

NATIONAL Assessment Centre Services. part 1 Jan'09 MMA 120030524

|                            |  |                       |         |
|----------------------------|--|-----------------------|---------|
| Date In: 10/3/20 12:06     | Job description                          | Date & Time Completed | Done by |
| Ref No: NA12IP 20003804164 | SAS e-filing                             |                       |         |
| Veh No: YM 7643J           | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| DDA: 713120 21:30          | I-Motor Claim Form                       |                       |         |
| OD - TP / Reporting Only   | I-Motor W/O (within: OD 2hrs, TP 4hrs)   |                       |         |
| TP Insurer:                | I-Photo Uploaded                         |                       |         |
|                            | Assessment/Survey Report                 |                       |         |
|                            | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SHD 9936A - 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 repotr.

( ) 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/Time | Action |
|-----------|--------|
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |

|   |                               |           |           |
|---|-------------------------------|-----------|-----------|
| NA 2001905                                      | Invoice Information Checklist | Am't (\$) | Am't (\$) |
| 1) All: Accident Reporting -(\$30)              |                               | 30.00     |           |
| 2) DA: Damage Assessment (\$100); INC (\$10)    |                               |           |           |
| 3) TP: Towing Fee \$40/\$45                     |                               |           |           |
| 4) FT: Follow-Through Survey \$120              |                               |           |           |
| 5) FT: Follow-Through Survey (Resurvey) \$30    |                               |           |           |
| For claiming against INC Only (wof 10 Jan 2005) |                               |           |           |
| 6) TR: Re-Inspection \$75                       |                               |           |           |
| 7) NI: Idco DA + SMRT Survey \$160              |                               |           |           |
| 8) NTUC Additional Services:-                   |                               |           |           |
| Q1)*  |                               |           |           |
| *N5: Courtesy Car / Tpt Allowance \$3           |                               |           |           |
| *N6: Repair Co-ordination \$10                  |                               |           |           |
| *N7: Post Repair Inspection \$25                |                               |           |           |
| *N8: DV / Collect Excess Coordination \$3       |                               |           |           |
| TP (Nil): TP (Non INC) against INC \$20         |                               |           |           |
| 9) NI2: Idco 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             | 10/03/2020 12:06    |
| Date Of Accident           | 07/03/2020 21:30    |
| Exact Location Of Accident | HOUANG AVE 3 L/P 55 |
| Country/State of Loss      | SINGAPORE           |

#### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | YM7643J |
|-----------------------------|---------|

#### Insured/Policyholder

|                          |                          |
|--------------------------|--------------------------|
| Name Of Registered Owner | HONG HOCK GLOBAL PTE LTD |
| Co Reg No                | 2XXXXX837H               |
| Email Address            | NOEMAIL                  |
| Mobile Phone No          |                          |
| Alternative Phone No     | OFFICE-84064194          |

#### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | MINITUBISHI        |
| Model  | -                  |
| 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   | COMMERCIAL VEHICLE |

#### Insurance Company

|                           |                               |
|---------------------------|-------------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD     |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy              | NO                            |
| Policy Number             | SD19V14338/VCV/R01            |
| Cover Note Number         |                               |

#### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | SHEIKH MD JAMAL UDDIN |
| NRIC No              | GXXXX543U             |
| Date Of Birth        | 01/01/1986            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 12/12/2018            |
| Driving Experience   | 1 YEAR AND 2 MONTHS   |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-84064194  |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | NOEMAIL               |

|   |                       |
|---|-----------------------|
| Address   | 1 YISHUN ST 23 #03-32 |
| Postcode  | 768441                |
| Was driver an employee of the Insured's Company     | YES                   |
| If No, Relationship of the Driver with the Insured  |                       |
| 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)   | 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

REFER TO 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         | SHD9936A |
| 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 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.

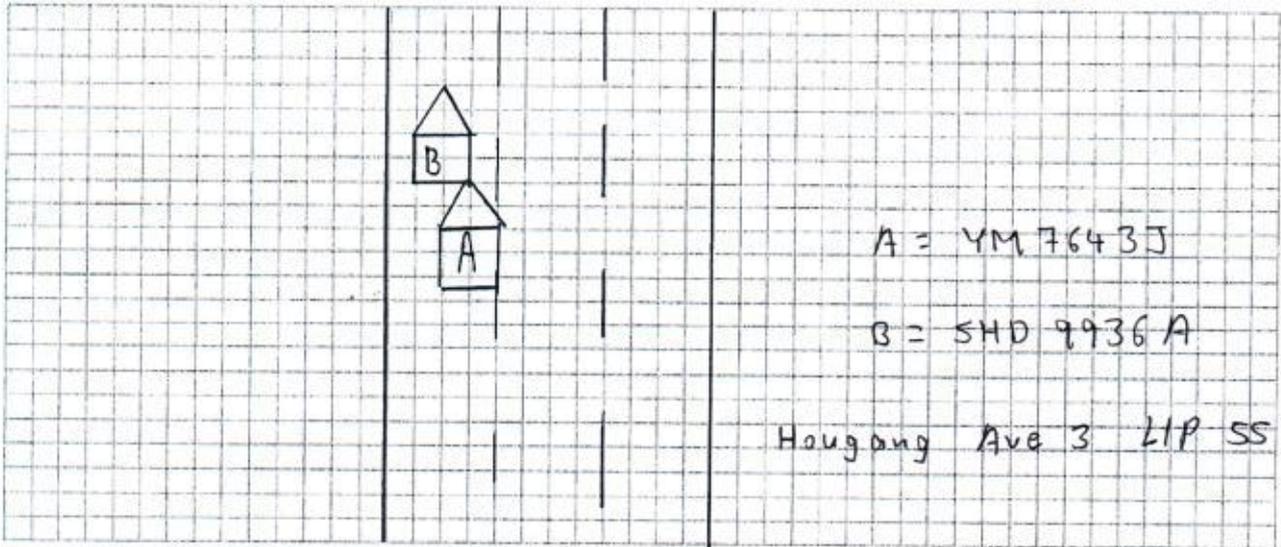


\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07-03-2020 at about 9.32pm. I was travelling along  
 Hougang Avenue 3 lamp post 55, I was travelling straight  
 Suddenly vehicle B brake, my vehicle can't brake in time and hit the  
 vehicle B.

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 : 07.03.2020 Accident Time: 9.32 pm (24-HR-Format)  
 Accident Place : Hougang Avenue 3 lamp post 55  
 Vehicle. No. (Car Plate No.) : YM 7643J Make/Model: Mit FE84BE6SRDEA  
 Insurance Company : Liberty Policy No: SD19Y14338/Vcv/R01  
 Owner or Company Name /IC No. : Hong Hock Global Pte Ltd (201333837H)  
 Owner or Company Contact No. : - Owner's Hp - Company Tel  
 DRIVER'S Name / IC No. : Sheikh MD Jamal Uddin (G8447543U)  
 DRIVER'S Date Of Birth : 01.01.1986 DRIVER'S License Pass Date 12.12.2018  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ ~~Employee~~ \ Others: \_\_\_\_\_  
 DRIVER'S Address : 1 Yishun Street 23 #03-32 Ys-One Singapore 768441  
 DRIVER'S Contact No./ Alt No. : 1) 8406 4194 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): 1 Driver  
 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): NO

**Other Party Driver's Particular (if any)**

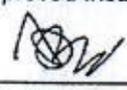
|  |                              |
|--|------------------------------|
| Vehicle. No: <u>SHD 9936A (Trans ab)</u> | Vehicle. No: _____           |
| Vehicle Make/Model: _____                | Vehicle Make/Model: _____    |
| Name Driver: _____                       | Name Driver: _____           |
| IC No. Driver/Contact: _____             | IC No. Driver/Contact: _____ |

\* NEW - Passenger's name & gender:



## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

|   |   |
|---|---|
| <b>Certificate No</b>   | SD19V14338 /VCV /R01  |
| <b>Form</b>   | MZ300A  |
| <b>Date Of Issue</b>  | 22-NOV-2019   |
| <b>1.Index Mark and Registration No. of Vehicle:</b>  | YM7643J   |
| <b>2.Chassis number of Vehicle:</b>   | FE84BEA10065  |
| <b>3.Name of Policyholder:</b>  | HONG HOCK GLOBAL PTE. LTD.  |
| <b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>   | 21-NOV-2019 00:00 AM  |
| <b>5.Date of Expiry of Insurance:</b>   | 20-NOV-2020 23:59 PM  |
| <b>6.Persons or Classes of Persons entitled to drive*:</b>  | Any person who is driving on the Policyholder's order or with their permission.<br><br>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.<br>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. |
| <b>7.Limitations as to use*:</b>  | A) Use in connection with the Policyholder's business.<br>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.<br>C) Use for social, domestic and pleasure purposes.   |
| <b>8.The Policy does not cover:</b>   | A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.<br>B) Use whilst drawing a trailer except the towing or 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 are not to be included under these headings.                   |   |
| 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. |   |
| For and on behalf of<br><b>LIBERTY INSURANCE PTE LTD</b><br>Approved Insurers<br><br>Authorised Signature  |   |
| <b>For Information only:</b>  |   |
| <b>COVERAGE :</b>   | Third Party Fire & Theft  |
| <b>SUM INSURED:</b>   | MARKET VALUE AT THE TIME OF LOSS  |
| <b>EXCESS:</b>  | All Claims S\$500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000  |
| <b>FINANCE COMPANY:</b>   |   |
| <b>PRODUCER NAME:</b>   | VIRTUAL INSURANCE AGENCIES PTE LTD  |

PLVC/PLVC/20-DEC-19

20-DEC-19