

**NATIONAL Assessment Centre Services.** (Ref: Jan 2005) **NA/20045277**

Date In: <b>08/05/2020 14:21</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/20045277</b>	SAS e-filing		
Veh No: <b>STD 87K</b>	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: <b>07/05/2020 11:30</b>	I-Motor Claim Form		
OD <b>(TP)</b> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Upload		
	Assessment/Survey Report		
	Ass't Report by P x / Hand to Owner/Wksp		

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

TP Particulars: Vch No: **FBN 4633A** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est Status (WO): M: 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 repaler.

( ) 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/2002854**

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

QC Checked by (Engr-In-Charge): ( )

Auditory Comments: ( )

Ref: 1: ( )

Ref: 2: ( )

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (var 10 Jan 2005)	
6) TR: Re-inspection	\$73
7) NI: Idas DA + SMRT Survey	\$160
8) NTUC Additional Services	
ON:	
*NS: Courtesy Car / TP Allowance	\$3
*NG: Repairs Coordination	\$10
*NT: Post Repair Inspection	\$23
*NB: DV / Collect License Coordination	\$3
TE (NI): TP (NS) against INC	\$20
9) NI: Idas 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	08/05/2020 14:21
Date Of Accident	07/05/2020 11:30
Exact Location Of Accident	NATHAN ROAD TOWARDS CHARTSWORTH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD87K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EZGO LEASING PTE LTD
Co Reg No	2XXXXX859G
Email Address	MUBARAK0870@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92323494
Alternative Phone No	OFFICE-94894515

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V09672/VPZ/R00
Cover Note Number	

### Driver

Name of Driver	MUBARAK BIN ABDULLAH
NRIC No	SXXXX225B
Date Of Birth	05/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1987
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92323494
Fax Number	
Contact Number	OTHERS-94894515
Email Address	MUBARAK0870@GMAIL.COM

Address	BLK 272 BUKIT BATOK EAST AVENUE 4 #08-70
Postcode	650272
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200507/2018

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN4633A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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:

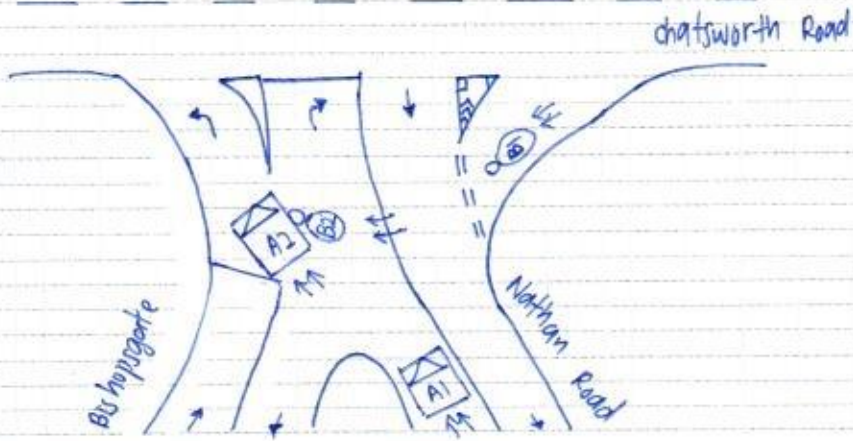
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Nathan Road toward Chartsworth Road

Vehicle A - SJ087K

Vehicle B - FBN 4633A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report NO. J/20200507/2018.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

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

*[Signature]* 08/05/2020  
*[Signature]*



Date of Accident : 07/05/2020 Accident Time: 1130hrs (24-HR-FORMAT)

Accident Place : Nathan Road towards Charthworth Road

Vehicle Reg. No (Car plate No.) : STD 87K Vehicle Make/Model: Toyota Prius

Insurance Company : liberty Policy No. SD19V09672 / VP2 / P00

Name of Registered Owner : Company / Individual Ezgo Leasing PTE LTD

ID of Registered Owner : Co Reg No: 2015328596 Owner's NRIC No: -

: Co Contact No: 9232 3994 Owner's Contact No: -

DRIVER'S Name : Mubarak Bin Abdullah DRIVER'S NRIC No: S1814225B

DRIVER'S Date of Birth : 05 Feb 1967 DRIVER'S License Pass Date 06 Aug 1987

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

DRIVER'S Address : APT BLK 272 Bukit Batok East Avenue 4 #08-70 Singapore  
650272

DRIVER'S Contact No./ Alt No. : (1) 94894515 2) -

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

Email Address : mubarak 0870@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 Passenger Name: - Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: -

Injured Name: -

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>FBN 4633A</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

JWH Claims @ Yahoo. Com



Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20200507/2018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/05/2020 15:08	Vide Report No.:	Station Diary No.: 37
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**Informant's Particulars**

Name of Informant: MUBARAK BIN ABDULLAH			Address: APT BLK 272 BUKIT BATOK EAST AVENUE 4 #08-70 SINGAPORE 650272		
ID Type / ID No.: NRIC NO / S1814225B			Contact No.: Home/Office: Mobile: 94894515		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 05/02/1967	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/05/2020 11:30	Type of Location:
Location: Along Road 1 NATHAN ROAD  towards Chartsworth Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN4633A	Motorcycle				Seriously Damaged	0
SJD87K	Car				Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20200507/2018

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20200507/2018

**CONTINUATION OF REPORT**

**Brief Details.**

On 07/05/2020 at about 1130hrs, I was travelling along Nathan Road towards Chartsworth Road when one motorcycle (FBN4633A) collided into my right side. I am not sure how the collision happened. The collision happened near the junction of Bishopgate Road. The rider of the motorcycle was badly injured but I am not injured.

I have an in-car camera and the SD card of the camera has been seized by the Traffic Police officer. The rider was conveyed by the ambulance. I am unsure of the total cost of damage for my car.



**SINGAPORE  
POLICE FORCE**



T/20200507/2018

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

3 of 3

Report No. T/20200507/2018

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 SITI NABILA BINTE RAZALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

SIGNATURE

Date/Time:

07/05/2020 15:08

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Classification Of Case:

Authentication Stamp

NP168



# Ezgo Leasing PTE LTD

176 Sin Ming Drive #04-14 S(575721)

## RENTAL AGREEMENT

Kindly fill up all of the details below

CAR MODEL: Toyota Prius 1.8 CARPLATE: STD87K

HIRER'S NAME: <u>Mubarak Bin Abdullah</u>	
NRIC/PASSPORT NO.: <u>S18142253</u>	DOB: <u>5/2/1967</u>
NEXT OF KINS: <u>-</u>	Tel: <u>-</u>
ADDRESS: <u>272 Bukit Butok East Ave 4 #08-70 S650272</u>	
CONTACT NO.: <u>94894515</u>	
RENTAL DEPOSIT: <u>\$500/-</u>	
DATE OF COMMENCE: <u>20/11/18 1:30pm - (20/11/2020 End)</u>	
EMAIL: <u>Mubarak0870@gmail.com</u>	
RENTAL PER DAY: <u>\$71/-</u>	
BANK/ ACCOUNT NO.: *All Payments will be transferred to you every Thursday. You will only transfer us your earnings every Thursday at 2pm. Hence, we will only be able to process your payout after we receive their payment. Thank you.	
CONTRACT VAILDITY: <u>24 mths</u>	
1)INSURANCE 1 <sup>ST</sup> PARTY EXCESS \$2500 \$1500 2)INSURANCE 3 <sup>RD</sup> PARTY EXCESS \$2500 \$1500 3)INSURANCE EXCESS FOR OVERSEA WILL BE DOUBLED 4)INSURANCE EXCESS FOR DRIVING LICENCE LESS THEN 2 YEAR AND BELOW 22 YEAR OLD WILL BE DOUBLED 5)WINDSCREEN EXCESS \$200	

Left Side



Right Side

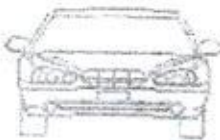


REMARKS:

Back



Front



Top



D=DENT S=SCRATCHES C=CHIPS R=RUST M=MISSI



*Mubarak*

## 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)

<b>Certificate No</b>	SD19V09672 /VPZ /R00
<b>From</b>	MZ400B
<b>Date Of Issue</b>	30-JUL-2019
<b>1.Index Mark and Registration No. of Vehicle:</b>	SJD87K
<b>2.Chassis number of Vehicle:</b>	ZVW508054854
<b>3.Name of Policyholder:</b>	EZGO LEASING PTE LTD
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	27-AUG-2019 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	26-AUG-2020 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
<b>For Private Hire Vehicle (PHV) Usage :</b>	
<b>For Social, domestic &amp; pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.</b>	
<p>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.</p> <p>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.</p>	
<b>7.Limitations as to use*:</b>	
A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes.	
<b>8.Policy does not cover:</b>	
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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  <hr style="width: 100px; margin-left: auto;"/> Authorised Signature	
<b>For Information only:</b> <b>COVERAGE :</b> Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only) <b>SUM INSURED:</b> MARKET VALUE AT THE TIME OF LOSS <b>EXCESS:</b> Section I S\$2000, Section II S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S \$3000, Windscreen Excess S\$100 <b>FINANCE COMPANY:</b> MV CREDIT PTE LTD <b>PRODUCER NAME:</b> ALL INS SOLUTIONS PTE LTD	

PLAS-/01-AUG-19

S1\_CI\_T1\_T3\_OE\_Template6-Ver1. 01-AUG-19