

NATIONAL Assessment Centre Services.

[wef 1 Jan 05] MIA 100 49239 - 02

Date In: 3/6/20 - 10:48	Job description	Date & Time Completed	Done by
Ref No: NA12003145 / NA2205597	SAS e-filing		
Veh No: JB 57996B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1/9/20 18:30	i-Motor Claim Form	M/1093640-001	3/6/20 11:00
OD: TP: Repairs 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: Vch No: () 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 repairer.

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

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

Remarks:	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
29/9/20	Amend to OD claim.
20/10/20	Reopen file to bill DA fees to NTUC <i>Li 23/10/20</i>
15/10/20	reopen ref only, 1st DOL 15/10/20

NA2003145 / NA2205597	Invoice Preparation Checklist:	Am't (\$)	Am't (\$)	
Claimant's Particulars:	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$4			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claimant against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) N12: Idac Mobile 30			
QC Checked by (Engr-In-Charge):	QD*			
Auditors' Comments:	*N5: Courtesy Car / Tpl Allowance	\$5		
	*N6: Repair Coordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (Non INC) against INC	\$20		
Page 1:	Invoice dated	Fee Charged		
Page 2 / 3:	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	03/06/2020 10:48
Date Of Accident	01/06/2020 18:30
Exact Location Of Accident	PIE (CHANGI) TWDS KALLANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJB7996B
Insured/Policyholder	
Name Of Registered Owner	CAR EMPIRE LEASING PTE LTD
Co Reg No	2XXXXX518K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98988803
Alternative Phone No	OFFICE-98988803
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA2 AT R
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111556832
Cover Note Number	
Driver	
Name of Driver	SHARIFAH HAFIZAH BINTE SYED MOHAMED ALI
NRIC No	SXXXX530G
Date Of Birth	12/04/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/01/2010
Driving Experience	10 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91152626
Fax Number	
Contact Number	OFFICE-91152626
EEmail Address	NOEMAIL

Address	BLK 474 PASIR RIS DRIVE 6 #05-572
Postcode	510474
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - A/20201001/7005.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation**.
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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.

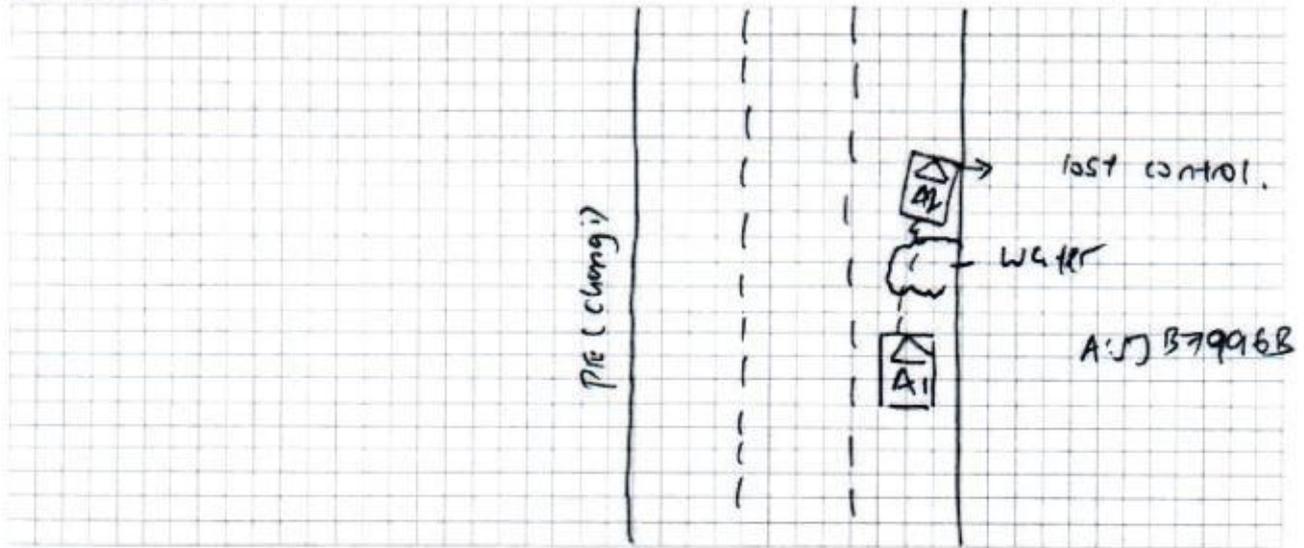


Policyholder's Signature
Date & Time:

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 started date and time, I was travelling along PIE (charging).

There was a puddle of water on 1st lane, my vehicle lost control, my vehicle swerve to the left. As I noticed there was oncoming vehicles on the 2nd lane. I adjust my vehicle steering wheel to the right to avoid the collision with the vehicles on 2nd lane. my vehicle started to spin, and hit against the railing.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 6 / 20) (DD/MM/YYYY), TIME: (18:30) (HH:MM)

LOCATION: PIE (chang i) trucks kailling - ICEE AIT.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5JW127996B
b) INSURANCE COMPANY: ANIC
c) POLICY NUMBER: 5111556832
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Car Empire Leasing Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98988803
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91152626
c) ADDRESS: _____

*d) DATE OF BIRTH: (____ / ____ / ____) (DD / MM / YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Nothing MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email = sharifah.hafizahl2@gmail.com

fax =

VIDEO =



**SINGAPORE
POLICE FORCE**



A/20201001/7005

1 of 1

POLICE REPORT (NP299)

Report No. A/20201001/7005

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

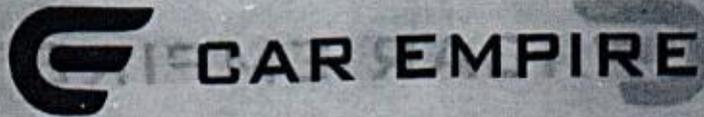
Date/Time Report Made 01/10/2020 11:37	Vide Report No.	Station Diary No.	
Name Of Informant SHARIFAH HAFIZAH BINTE SYED MOHAMED ALI	Address 474 PASIR RIS DRIVE 6 #05-572 SINGAPORE 510474		
ID Type / ID No. NRIC NO / S9112530G	Contact No. Home/Office:	Mobile: 91152626	
Nationality SINGAPORE CITIZEN	Email Address SHARIFAH.HAFIZAH12@GMAIL.COM		
Occupation Marketing and sales representative (technical)	Sex Female	Age 29	Date of Birth 12/04/1991
			Race Malay
Institution/School Name	Language English		
Date/Time Of Incident 01/06/2020 18:30	Location Of Incident PAN ISLAND EXPRESSWAY		

Brief details.

On the stated date and time, I was driving along PIE(Changi). The ground was wet due to after-rain. There was a puddle of water one the 1st lane, in which my vehicle lost control and started to swerve to the left side of the lane. Upon realising that I may hit vehicles oncoming on the 2nd lane, I adjusted my steering wheel to the right to avoid any vehicle collisions. My vehicle started to spun, hit against the railing before coming to a stop. There was no other vehicles involved.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2020 11:37
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



VERTEX, 33 UBI AVENUE 3 #01-74 SINGAPORE 408868

TEL: 6909 7310 FAX: 6909 7320

Rental Agreement No. 00121

This agreement is made on the 29/4/2020 between Car Empire Leasing Pte. Ltd., Registration No. 201819518K with registered address of 33 Ubi Avenue 3, Vertex #01-174 Singapore 408868 ("Owner") and Sharifah Hafizah Binte Syed Mohamed Ali of APT Blok 474 Pasir Ris Drive 6 #05-572 Singapore 510474 (hereinafter called the "Hirer"). The Hirer shall agree to the following terms and conditions: -

1. Particulars of Vehicle

Make & Model:	<u>Mazda 2</u>	Registration Number:	<u>SJB 7996P</u>
Engine Number:		Chassis Number:	
IU No.:		Color:	<u>Black</u>

2. Commencement & Total Charges

Effective Date:	<u>29/4/2020</u>	Expiry Date:	<u>TBC</u>
Deposit Payment:	<u>-</u>	Rental Payment: (Daily/ Weekly/ Monthly)	<u>\$210</u>
Agreed Payment Terms:			
<i>Note: Overdue interest of 18% is payable for any late payment from due date to actual payment received.</i>			
Damage Excess:	<u>\$3500</u> (SIN)	Damage Excess: Malaysia use:	<u>\$500</u> (WEST MSIA) YES/ NO

3. Drivers Particulars

1 st Driver		2 nd Driver	
Full Name: (As Per NRIC)	<u>Sharifah Hafizah Binte Syed Mohamed Ali</u>	Full Name: (As Per NRIC)	
Date of Birth:	<u>12/04/1991</u>	Date of Birth:	
License/ Passport Number:	<u>S9112530G</u>	License/ Passport Number:	
Residential Address:	<u>APT Blok 474 Pasir Ris Drive 6 #05-574</u>	Residential Address:	
Contact Number:	<u>91152626</u>	Contact Number:	

Hirer Signature: [Signature]
Full Name and Date: 29/4/2020

Authorized Signature & Company Stamp
Full Name and Date: [Signature]

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHA120049239 Vehicle Registration No: JB7996B
 Name (as shown in NRIC) : Car Empire Leasing Pte Ltd NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 9631 3775
 Email Address : Eileen-wong@car-empire.sg.com
 Date of Accident : 1/6/20 Time of Accident : 18:30
 Place of Accident : PIE Changi) twin Kallang
 Insurance Company: NTOC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Add in rental agreement.
2. Add in price report - A/2020/10017005.



Policyholder / Driver's Signature
Date:


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