

NATIONAL Assessment Centre Services. [part 1 Jan09] MMA120004126.

Date In: 9/1/20 17:44	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 C73 20000 619/64	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SLC 2004T	I-Motor Claim Form		
TP No: 9/1/20 14:45	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Q1: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Work		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SMG 417E	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/Non-INC: 6788/6616)	Date Claim 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

MA 2000448		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:		1) AIR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) PT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		6) TR: Re-Inspection \$75			
Tel. No:		7) NI: Idno DA + SMRT Survey \$160			
Fax No:		8) NTUC Additional Services:			
		Q1:			
		• N5: Courtesy Car / Tpt Allowance \$5			
		• N6: Repair Coordination \$10			
		• N7: Post Repair Inspection \$25			
		• N8: DV / Collect Excess Coordination \$5			
		TP (NI1): TP (Non INC) against INC \$20			
		9) NI2: Idno Mobile \$0			
		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	09/01/2020 17:44
Date Of Accident	09/01/2020 14:45
Exact Location Of Accident	PIE TWDS CHANGI B4 KIM KEAT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2004T
Insured/Policyholder	
Name Of Registered Owner	EASYDRIVE CAR RENTAL
Co Reg No	5XXXX868L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90184656

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1907061900
Cover Note Number	

Driver

Name of Driver	MOHAMED FAZIR BIN IDROSS
NRIC No	SXXXX058I
Date Of Birth	12/09/1971
Occupation	OUTDOOR
Date Of Driving Pass	19/02/2000
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90184656
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 426 WOODLANDS ST 41 #10-198
Postcode	730426
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?	
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: : MALE
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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG4117E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93762177
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

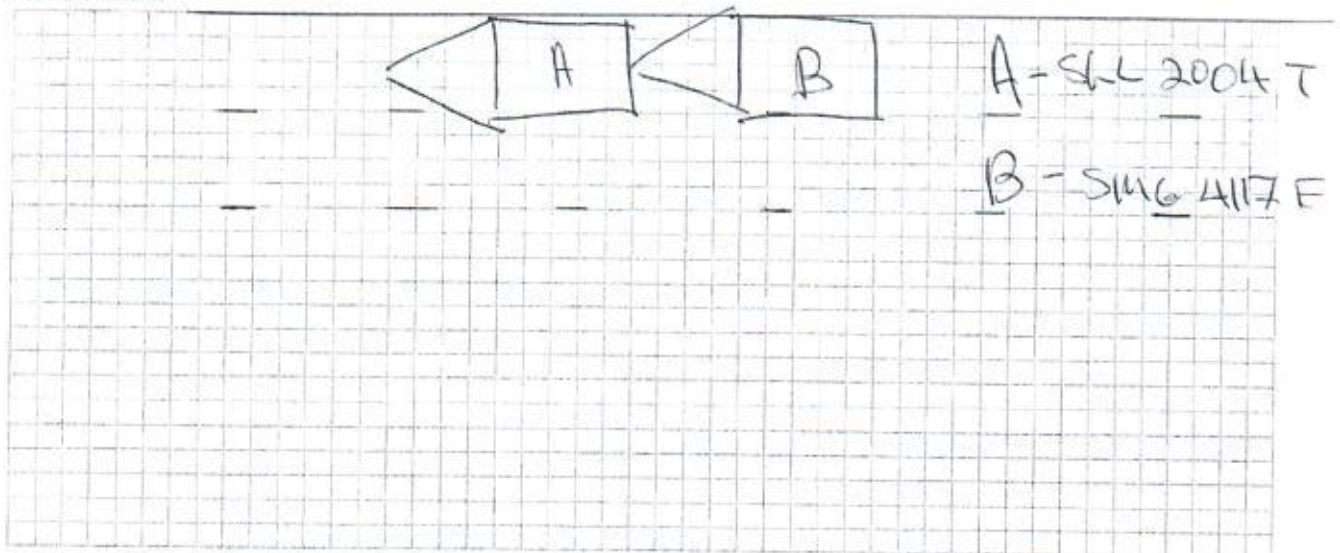
EasyDrive Car Rental
200 Jalan Sultan
#02-38 Textile Centre
Singapore 199018
Tel: 9673 5959 Fax: 6893 0418
Email: easydrivesg@gmail.com
UEN: 53375869L

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

I was driving veh A on the above mention date. The veh in front stop down a stop as I stop down a stop. A few second later I felt an impact when I slight I notice veh B could not stop in time and hit the rear of my veh A.

DECLARATION

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

EasyDrive Car Rental

200 Jalan Sultan

#02-33 Textile Centre

Singapore 199018

Tel: 6673 6989 Fax: 6376 2412

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.:

Date of Accident : 09.01.2020 Accident Time: 2.45 (24-HR-Format)
 Accident Place : PIE towards Changi Airport before km kept
 Vehicle No. (Car Plate No.) : SLK 2004T Make/Model: Toyota Vios
 Insurance Company : China Taiping Policy No: DMHCSN 1907061900
 Owner or Company Name /IC No. : Easydrive Car Rental (53375868L)
 Owner or Company Contact No. : — Owner's Hp — Company Tel
 DRIVER'S Name / IC No. : Mohamed Fazir Bin Idress (S7134058I)
 DRIVER'S Date Of Birth : 12/1/71 DRIVER'S License Pass Date 19.02.2000
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address : Blk 426 Woodlands Street 41 #10-198 (S) 730426
 DRIVER'S Contact No./ Alt No. : 1) 9018456 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): Driver / 2 passengers
 Was there any video Captured by car camera: YES \ NO ^{Front camera}
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: SMG 4117 E	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: 93762177	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

Unknown - Male
 Unknown - Female

EasyDrive Car Rental
 200 Jalan Sultan
 #02-38 Textile Centre
 Singapore 199015
 Tel: 9573 5989 Fax: 9583 2418
 Email: easydrivesg@gmail.com
 UEN: 53375868L

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.	DMHCSN1907061900	Engine No :1NZ2337001 Chassis No:MHFBT9F3606067680
1. Index Mark and Registration Number of Vehicle	SLC2004T	
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	14 FEBRUARY 2019	EXCESS SECT IS\$3,000.00 EXCESS SECT. I (OUTSIDE SINGAPORE).....S\$6,000.00 EXCESS SECT. IIS\$3,000.00 EXCESS SECT.II (OUTSIDE SINGAPORE).....S\$6,000.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	3 MAY 2020	
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 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).
Please see reverse

Countersigned By:



Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory