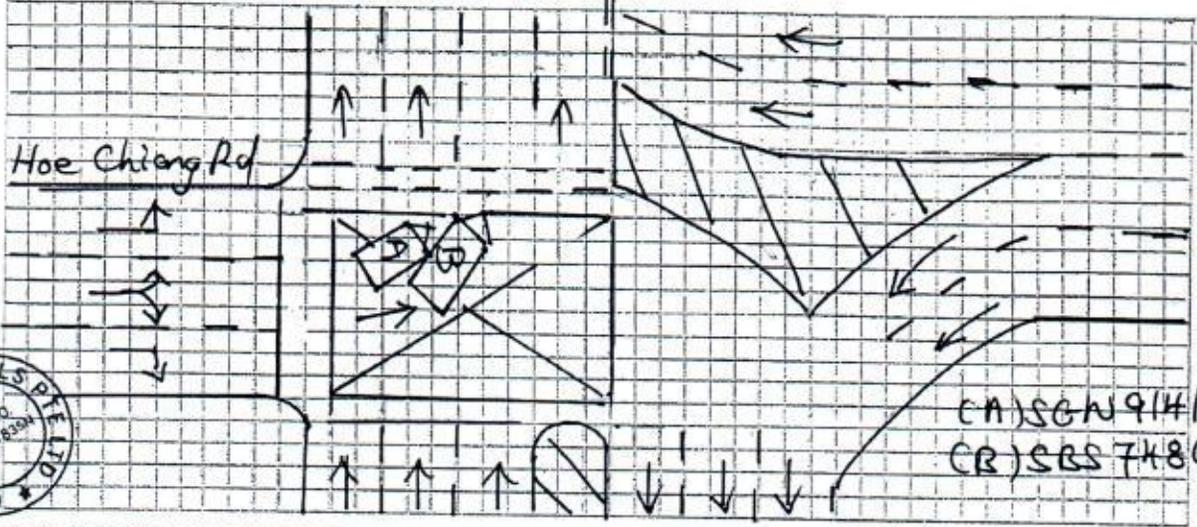
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Cantonment Road



(A) SGW 9141 K
(B) SBS 7486 L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 03/10/2019 at about 1730 hrs at Junction of Cantonment Road and Hoe Chiang Road. I was travelling on the centre lane and vehicle (B) was in front of my vehicle (A). While making a left turn into Cantonment Road, I saw vehicle (B) ahead of me turns towards the extreme Right Lane along Cantonment Road as such I keep within the lane towards 2nd lane from the left along Cantonment



Road. While doing so, suddenly vehicle (B) veered into my lane without proper lookout and hence collided onto my Right Front Portion of my vehicle (A) causing damages to my vehicle. I have 2 passengers inside my vehicle.

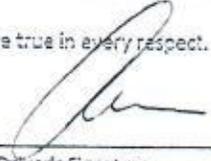
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

Policyholder Name:
Date & Time:





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

 04/10/19

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

Date of Accident : 03/10/2019 Accident Time: 1730 (24-HR-Format)
 Accident Place : Junction of Cantonment Road and Hoe Chian Road
 Vehicle Reg. No. (Car Plate No.) : SGN9141K
 Vehicle Make/Model : TOYOTA ESTIMA 2.4
 Insurance Company : LIBERTY Policy No. SD19V07517/VPZ/R01
 Owner or Company Name /IC No. : OWESOME RENTALS PRIVATE LIMITED / 201701835N
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : ABDUL RAHIM BIN MOHAMAD ALI / 57443907A
 DRIVER'S Date Of Birth : 24/07/1979 DRIVER'S License Pass Date _____
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: HIRER
 DRIVER'S Address : BLK 188 BODN LAY DRIVE #10-92 S (640188)
 DRIVER'S Contact No./ Alt No. : 1) 9849 0240 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 3 person 2 passengers: female, unknown.
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

(B) Vehicle Reg. No: <u>SBS 7486L</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

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	SD19V07517 /NPZ /R01
Form	MZ406C
Date Of Issue	14-JUN-2019
1.Index Mark and Registration No. of Vehicle:	SGN9141K
2.Chassis number of Vehicle:	ACR500013798
3.Name of Policyholder:	OWESOME RENTALS PRIVATE LIMITED
4.Effective date of Commencement of Insurance for the purpose of the Act:	17-JUN-2019 00:00 AM
5.Date of Expiry of Insurance:	16-JUN-2020 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
<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>	
7.Limitations as to use*:	
<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 Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.</p>	
8.Policy does not cover:	
<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>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> 	
<p>_____ Authorised Signature</p>	
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\$1500,Section II S\$2000,Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	SC ALLIANCE PTE LTD

PLSLI-14-JUN-19

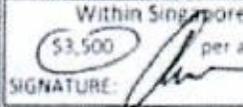
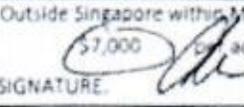
S1_CI_T1_T3_OE_Template2-Ver1.

14-JUN-19

Owesome Rentals P/L

Rental Agreement

183 Jalan Pelikat, #01-10
 The Promenade @ Pelikat S(537643)
 Tel: 64630620 Fax: 64630619
 www.owesomecarrentals.com

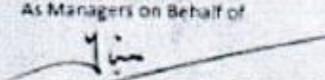
VEHICLE		CHECK OUT / CHECK IN	
Vehicle No: SGN9141K	Model: TOYOTA ESTIMA 2.4	DATE OUT: 13/09/2019	TIME OUT: 15:58pm HRS
Change Over 1: Date: _____ Initial: _____		PETROL LEVEL OUT: 1/8 1/4 1/2 5/8 3/4 7/8 F	
Change Over 2: Date: _____ Initial: _____		DATE IN: _____ TIME IN: _____ HRS	
		PETROL LEVEL IN: 1/8 1/4 1/2 5/8 3/4 7/8 F	
NAMED DRIVER			
Name: ASWUL RAHIM BIN MOHAMMAD ALI	KM OUT: _____	KM IN: _____	
Address: Blk 188 BUNLAY DR. #10-92 S(640188)	KM DRIVEN: _____		
Office Tel: _____ Home Tel: _____	EXCESS & ADMINISTRATION CHARGES		
Occupation: _____ Mobile No: 9849 0240	Within Singapore: \$3,500 per accident	Outside Singapore within Malaysia: \$7,000 per accident	
P.P./I.C No: S7443907A Nationality: SPORIE	SIGNATURE: 	SIGNATURE: 	
Date of Birth: 24/07/1974 Place of Birth: _____	ADDITIONAL CHARGES		
Driving License No: S7443907-A	LOSS OF KEY: \$250	SMOKING IN CAR: \$200	
Date of Issue: 24/11/2013 Country of Issue: _____	LATE RENTAL PAYMENT: _____	\$20 PER DAY TILL FULL PAYMENT	
Email Address: _____	CAR START ASSISTANCE: \$80	TOWING: \$80	
	SIGNATURE: _____	SIGNATURE: _____	
ADDITIONAL NAMED DRIVER		RETURNING A DIRTY CAR WILL COST YOU \$20	
Name: _____	METHOD OF PAYMENT		
Address: _____	Weekly rental Payments to be credited to POSB Acc: 042-27675-8		
Office Tel: _____ Home Tel: _____	CHARGES		
Occupation: _____ Mobile No: _____	Hours @\$ _____ per Hour		
P.P./I.C No: _____ Nationality: _____	Days @\$ _____ per Day		
Date of Birth: _____ Place of Birth: _____	Weeks @\$ _____ per Week	\$450	
Driving Licence No: _____	Months @\$ _____ per Month		
Date of Issue: _____ Country of Issue: _____	SUB-TOTAL (1)		
Email Address: _____	Less Discount: _____ %		
Remarks: MIN 6 mths Contract	RENTAL CHARGES		
No upfront payment	Deposit	\$500	
	PETROL SURCHARGE		
	MISC		
	SUB-TOTAL (2)		
	GST@ 7%		
	TOTAL CHARGES \$500		
	PRE-PAYMENT		
	DOWNPAYMENT AND DEPOSIT		
	AMOUNT REFUNDED / DUE		
	SIGNATURE OF REFUND		
CHECKED OUT BY: _____ Initial: _____	Contract period From: _____ To: _____ (Non-Completion of contract shall result in Forfeiture of Deposit)		
CHECKED IN BY: _____ Initial: _____			

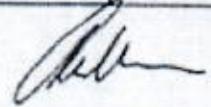
IMPORTANT: The vehicle will not be insured after the expiry of the hire period and in the event of any accident the HIRER will be liable for all consequences. For extension of rental please inform us at least 24 hours before the expiry time. Late charges at \$10 of rental for each hour exceeding the time for return of the Vehicle will be imposed (ie a full day rental will be charged if the HIRER is 2 or more hours late in returning the vehicle.) Any vehicle not returned within 24 hours will be reported as stolen. HIRER is responsible for all the parking & traffic violation and missing items. No Replacement Car will be provided in the event of Breakdown/Maintenance/Accident.

HIRER'S DECLARATION: I agree to the terms and conditions above and as set out/over and in declare that all information given on this form are true and accurate.

CHECKED OUT BY: _____
 Initial: _____

CHECKED IN BY: _____
 Initial: _____

Owesome
 As Managers on Behalf of

OWNER


HIRER SIGNATURE


COMPANY STAMP