

# NATIONAL Assessment Centre Services: [Part 1 Jan 2002] MMA 120084659

Date In: 29/1/20 09:16	Job description	Date & Time Completed	Done by
Ref No: MA1 CT2 20010399/h4	SAS e-filing		
Veh No: SMM1978A	E-mail (within 3hrs, AIC 2hrs)		
D.F.A: 28/1/20 10:05	I-Motor Claim Form		
(1) <input checked="" type="radio"/> 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: SHB 17702	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 repolier.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: (

Remarks:	INC ( ) / Non-INC ( )	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

NA 2005149		Invoice/Repairation Checklist		Am't (\$)	PAID (\$)
Comments/Particulars:	1) AR: Accident Reporting (\$30):			30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100):	INC (\$30)			
Contact No:	3) TP: 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 2002)				
	6) TR: Re-inspection		\$75		
	7) NI: Idao DA + SMRT Survey		\$160		
	8) NTUC Additional Services:				
	ON:				
	*NS: Courtesy Car / Tpt Allowance		\$5		
	*NG: Repair Co-ordination		\$10		
	*NT: Post Repair Inspection		\$25		
	*NR: DV / Collect Excess Coordination		\$5		
	TE (N11): TP (Non INC) against INC		\$20		
	9) N12: Idao 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 29/09/2020 09:16  
 Date Of Accident 28/09/2020 10:05  
 Exact Location Of Accident CTE TWDS CITY  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM1978A  
**Insured/Policyholder**  
 Name Of Registered Owner ASIA EXPRESS CAR RENTAL PTE LTD  
 Co Reg No 2XXXXX882D  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-91998131

### Vehicle Particulars

Manufacturer TOYOTA  
 Model NOAH  
 Exact Purpose for which vehicle was being used at time of accident COMMERCIAL  
 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 DMHCSNA00001952000  
 Cover Note Number

### Driver

Name of Driver YAHYA BIN EMBI  
 NRIC No SXXXX656B  
 Date Of Birth 09/09/1959  
 Occupation OUTDOOR  
 Date Of Driving Pass 22/11/1983  
 Driving Experience 36 YEARS AND 10 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-91692436  
 Fax Number  
 Contact Number  
 Email Address NOEMAIL

Address	BLK 212 MARSILING CRES #05-23
Postcode	730212
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	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?	YES
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200928/2045

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1770Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHAMAD NAZRI BIN ANWAR
NRIC/Passport Number	SXXXX637C
Contact Number	87423779

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name YAHYA BIN EMBI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMM1978A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## 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: 28/09/2020  
11:49am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/09/2020  
11:49am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CTE twos City

Diagram illustrating the execution of the `SHL` instruction on the `AX` register. The register is shown as a horizontal bar divided into two sections, `A` and `X`. The initial value in the register is `0000 0000 0000 0000`. The instruction `SHL` is shown, and the result is `0000 0000 0000 0000`. The register is then shown with the value `0000 0000 0000 0000`.

Refer to Police Report T/2020 0928/ 2045

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

Date & Time: 28/09/2020  
11:49am

Date & Time: 28/09/2020  
11:49am

NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20200928/2045

1 of 3

Report No. T/20200928/2045

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/09/2020 13:39	Vide Report No.:	Station Diary No.: 14
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**Informant's Particulars**

Name of Informant: YAHYA BIN EMBI			Address: APT BLK 212 MARSILING CRESCENT #05-23 SINGAPORE 730212	
ID Type / ID No.: NRIC NO / S1397656B			Contact No.: Home/Office: Mobile: 91692436	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 61	Date of Birth: 09/09/1959	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2020 10:05	Type of Location: Straight Road
Location:  ANG MO KIO AVENUE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB1770Z	Car					0
SMM1978A	Car				Seriously Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200928/2045

2 of 3

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20200928/2045

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MOHAMAD NAZRI BIN ANWAR	ID No.	S7305637C
Related Vehicle	SHB1770Z (Car)	Contact No.	87423779
Hospital/Clinic	-	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	YAHYA BIN EMBI	ID No.	S1397656B
Related Vehicle	SMM1978A (Car)	Contact No.	91692436
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	28/09/2020	Date Discharge	28/09/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 28/09/2020 at about 1007hrs, I was driving my Grab Car SMM1978A along CTE near to Pathlight School located at 5 Ang Mo Kio avenue 10. I was on the extreme right lane, the front car applied his brake and I applied my brake as well. There was a taxi SHB1770Z behind and was unable to stop in time, which resulted in the collision at the rear of my car. We both came down and exchange particulars. As I was feeling pain on the back of my neck as well as on my back, I went to seek treatment from a clinic and I was given 4 days MC.

The damaged on my car is seriously damaged, dented very badly.



**SINGAPORE  
POLICE FORCE**



T/20200928/2045

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

3 of 3

Report No. T/20200928/2045

**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:

G /

Sr Staff Sgt GOH SZE HAO, VALENTINE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

28/09/2020 13:39

Classification Of Case:

Authentication Stamp

NP168



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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.

DMHCSNA00001952000

Engine No.: 2ZR0D68731

Cha. No.: ZWR800387876

1. Index Mark and Registration  
Number of Vehicle

SMM1978A

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.

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.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (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 Jesca

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

Date of Accident : 28/09/2020 Accident Time: 10:07am (24-HR-FORMAT)  
Accident Place : CTE toward city  
Vehicle Reg. No (Car plate No.) : SMM1978A Vehicle Make/Model: Toyota Noah  
Insurance Company : China Taiping Policy No. DMHCSNA00001952000  
Name of Registered Owner : Company / Individual Asia Express Car Rental Pte Ltd  
ID of Registered Owner : Co Reg No: 201116882D Owner's NRIC No: \_\_\_\_\_  
: Co Contact No: 91998131 Owner's Contact No: \_\_\_\_\_  
DRIVER'S Name : Yahya Bin Embi DRIVER'S NRIC No: S1397656B  
DRIVER'S Date of Birth : 09/09/1959 DRIVER'S License Pass Date 22/11/1983  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver Hiree  
DRIVER'S Address : 212 Marsiling Crescent #05-23 S(730212)  
DRIVER'S Contact No./ Alt No. : 1) 91692436 2) 91692437  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : prajic@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 1 Female  
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>SHB 1770Z</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: <u>Mohamad Nazri Bin Anwar</u>	Name DRIVER: _____
IC No. DRIVER: <u>S7305637C</u>	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Favordrive Car Rental  
82 Geylang Lorong 23 #03-06 Atrix Singapore 388409

Favordrive Car Rental  
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 **Favordrive Car Rental**  
(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: Yahya Bin Embi**  
**Nric No: S1397656B**  
Having his residential address at: Blk 212 Marsiling Crescent  
#05-23 ,Singapore 730212  
**Tel. (Residential) : 9169 2436**  
**Next of Kin Contact : 9169 2437**  
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: Toyota Noah	
Registration No: SMM1978A	
Effective from : 22/06/2020 – 22/06/2021	
Period	: 12 Months Contract



[The Owner's Initial & Stamps]

The Hirer and/or Additional Hirer Initial & Stamps  
19-Jun-2020