NATIONAL Assessment Centre	Services.	wet i Jawoaj .	MINA 12	2003491	52	
Date In. 20/3/20 17:03	Job description	)	Date &Time	Completed	Don	e py
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	Assessment/S	nrvey Report				
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Owner / Driver: (			Tcl:		)	
Policy No: ( ) Perio	od: (	)	Cover Type:	(	)	
Confirmed by : (		Date:	Tin		)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (	WO): N: 0-20	0%; P: 21-79	%. P: 80-10	0%]	
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2) QC Check / Post Repair Inspection	.( •	)				
3) Upload Resurvey Photo [Repair Cost > \$300	00] (	) ::	•			
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#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- 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	20/03/2020 17:03
Date Of Accident	14/03/2020 12:05
Exact Location Of Accident	LOYANG WAY BESIDE NIDEC SINGAPORE PTE LTD
Country/State of Loss	SINGAPORE
Design the second secon	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV205T
Insured/Policyholder	
Name Of Registered Owner	EZGO LEASING PTE LTD
Co Reg No	2XXXXX859G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88218811
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS-1.5 HYBRID (A)
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	SD19V09672/VPZ/R00
Cover Note Number	

### Driver

Name of Driver NAZRUL HESAM BIN SANEP

 NRIC No
 SXXXX547D

 Date Of Birth
 19/07/1978

 Occupation
 OUTDOOR

 Date Of Driving Pass
 02/07/2007

Driving Experience 12 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90665939

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 472 AMK AVE 10 #02-870

Postcode

560472

...

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

S.

Insurance Company of Driver's Own Vehicle

70

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 2

Number of vehicles (including own vehicle)

involved in the accident

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

GU2721X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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.

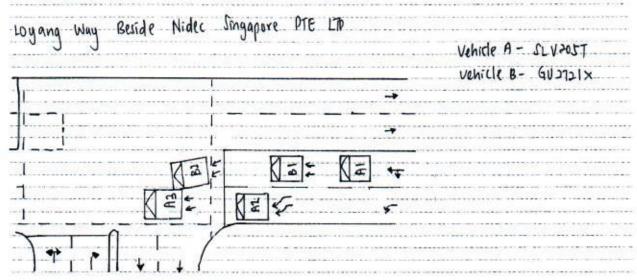
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Policyholder's Signature Date & Time: Driver's Signature
(If driver is not the policyholder)
Date & Time: 20032020

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

STANFORD ACCUMULATION OF THE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	On	the st	ated	date	an	d tim	ie, I	, vehic	le A	( tlv	7204	) was	trave	lling	along
on the	state	d locati	ion. I	As v	ehicle	B ( 6	ובדנ ט	x) in	front	of	me	war	moving	slov	uly,
1 change	ed t	he la	ne i	nto	most	left	lane	, the	n de	cid <u>e</u> o	l to	turi	n left	. Whe	h_
wanted	to .	turn 1	eff,	sudd	enly_	1 50	w ve	hicle	drive	, ve	ry i	nearly	onto	me	and
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wllided	onto	the	righ	f h	and	side	rear	port	bn	of	my	vehid	e ca	uning	damage

### DECLARATION

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

Policyholder's Signature Date & Time: Oriver's Signature
(If driver is not the policyholder)
Date & Time: 2032020

A

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

Date of Accident	: 14/03/2020 Accident Time: 1205 hrs (24-ER-FORMAT)
Accident Place	: Loyang way Beside Nidec Singapore PTE LTD
Vehicle Reg. No (Car plate No.)	: SLV 205 T Vehicle Make/Model: Toyota prius alpha hybria
Insurance Company	Liberty Policy No. SD19 v09 672/vPZ/R00
Name of Registered Owner	: Company/Individual Ezgo Leasing PTE LTO
ID of Registered Owner	: Co Reg No: 2015 3285 9 G Owner's NRIC No:
W	: Co Contact No: 88218811 Owner's Contact No:
DRIVER'S Name	Nazmi Hesam Bin DRIVER'S NRIG No: 57820547D
DRIVER'S Date of Birth	19 Jul 1978 DRIVER'S License Pass Date 02 Jul 2007
Relationship ber. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Orhers: Wirer
DRIVER'S Address	: APT BLK 472 Ang Mo Kro Avenue 10 402 -870 S(560472)
DRIVER'S Contact No./ Alt No.	: 1) 9066 5939 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg: working inside or outside of an oft)
Email Address	: nazyman 78@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 D Was the accident reported to the po Was there any video Captured by c	Passenger Name: Gender: M/F  Ar cardera: YES \ NO Any Injuries: YES / NO Injured Name:
Exact purpose for which vehicle w	as being used at the time of accident: Private use \ Work purpose
	ther Party Driver's Particulars (if any)
Vahids Reg No: GU 2721X	Vehicle Reg No:
Vehicle MakelModel:	Vehiole Make Model:
Name DRIVER:	Namé DBIVER:
IC No. DRIVER	IC No. DRIVER:
DRIVER'S Contact & add	DRIVER'S Contact & add:
Oth	ner Party Driver's Particulars (if any)
Vehicle Reg No:	Vehicle Reg No:
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Name DRIVER.	
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DRIVER'S Conitor & sid	





Liberty Insurance Pte Ltd Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8811 Fax: (65) 6225 8890 Website: http://www.libertyinsurance.com.sg

## 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	SD19V09672 /VPZ /R00	100 m 1540 M
From	MZ400B	*6
Date Of Issue	30-JUL-2019	
1.Index Mark and Registration No. of Vehicle:	SLV205T	
2.Chassis number of Vehicle:	ZVW400027492	
3.Name of Policyholder:	EZGO LEASING PTE LTD	
4.Effective date of Commencement of Insurance for the purpose of the Act:	27-AUG-2019 00:00 AM	
5.Date of Expiry of Insurance:	26-AUG-2020 23:59 PM	
6.Persons or Classes of Persons	ALBORITANISM CONTRACTOR SOURCE TO THE STATE OF THE STATE	

entitled to drive\*:

For Private Hire Vehicle (PHV) Usage:

For Social, domestic & pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.

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 and pleasure purposes.
- 8. Policy does not cover:
- A) Use for racing, pace-making, reliability trials 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: SUM INSURED:

Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I S\$2000, Section II S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S

\$3000, Windscreen Excess S\$100

FINANCE COMPANY:

MV CREDIT PTE LTD

PRODUCER MAME:

ALL INS SOLUTIONS PTE LTD

PLAS/-/01-AUG-19

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