

NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MMA 120024447

Date In: 24/12/20 16:58	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MAL CTZ 20003095164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SMQ 702P	I-Motor Claim Form		
DFA: 23/12/20 12:15	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
QD: <input checked="" type="radio"/> Reporting Only	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: Vch No: SDT 3355D. 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 repolter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC Module 6700 0010)	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

MMA 2001588		Invoice/Refundation Credits	Am (\$)	Refund (\$)
Claimant's Particulars:	Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:		3) TP: Towing Fee \$40/\$45		
QC Checked by (Bugr-In-Charge):		4) PT: Follow-Through Survey \$120		
		5) FT: Follow-Through Survey (Resurvey) \$30		
		For claimant against INC Only (ver 10 Jan 2003)		
		6) TR: Re-inspection \$75		
		7) N1: Idao 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: Idao 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	24/02/2020 16:58
Date Of Accident	23/02/2020 12:15
Exact Location Of Accident	HANDY RD INFRONT THE ATRIUM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ702P
Insured/Policyholder	
Name Of Registered Owner	GO-RENT PTE LTD
Co Reg No	2XXXXX747D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93761666

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMHCSNA00000782000
Cover Note Number	

Driver

Name of Driver	MOHAMMAD NOR BIN SAIDI
NRIC No	SXXXX561D
Date Of Birth	25/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	11/09/1998
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94230333
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 174D EDGEDALE PLAINS #02-193
Postcode	824174
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT G/20200224/7040

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	SDT3355D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 MOHAMMAD NOR BIN SAIDI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMQ702P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.

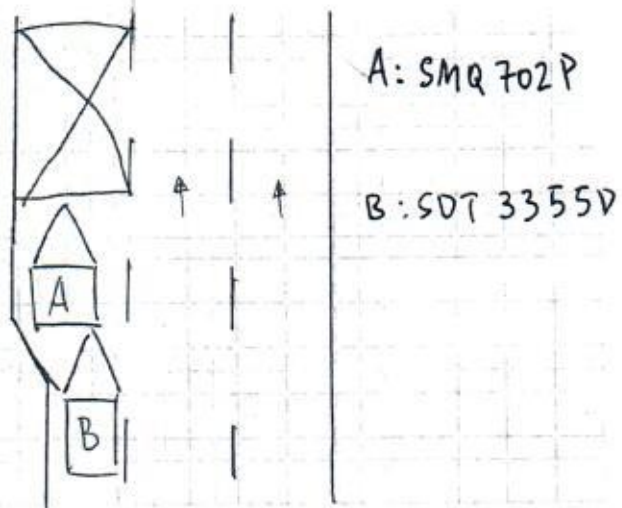


Policyholder's Signature
Date & Time:

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

Refer to police report.

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:

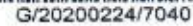
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident : 23/02/2020 Accident Time: 1215 (24-HR-Format)
 Accident Place : Along Handy Road, in front the Atrium
 Vehicle No. (Car Plate No.) : SMQ 702P Make/Model: Honda
 Insurance Company : China Taiping Policy No: DMHCSNA00000782000
 Owner or Company Name / IC No. : Go-Rent Pte Ltd 201824747D
 Owner or Company Contact No. : 9376 1666 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Mohammad Nor Bin Saidi 56904561D
 DRIVER'S Date Of Birth : 25/01/1968 DRIVER'S License Pass Date 14/02/2003
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Rental
 DRIVER'S Address : 174D Edgcote Plains #02-193 S(824 174)
 DRIVER'S Contact No./ Alt No. : 1) 9423 0333 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : xdctot32@gmail.com
 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): 01
 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
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>SDT 3355F D</u>	Vehicle No: _____
Vehicle Make/Model: <u>BMW</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



Date/Time Report Made 24/02/2020 12:33	Vide Report No.	Station Diary No.		
Name Of Informant MOHAMMAD NOR BIN SAIDI	Address 174D EDGEDALE PLAINS #02-193 SINGAPORE 824174			
ID Type / ID No. NRIC NO / S6804561D	Contact No. Home/Office:	Mobile: 94230333		
Nationality SINGAPORE CITIZEN	Email Address MAMAT XXX@YAHOO.COM			
Occupation Advertising salesman	Sex Male	Age 52	Date of Birth 25/01/1968	Race Indonesian
Institution/School Name	Language English			
Date/Time Of Incident 23/02/2020 12:15 - 23/02/2020 12:15	Location Of Incident Along Handy Road, in front The Atrium			

Subjects Involved	
Victim	
Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	24/02/2020 12:33
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20200224/7040

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200224/7040

Person Name	MOHAMMAD NOR BIN SAIDI		
ID Type	NRIC NO	ID No	S6804561D
Gender	Male	Age	52
Race	Indonesian	Language	English
Occupation	Advertising salesman	Address	174D EDGEDALE PLAINS #02-193 SINGAPORE 824174
Mobile No	94230333	Is Informant A Victim?	Yes
Person Name	MOHAMMAD NOR BIN SAIDI (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

24/02/2020 12:33

Classification Of Case:

Motor Hire Car

MZ406L/B

N SN

AN0214A

Cov Type: T

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.

DMHCSNA00000782000

Engine No. L15A1509628

Cha. No. GE81017935

 1. Under Make and Registration
 Number of Vehicle

SMQ752P

2. Name of Policy Holder

GO-RENT PTE LTD.

 3. Effective date of the Commencement of
 Insurance for the purposes of the Regulations,
 Continuance or Renewal

30/01/2020

Excess Sect. II \$53,000.00

Excess Sect. II (Outside Singapore) \$54,000.00

4. Date of Expiry of Insurance

29/01/2021

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

ANY AUTHORISED HIRER/DRIVER

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 driving a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

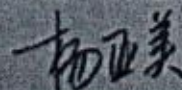
 * Limitations rendered inoperative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

 Issued By: Chua Suet Lay Sui
 Authorised Officer


 Authorised Signatory

Go-Rent Pte Ltd

Reg No. 201824747D

Office Address: 2 Venture Drive #14-28 Vision Exchange Singapore 608526

AUTOMOBILE LEASE AGREEMENT

Agreement No.:

Agreement Date:

003083
16/11/19

Lessor	Go-Rent Pte Ltd	ROC No.	201824747D
Address	2 Venture Drive #14-28 Vision Exchange S(608526)	Office No.	6904 8608

Lessee	MOHAMMAD Nor Bin Saidi	NRIC/UEIN No.	S(604561D)	Contact 1	94030333
Address	81K 174D, Edgemoor Place #02-193 S(824174)	Contact 2			
Email Address	MAMAT-XR@Yahoo.com	Date Of Birth	25/1/1968	Contact 1	
Address		Contact 2			
Company		Occupation			
Co. Address					
Driving Pass Date		Driving Class		D.O.Birth	

Co-Lessee/GTR		NRIC/UEIN No.		Contact 1	
Address		Contact 2			
Named Driver 2		NRIC/UEIN No.		Contact 1	
Company		Occupation			
Co. Address					
Driving Pass Date		Driving Class		D.O.Birth	

DESCRIPTION OF VEHICLE (Personal/Grab)

Registration No.	SMR 702P	Colour	Blue
Make / Model	Honda Fit 1.5 RS	Chassis No.	A3 606 CARO
Reg. Date	** (New/Used) As 606 CARO	Engine No.	As 606 CARO

TERMS OF RENTAL PAYMENT & PERIOD

Leasing Period	3 months	Deposit	\$150 Top up weekly to 800/-
Leasing Start Date	15/11/19	1 st Rental Fee	\$350/-
Leasing End Date	24/2/2020	Weekly Rental Fee	\$350/-
Termination Charge	As Contract	Weekly Rental Due on	Every Thursday.
Other Charges		Estimated Residual Value	

Deposit & 1st rental fee must be cleared upon collection of the car from Go-RentPte Ltd.

Subsequent weekly rental fee can be made by telegraphic transfer to: DBS : 072-003707-1 (with clear indication of the car reservation number on remarks).

In the event that the Lessee decided to cancel a reservation whereby a booking deposit has already been placed, there shall be no refund on the deposit collected. Strictly no refund after deposit.

4. You shall pay Go-RentPte Ltd a late fee of 5% of the late weekly / monthly payment, and an admin charge of S\$25 for each late payment which is not paid within 2 days.

VEHICLE DELIVERY

Vehicle check out	Date <u>15/10/15</u>	Time <u>1200 pm</u>	By: <u>Blue</u>
Vehicle is due back	Date	Time	By:
Vehicle returned	Date	Time	By:
Late Return	Every late hour is chargeable at S\$10 for cars below 1600cc and below; S\$20 per hour for cars above 1600cc up to the 4 th hour. Further delays will result in the Lessee(s) being charged for a whole day rental for that particular vehicle.		

OTHER TERMS

Belonging	All belonging left in cars will be discarded.
Excessive wear & use	You may be charge for excessive wear based on our standard for normal use and for mileage in excess of kilometer (Clause 7.1.10)
Insurance	Mandatory excess of S\$3,500.00 (in Singapore) in respect of each and every single accident.
Others	Shall you failed to make / clear any due payment to Go-RentPte Ltd and result in towing of the rental / leased vehicle, charges of towing fee, lost of keys charges, vehicle repair charges, admin fee etc will be charged.

By signing below, you acknowledge that you have read the entire Lease before signing it, and both you and we agree to the terms, conditions and obligation of the Lease.

Signed By Lessee	Signed by Lessor: Go-Rent Pte Ltd
X	X
Name / NRIC: <u>6804561 D</u>	Name / NRIC: <u>Blue</u>
X	
Name / NRIC: <u>Mohd Nur Saidi</u>	

For Singapore usage only.

Additional Premium for Malaysia Usage available.

Only Applicable to Named Driver Stated in the Contract.

Vehicle must be washed and vacuum upon returned.