

NATIONAL Assessment Centre Services [Rev. 1 Jan 2005]

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 20/04/20         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/CIJ20005299/13 | SAS e-filing                             |                       |         |
| Veh No: SMF 4509M         | E-mail (within 8hrs, AIG 2hrs)           |                       |         |
| D.O.A: 19/04/20 1830      | I-Motor Claim Form                       |                       |         |
| OD (TP) Reporting Only    | 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: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SH6740R 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   | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616)                                |                       |         |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

Injury: \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |

| Claimant's Particulars:         | Invoice Preparation Checklist                   | Unit (\$)   | Unit (\$) |
|---------------------------------|---|-------------|-----------|
|                                 |   | In Bill     | Add Bill  |
| NA20005671                      | 1) AR: Accident Reporting (\$30);               |             |           |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$30)    |             |           |
| 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    |             |           |
| Auditors' Comments:             | For claiming against INC Only (wef 10 Jan 2005) |             |           |
| Dat. 1:                         | 6) TR: Re-inspection \$75                       |             |           |
| Dat. 2/3:                       | 7) NI: Idao DA + SMRT Survey \$160              |             |           |
|                                 | 8) NTUC Additional Services:-                   |             |           |
|                                 | ON:   |             |           |
|                                 | *N5: Courtesy Car / Tp. 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: Idno Mobile 30                          |             |           |
|                                 | 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             | 20/04/2020 16:03       |
| Date Of Accident           | 19/04/2020 18:30       |
| Exact Location Of Accident | SUNTEC CITY ROUNDABOUT |
| Country/State of Loss      | SINGAPORE              |

### DETAILS OF OWN VEHICLE

|                             |                                 |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | SMF4509M                        |
| <b>Insured/Policyholder</b> |                                 |
| Name Of Registered Owner    | ASIA EXPRESS CAR RENTAL PTE LTD |
| Co Reg No                   | 2XXXXX228D                      |
| Email Address               | PEIJIE@EXPRESSCAR.COM.SG        |
| Mobile Phone No             |                                 |
| Alternative Phone No        | OFFICE-91998131                 |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | HONDA        |
| Model  | FREED        |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE  |
| 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 FIRE AND/OR THEFT                 |
| Fleet Policy              | NO  |
| Policy Number             | DMHCSNA00001962000                            |
| Cover Note Number         |   |

### Driver

|                      |                              |
|----------------------|------------------------------|
| Name of Driver       | MUHAMMAD RASHIDIN BIN RAHMAT |
| NRIC No              | SXXXX837Z                    |
| Date Of Birth        | 20/01/1990                   |
| Occupation           | OUTDOOR                      |
| Date Of Driving Pass | 24/12/2015                   |
| Driving Experience   | 4 YEARS AND 3 MONTHS         |
| Gender               | MALE                         |
| Mobile Number        | (LOCAL) +65-97963845         |
| Fax Number           |                              |
| Contact Number       |                              |
| Email Address        | NOEMAIL                      |

|   |  |
|---|--|
| Address   | BLK 362B SEMBAWANG CRESCENT<br>#07-817 |
| Postcode  | 752362                                 |
| 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   | SIDE SWIPE |
| 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?   | YES           |
| Remarks/ Reasons:                             | WITH WORKSHOP |
| Was there any audio recorded?                 | NO            |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                |
|-------------------------------------|----------------|
| Vehicle Registration Number         | SH6740R        |
| Vehicle Make/Model/Colour           |                |
| Details Of Properties               |                |
| Vehicle Category                    | TAXI           |
| Name of Driver                      | LEE SENG CHUAN |
| NRIC/Passport Number                | SXXXX277A      |
| Contact Number                      | 81273753       |
| 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: 12:15pm  
20/04/20

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/04/2020  
12:10pm

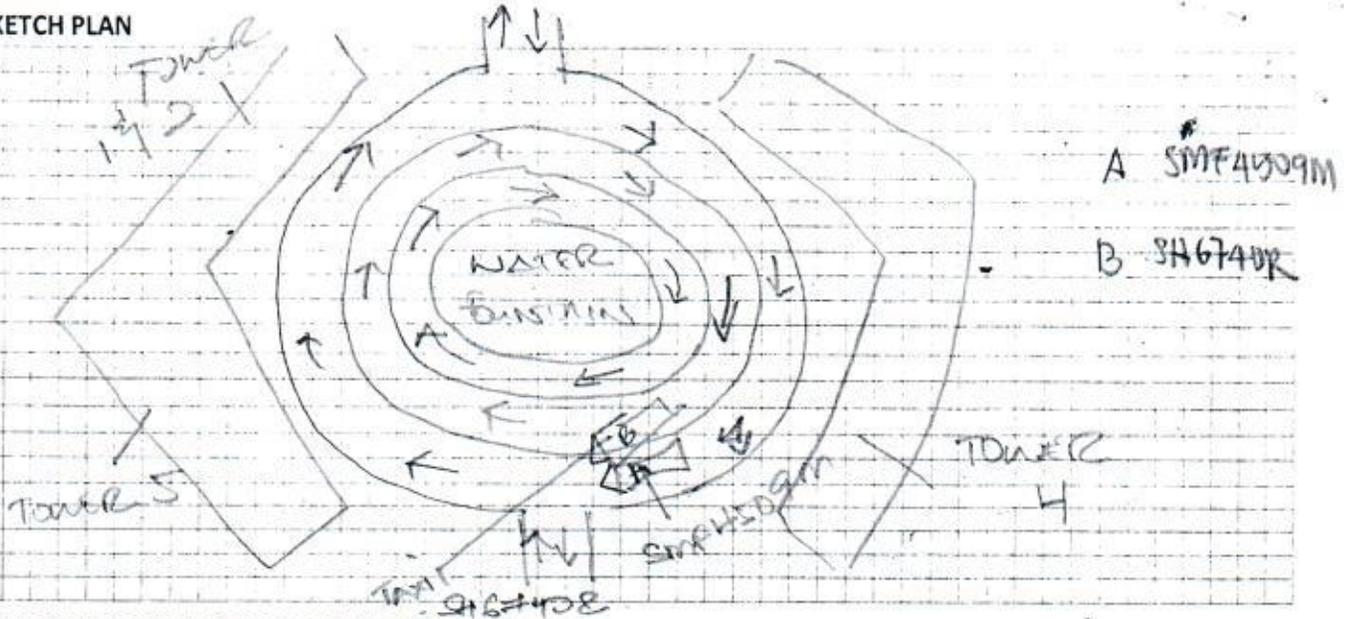
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

\* KOLIKAT KAD.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FROM SCHOOL ROAD AT AROUND 6:30 PM, INTENTION TO GO TOWER 1 & 2  
 TO TETH WRE FROM WALK. I DRIVE ON 3<sup>RD</sup> LANE AT THE ROAD JUNCTION  
 WITH TAXI (CONTACT) ON 2<sup>ND</sup> LANE. WHEN REACHING A BIT BEFORE TOWER  
 5, THE TAXI JUST SWERVE TO THE LEFT TO EXIT THE ROAD. AS  
 THE TAXI MAKE A SWERVE THEN, I COULDN'T AVOID COLLISION AND I'M  
 STUCK. MY FRONT RIGHT SIDE BUMPER HIT THE TAXI AROUND THE LEFT FOUR  
 TYPE AREA.

DECLARATION

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



*[Signature]*  
 20/04/2020  
 Policyholder's Signature  
 Date & Time: 12:15 pm

*[Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 20/04/2020.  
 12:10 pm.

*[Signature]* 20/04/20  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Date of Accident : 19/04/2020 Accident Time: 18:30 (24-HR-FORMAT)

Accident Place : Suntec City Round about

Vehicle Reg. No (Car plate No.) : SMF 4509M Vehicle Make/Model: Honda Freed

Insurance Company : China Taiping Insurance (S) Pte Ltd Policy No. DMHCSNA0000 1962000

Name of Registered Owner : Company / Individual Asia Express Car Rental Pte Ltd

ID of Registered Owner : Co Reg No: 20116882D Owner's NRIC No: \_\_\_\_\_  
 : Co Contact No: 9199 8131 Owner's Contact No: \_\_\_\_\_

DRIVER'S Name : Muhammad Radhidin Bin <sup>Rahmat</sup> DRIVER'S NRIC No: S9001837Z

DRIVER'S Date of Birth : 20/01/1990 DRIVER'S License Pass Date 24/12/2015

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: driver

DRIVER'S Address : Blk 362B Sembawang (rescent #07-817 (s) 752362

DRIVER'S Contact No./ Alt No. : 1) 4796 3845 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : Peijie @ expresscar. com. sg

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 male

Was the accident reported to the police? YES \ NO

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 Particulars (if any)**

|  |                               |
|--|-------------------------------|
| Vehicle Reg No: <u>SH 6740R</u>          | Vehicle Reg No: _____         |
| Vehicle Make\Model: _____                | Vehicle Make\Model: _____     |
| Name DRIVER: <u>Loe Seng Chuan</u>       | Name DRIVER: _____            |
| IC No. DRIVER: <u>S7017277A</u>          | IC No. DRIVER: _____          |
| DRIVER'S Contact & add: <u>8127 3753</u> | DRIVER'S Contact & add: _____ |



Motor Hire Car

MZ406L/B

N SN

BR0085A

Cov. Type:F

**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.  | DMHCSNA00001962000  | Engine No.: LEB5613109<br>Cha. No.:GB71077455 |
| 1. Index Mark and Registration Number of Vehicle   | SMF4509M  |   |
| 2. Name of Policy Holder   | ASIA EXPRESS CAR RENTAL PTE. LTD.   |   |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 25/03/2020  |   |
| 4. Date of Expiry of Insurance   | 24/03/2021  |   |
| 5. Persons or Classes of Persons entitled to drive*  | As per Named Driver(s) stated below.<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.   |   |
| 6. Limitations as to use.*   | (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.<br>(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.<br><br>The Policy does not cover<br>(1) Use for racing, pace-making, reliability trial or speed-testing.<br>(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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ..... Gan Li Jia Jessica  
Authorised Officer

.....  
Authorised Signatory

\$250

Asia Express Car Rental Pte Ltd  
82 Geylang Lorong 23 #03-06 Atrix Singapore 388409

Asia Express Car Rental Pte Ltd  
82 Geylang Lor 23  
#03-06 Atrix  
Singapore 388409

**Vehicle Lease Agreement**

This **VEHICLE LEASE AGREEMENT** (hereinafter referred to as 'The Agreement' is made on

Between **Asia Express Car Rental Pte Ltd**  
**(Business Registration No.: 53356674J)**  
**Having its office at:**  
**82 Geylang Lorong 23 #03-06 Atrix Singapore 388409**  
**Hereinafter referred to as 'The Owner' of the one part**

And **Name: Muhammad Rashidin Bin Rahmat**  
**Nric No: S9001837Z**  
**Having his residential address at: Blk 362B Sembawang**  
**Crescent #07-817 Singapore 752362**  
**Tel. (Residential) : 97963845**  
**Next of Kin Contact : 83667085 (Wife - Yati)**

**Hereinafter also known at the 'The Hirer' of the other part**

Additional Driver **Name:**  
**Nric No:**  
**Having his residential address at .:**  
**Tel. (Residential) :**  
**Next of Kin Contact :**  
**Hereinafter also known as the "Additional Hirer" of the other part**

Hereby agrees that The Owner will lease to The Hirer and/or the Additional Hirer the vehicle with the below details, hereinafter referred to as 'The Vehicle' with the terms & conditions set out in The Agreement Contained herein: -

**VEHICLE AND LEASE PERIOD**

|   |
|---|
| Make & Model: Honda Freed               |
| Registration No: SMF4509M               |
| Effective from: 20/03/2020 – 22/06/2020 |
| Period : 3 Months Contract              |

[The Owner's Initial & Stamps]  


The Hirer and/or Additional Hirer Initial & Stamps  
20-Mar-2020  
