

NATIONAL Assessment Centre Services

Date In: 08/11/19	Job description	Date & Time Completed	Done by
Ref No: NA/LIA/19019863/13	SAS e-filing		
Veh No: SMH13824	E-mail (w/then, 8hrs/ATC 2hrs)		
D.O.A: 07/11/19 2220	i-Motor Claim Form		
OD: TP <u>Reporting Only</u>	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: SHC8375E	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

NA1908511	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	08/11/2019 15:22
Date Of Accident	07/11/2019 22:20
Exact Location Of Accident	SLIP RD FROM WEST COAST RD TWDS CLEMENTI RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMH1382U
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	HONDA
Model	CIVIC
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	REPORTING ONLY
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	FAHRULRAZI BIN MD DAUD
NRIC No	S7633240A
Date Of Birth	30/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	01/12/2006
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94494657
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 664A PUNGGOL DRIVE #10-208
Postcode	821664
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)	1

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	SHC8375E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 rebutiate 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.

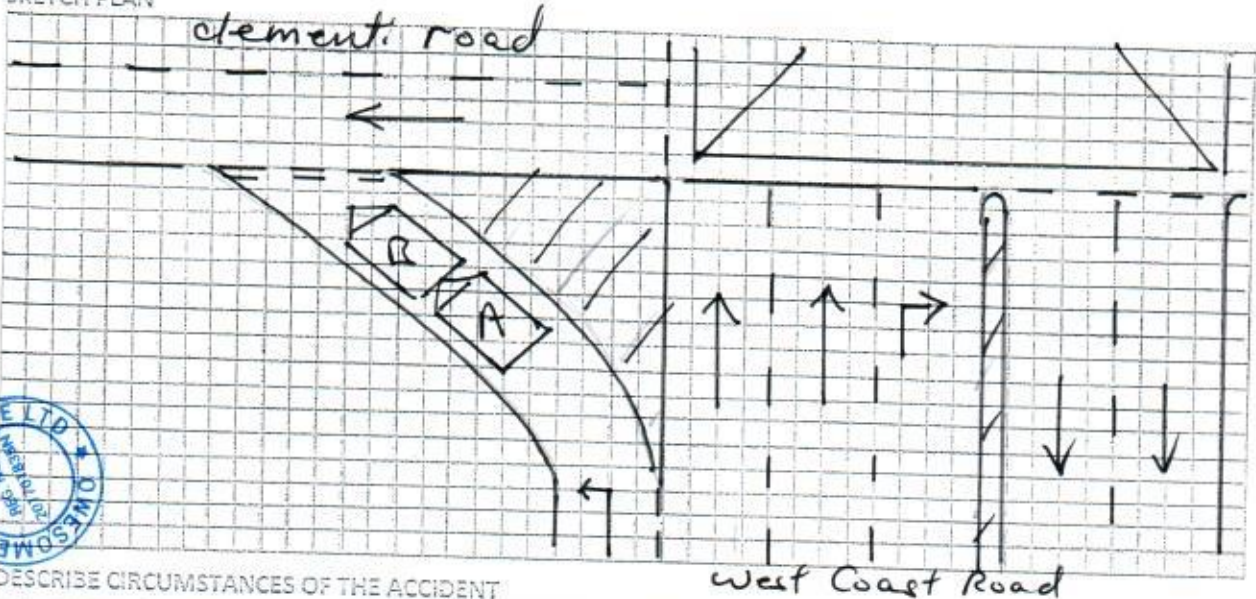


Policyholder's Signature: _____
Date & Time: _____

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 07/11/2019 at 2222 hrs at Slip road from West Coast Road towards Clementi Road. I was travelling on the above mentioned slip road and when my front vehicle slow down and stop while giving way to the main traffic along Clementi Road hence I follow suit but was in vain.

(A) SMH 1382 U

(B) SHC 8375 E

[Handwritten signature]

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 the foregoing particulars are true in every respect.

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.:

[Handwritten signature] 08/11/19

pls email
mg3solution@gmail.com.

Date of Accident : 7/11/19 Accident Time: 22.22 (24-HR-Format)
Accident Place : Slip road from West Coast Road towards Clementi Road
Vehicle Reg. No. (Car Plate No.) : SMH 1382U
Vehicle Make/Model : HONDA CIVIC 1.6 A
Insurance Company : LIBERTY Policy No. SD19V07517/VP2/R01
Owner or Company Name /IC No. : OWESOME RENTALS PRIVATE LIMITED
Owner or Company Contact No. : UEN-201701835N
Owner's Hp : Company Tel :
DRIVER'S Name / IC No. : FAHRULRAZI BIN MD DAUD /57633240A
DRIVER'S Date Of Birth : 30-09-1976 DRIVER'S License Pass Date 01-DEC-2006
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
DRIVER'S Address : BLK 664A PUNGGOL DRIVE #10-208
DRIVER'S Contact No./ Alt No. : 1) 9449 4657 2) 5 (821664)
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): 1 person only
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)

(3) Vehicle Reg. No: SHL 8375E
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
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:	SMH1382U
2.Chassis number of Vehicle:	JHMF46208S200609
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*:	
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\$1500, Section II S\$2000, Windscreen Excess S\$100
FINANCE COMPANY:	TAI THONG LEE TRADING PTE LTD
PRODUCER NAME:	SC ALLIANCE PTE LTD

PLSL-/14-JUN-19

S1_CI_T1_T3_OE_Template2-Ver1.

14-JUN-19

Owesome Rentals P/L Rental Agreement

118-3 Jalan Pelikat, #01-10
The Promenade @ Pelikat S/537643)
Tel: 64630620 Fax: 64630610
www.owesomecarrentals.com

VEHICLE		CHECK OUT / CHECK IN	
Vehicle No: <u>SU4B72U</u> Model: <u>FIAT CIVIC 1.6A</u>	DATE OUT: <u>14/06/2019</u> TIME OUT: <u>12.00 PM</u> 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: <u>FAHRYKRAZI BIN MU DAMD.</u>		KM OUT: KM IN:	
Address: <u>BLK 664H PUNJUR drive</u>		KM DRIVEN:	
#10-208 S(821664)		EXCESS & ADMINISTRATION CHARGES	
Office Tel: Home Tel:		Within Singapore: <u>\$3,500</u> per accident Outside Singapore within Malaysia: <u>\$8,000</u> per accident	
Occupation: Mobile No: <u>9449 4657</u>		SIGNATURE: SIGNATURE:	
P.P./I.C No: <u>7632240A</u> Nationality: <u>SPURB</u>			
Date Of Birth: <u>30/05/1976</u> Place Of Birth:		ADDITIONAL CHARGES	
Driving License No: <u>57632240A</u>		LOSS OF KEY: <u>\$250</u> SMOKING IN CAR: <u>\$200</u>	
Date Of Issue: <u>01/12/2016</u> 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 <u>\$350</u>	
Driving License No:		Months @ \$ per Month	
Date of Issue: Country of Issue:		SUB-TOTAL (1)	
Email Address:		Less Discount: %	
Remarks: <u>MNU 3 months Contract</u>		RENTAL CHARGES	
		Deposit: <u>\$500</u>	
		PETROL SURCHARGE:	
		MISC:	
		SUB-TOTAL (2)	
		GST @ 7%	
		TOTAL CHARGES <u>\$850</u>	
		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:			

Owesome
As Managers on Behalf of

OWNER

HIRER SIGNATURE

COMPANY STAMP