

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

NA19191982

Date In: 29/10/2019 15:54	Job description	Date & Time Completed	Done by
Ref No: NPA/111190/90884	SAS e-filing		
Veh No: SM1 4308 P	E-mail (e-filing 2hrs, AIC 2hrs)		
D.O.A: 27/10/2019 00:35	I-Motor Claims Form	ml1068889-001	29/10/2019 17:32
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: E-8000Ker	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 ()	
() 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: ()		

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:	
Date:	

NA1908173	
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	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: Idco DA + SMRT Survey \$160
	8) NTUC Additional Services:
	OR:
	*N5: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	*N9: DV / Collect Excess Coordination \$20
	TP (Nil): TP (Non INC) against INC \$0
	9) NI2: Idco Mobile
	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	29/10/2019 15:54
Date Of Accident	27/10/2019 00:35
Exact Location Of Accident	CARPARK EXIT OF BEGONIA PAVILION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMM4308P
Insured/Policyholder	
Name Of Registered Owner	HVS CAPITAL PTE. LTD.
Co Reg No	201829289E
Email Address	FAREES-IZZAT87@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96676464
Alternative Phone No	OFFICE-94811522
Vehicle Particulars	
Manufacturer	TOYOTA
Model	C-HR HYBRID-1.8 S (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5109916971
Cover Note Number	
Driver	
Name of Driver	MOHAMED FAREES IZZAT BIN ALI
NRIC No	S8721387J
Date Of Birth	16/07/1987
Occupation	OUTDOOR
Date Of Driving Pass	05/11/2007
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96676464
Fax Number	
Contact Number	OFFICE-94811522
Email Address	FAREES-IZZAT87@HOTMAIL.COM

Address	BLK 404B FERNVALE LANE #21-133
Postcode	792404
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 ON COLLISION
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: : PASSENGER GENDER: : MALE

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 T/20191027/2019

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	E-SCOOTER
Vehicle Category	NA/UNKNOWN
Name of Driver	MUHAMMAD RASHEEDI BIN ABDUL
NRIC/Passport Number	S9927755F
Contact Number	82236422

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.:

Diagram illustrating a RAID 10 configuration:

- Two mirrored drives (A and B) are connected to a RAID 10 controller.
- The RAID 10 controller is connected to a Data Partition.
- The Data Partition is connected to Drive 3 via a Pass to Drive 3 connection.
- Drive A is labeled SMM4308P.
- Drive B is labeled Zscouter.

Refer to police report : T/2014 1027/2013

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

Holder's Signature _____
Time: _____

from 2a/b/14

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



**SINGAPORE
POLICE FORCE**



T/20191027/2013

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

1 of 4

Report No. T/20191027/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2019 04:02		Vide Report No.: G/20191027/0042		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: MOHAMED FAREES IZZAT BIN ALI			Address: APT BLK 404B FERNVALE LANE #21-133 SINGAPORE 792404		
ID Type / ID No.: NRIC NO / S8721387J			Contact No.: Home/Office: Mobile: 96676464		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 16/07/1987	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury: Attended by Police	Drink Drive: No	Date/Time of Accident: 27/10/2019 00:35	Type of Location:
Location: Along Road 1 PASIR RIS DRIVE 3 Begonia Pavilion Car Park exit near Downtown East				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMM4308P	Car	TOYOTA	C-HR HYBRID 1.8S CVT		Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191027/2013

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

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Report No. T/20191027/2013

CONTINUATION OF REPORT

Driver			
Name	MOHAMED FAREES IZZAT BIN ALI	ID No.	S8721387J
Related Vehicle	SMM4308P (Car)	Contact No.	96676464
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
ESCOOTER			
Name	MUHAMMAD RASHEEDI BIN ABDUL	ID No.	S9927755F
Related Vehicle	NIL	Contact No.	82236422
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	Slight

Brief Details.

On 27/10/2019 at about 12.35am, I (SMM4308P) was exiting the car park of Begonia Pavilion Car Park near Downtown East with 1 passenger on board. When I exit the car park, I made a check and see no one is crossing the road thus I proceeded. Suddenly, 1 scooter rider came from my left and I was unable to react and I hit onto him.

I stopped immediately and I checked with my passenger if he need any medical assistance. My passenger informed me that he is alright. I then came out of my vehicle and talked to the scooter. I took his phone number however I did not noticed that I took down 1 wrong digit. I then went over to my vehicle and started to jacked up my vehicle as the PMD was under my vehicle thus I was unable to move. After I have took out the PMD, I told the scooter rider that I will come back later after I drop off my passenger. The scooter rider informed me that he is alright with the arrangement thus I continue to send my passenger.

My vehicle suffered scratched on the left front bottom of the bumper. I observed the scooter rider's hand however I cannot recalled which hand had a cut.

I dropped off my passenger at Bedok Reservoir and I went back incident location. When I reached back to the incident location, I saw 2 traffic police were there and I told the traffic police that I came back to look for the scooter rider. Traffic police took down my particulars and issued me with a case card. Traffic Police recorded my in car camera footage from my phone. I was then requested by the traffic police to speak to the scooter rider and his family which I did. I apologized to the scooter rider, his family and they acknowledged. I then exchanged particulars with the scooter rider. I was told by the scooter rider's family member that the ambulance came and the scooter rider was not convey to the hospital.



**SINGAPORE
POLICE FORCE**



T/20191027/2013

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

3 of 4

Report No. T/20191027/2013

CONTINUATION OF REPORT

I wish to state that I have in car camera pointing front and rear. I am unsure if there is any CCTV around the vicinity. I have the in car camera footage downloaded into my phone. I felt that the scooter was going very fast, did not slow down when approaching car park gantry and he was in my blind spot thus I did not see him coming. This is my first time such accident happened.



SINGAPORE
POLICE FORCE



T/20191027/2013

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

4 of 4

Report No. T/20191027/2013

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 JOHNNY TAN KOK JOO

Signature Of Informant:

[Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

27/10/2019 04:02

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NORAMEERA-BINTE-MOHAMED

HUSSEIN

Contact No. 65476236

Authentication Stamp

NP168

Classification Of Case:

SIGNATURE

Particulars of Insured / Driver & Details of this Accident

(Pls circle where applicable)

Location Of Accident: Carpark Exit of Begonia Pavilion Date & Time Of Accident: 27/01/2018 @ 0030hrsPurpose when vehicle was used at the time of accident: Grab
(e.g Going home)

Details of Own Vehicle

Vehicle Registration number: SMM 4308P Make / Model: Toyota C-HR Hybrid 1.8SVehicle Category: Private HireClaim Own Insurance: YES ☒ NO ☐

If No. Reporting only / Third Party Claim

Name of Preferred Workshop: Optima Work Pte Ltd Contact: 6481-1522

Insured / Policy Holder

Name of Registered Owner: HVS Capital Pte Ltd Ref: 20182989EAddress: 4 Lerg Tel Road, #03-02 Lerg Tel Apartment, Singapore 159096 NRIC No.:Mobile No: 8829 0293 Other Contact: Home / Office no:Email: stane on .sg

Driver

Name of Driver: Mohamed farus Izzat NRIC /Fin No.: S8721387JDriving Licence Pass Date: 05/11/2007 D.O.B: 16/07/1987Address: 615 404B Fernvale Lane, #21-133 - Singapore 752404Occupation: INDOOR / OUTDOOR Mobile No: 9667 6464Gender: MALE / FEMALE Other Contact: Home / Office no:Email: farus-122at87@hofmat.comDriver an employee: YES ☒ NO ☐ If no, what is the relationship with the policyholder: hire

If Driver is a policyholder, please ignore this question

Insurance Company

Fleet Policy: YES ☒ NO ☐ Policy number: 5109916871-00004 Type Of Coverage: all no class

General Information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: head on collisionWeather Conditions: CLEAR / RAINING / DRIZZLING / OTHERS:Road Surface: DRY / WETAny video captured by car camera? YES ☒ NO ☐Any police report made: YES ☒ NO ☐*Any witness?: YES ☒ NO ☐*Injured party: YES ☒ NO ☐ (if yes, pls provide name & Tel)No. of Passenger (including Driver): 02

Details of Passenger 1

Name: unknownGender: male

Details of Passenger 2

Name: _____

Gender: _____

Details of Passenger 3

Name: _____

Gender: _____

Details of Passenger 4

Name: _____

Gender: _____

Details of Other Vehicle Property 1

Vehicle Registration No: Escort

Vehicle Make/Model/Color: _____

Name Of Driver: Muhammed Rasheedi bin Abdul

No. of Passenger (including Driver): _____

NRIC: 598271557Contact Number: 82236424

Nature of Damage: _____

Vehicle Category: _____

Details of Other Vehicle Property 2

Vehicle Registration No: _____

Vehicle Make/Model/Color: _____

Name Of Driver: _____

No. of Passenger (including Driver): _____

NRIC: _____

Contact Number: _____

Nature of Damage: _____

Vehicle Category: _____

Claim Handling

The premium on this policy has not been collected.
Accident MT/1068889

Policy No.	5109916971	Vehicle No.	SMM4308P	GST Registrat
Certificate No.	5109916971-000004			
Policyholder Name	HVS CAPITAL PTE. LTD.			Policyholder f
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96676464	Contact No.(Office)	64811522	Contact No.(I
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	29/10/2019 16:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/10/2019	Time of Accident hh:mm	00:35	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	CARPARK EXIT OF BEGONIA PAVILION			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covi
Additional Excess				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	24 LENG KEE ROAD	Address 2	#03-02 LENG KEE AUTOPOINT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-02	Related Policy Number	5110951164	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MOHAMED FAREES IZZAT BIN A	Driver NRIC	S8721387J	Driver DOB
Register Date of Driver License	05/11/2007	Driver Age	32	Driving Exper
Contact No.(Mobile)	96676464	Contact No.(Office)	64811522	Contact No.(I
Address 1	BLK 404B #21-33	Address 2	FERNVALE LANE	Address 3
Address 4	SINGAPORE 792404	Address Type	Foreign address	Post Code
Unit No.	21-33			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SMM4308P	Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	96604433	Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	SMM4308P / E-SCOOTER ON 27 Oct 2019		
Preferred Workshop		Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	29/10/2019 16:23
		Workshop Repairer	ROSLI WAHAB
<input checked="" type="checkbox"/> Print AK letter			

Save

Submit

Attachment

Accident No.

MT/1068889

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

29/10/2019 17:32

Path *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Category *

Confid

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 17:32	SAS		Normal	:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 16:23	Photos		Normal	PI
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 16:23	Photos		Normal	PI
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 16:23	Photos		Normal	PI
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 16:23	Photos		Normal	PI
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 16:23	Photos		Normal	PI
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 16:23	Photos		Normal	PI
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 16:23	Photos		Normal	PI
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 16:23	NRIC/ Driving License	Y	Normal	NRIC/ Dri

Video List

Uploaded By/Date	Folder Date	File Name	
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Display in New Window

Scan and uploading

VEHICLE RENTAL CONTRACT
NO: HVS/2019007

CONTRACT IS MADE ON THE 27 JUNE 2019

Between MOHAMED FAREES IZZAT BIN ALI
(NRIC:8721387J)

Having an address at:
BLK 404B FERNVALE LANE
#21-133
SINGAPORE 792404

Hereinafter known as the "HIRER" of one part

And

HVS CAPITAL PTE LTD
(Registration No. 201829289E)

Having a Correspondence address at:
LENG KEE AUTOPOINT BUILDING
24 LENG KEE ROAD #03-02
SINGAPORE 159096

Bank Name : Maybank
Bank Account : 040 11552 648

Hereinafter known as the "OWNER" of one part

Vehicle **Make & Model : 1) TOYOTA CHR HYBRID S 1.8**
Vehicle Number : SMM4308P

Signature: _____

Name: _____

NRIC: _____

4.4 In the event of accidental damage to the VEHICLE or if the VEHICLE is returned in an unsatisfactory condition, all charges for repair, damage cost, unauthorized servicing and/or restoration works to its original condition will be imposed to the HIRER.

4.5 If the VEHICLE is lost/theft due to negligence, accidental total loss or confiscated for illegal acts by government authority during the rental period and while in the possession of the HIRER/Driver, the HIRER shall pay OWNER the full cost of the VEHICLE or the cost of obtaining a replacement vehicle as well as compensation to OWNER for the loss of use of such vehicle for the period required to obtain the replacement vehicle.

4.6 The "loss of use" shall be the charges of rental rate as agreed by the HIRER in this agreement.

5. AUTHORIZED AND PROHIBITED USE

5.1 The VEHICLE can only be driven by the HIRER or by the person whom have been expressly authorized. HIRER shall also inform OWNER of any changes of Driver/s and/or authorized person without delay. Failure to do so, OWNER shall not be responsible: (a) for the incorrect punishment of particulars for traffic offences; (b) declined coverage of motor insurance.

2. The HIRER (and authorized Driver/s) will be liable for the policy excess for all damage/s and claims incurred during the rental contractual period.

2.1. For Passenger vehicles, HIRER (and authorized Driver/s) must be more than 22 years of age and below 69 years of age, the first **SS2,000 (Section I) & SS1,500 (Section II)** will be charged for Singapore use only.

5.4 The VEHICLE must NOT be used;

(a) for testing or racing or for illegal purposes whether in connection with theft, drug peddling or trafficking, smuggling of goods or any other criminal activities.

(b) in abusive, careless reckless or negligent manner;

(c) by anyone under the influence of alcohol, intoxicants, medication or drugs which will affect the ability to drive or operate the VEHICLE;

(d) to carry chemicals and goods that are improperly packed or contain offensive smelling or contaminated or hazardous or flammable products;

(e) by anyone whom OWNER has been given a false name, age, address or other information.

6. LIABILITY INSURANCE

6.1 The Hirer or authorized driver(s) shall report all accidents involving the said vehicle to the Owner immediately and should there be bodily injuries also to the police not later than 24 hours after the accident and will also deliver to OWNER every summon, complaint or paper of any kind received by HIRER and authorized Driver in any way relating to any accident involving the VEHICLE while rented under this Agreement.

6.2 The HIRER (and authorized Driver/s) will not aid or encourage the filing of any claim by any third party, claimant or admit liability as a result of any accident and will cooperate fully with OWNER and its insurer in the investigation and defense of any claim or lawsuit. All repairs must be carried out by OWNER or its insurer's authorized workshop unless with prior approval by OWNER.

6.3 Coverage does NOT apply to:

(a) injury to or destruction of property owned by, rented to, in charge of or transported by the HIRER;

(b) any liability of any nature whatsoever of a driver who is not an Authorized Driver; an accident which occurs while Vehicle is violation of Section 5;

(c) any Authorized Driver who has been rejected insurance coverage by any insurance company.

(d) Failure to comply point 5 and 6 shall result in hirer / driver bearing full responsibility of any claims or lawsuits.

7. CHANGE OF VEHICLE

7.1 If for any reason, the VEHICLE or any vehicle ordered by the HIRER prior to the commencement of the period of rental is not available at the time of commencement, OWNER shall have the right to replace the vehicle with an alternative vehicle of the similar type, seating capacity and performance but not necessarily with the same make and model.

2. For the purposes of servicing or repair to be carried out by OWNER, OWNER will substitute the VEHICLE with another vehicle but not necessarily with one of the same make and model. This replacement is variable at OWNER'S discretion.

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text" value="5109916971"/>	Date of Accident	<input type="text" value="27/10/2019 15:55"/>
Vehicle No.(For Motor)	<input type="text" value="SMM4308P"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5109916971	5109916971-000004	HVS CAPITAL PTE. LTD.	201829289E	GFM	drivo CLASSIC	SMM4308P	SMM4308P	27/06/2019	26/05/2020