

**NATIONAL Assessment Centre Services** (wef 1 Jan 05) *MHAN009689E*

Date In: <i>3/11/20-14:56</i>	Job description	Date & Time Completed	Done by
Ref No: <i>KA/C722011991/24</i>	SAS e-filing		
Veh No: <i>SM61836</i>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <i>1/6/20-21:00</i>	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: *JBSP2711* 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: (INC hotline: 6788 6616)	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

	Invoice Preparation Checklist	Ant (\$) Inc Bill	Ant (\$) Add Bill
<i>KA206101</i>			
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt 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: Idao 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 willful 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	03/11/2020 14:56
Date Of Accident	01/11/2020 21:00
Exact Location Of Accident	JLN JURONG KECHIL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG1683G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91998131
Alternative Phone No	OFFICE-91998131

### Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID 7-SEATER 1.8X CVT
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	REPORTING ONLY
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	RIZAL BAHRI BIN MOHAMED TAHIR
NRIC No	SXXXX411I
Date Of Birth	24/03/1976
Occupation	OUTDOOR
Date Of Driving Pass	13/06/1996
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98771516
Fax Number	
Contact Number	OFFICE-98771516
EEmail Address	NOEMAIL

Address	BLK 216 BUKIT BATOK STREET 21 #07-277
Postcode	650216
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?	YES
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)	3
Passenger 1	NAME: : SARAH ADRIANA BINTE RIZAL BAHRI GENDER: : FEMALE
Passenger 2	NAME: : SITI URLIAN BINTE KAMIS GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20201102/7002.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS8271H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS

Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name RIZAL BAHRI BIN MOHAMED TAHIR  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMG1683G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name SARAH ADRIANA BINTE RIZAL BAHRI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMG1683G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name SITI URLIAN BINTE KAMIS  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMG1683G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
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: 3/11/20  
10:40am

Driver's Signature

(If driver is not the policyholder)

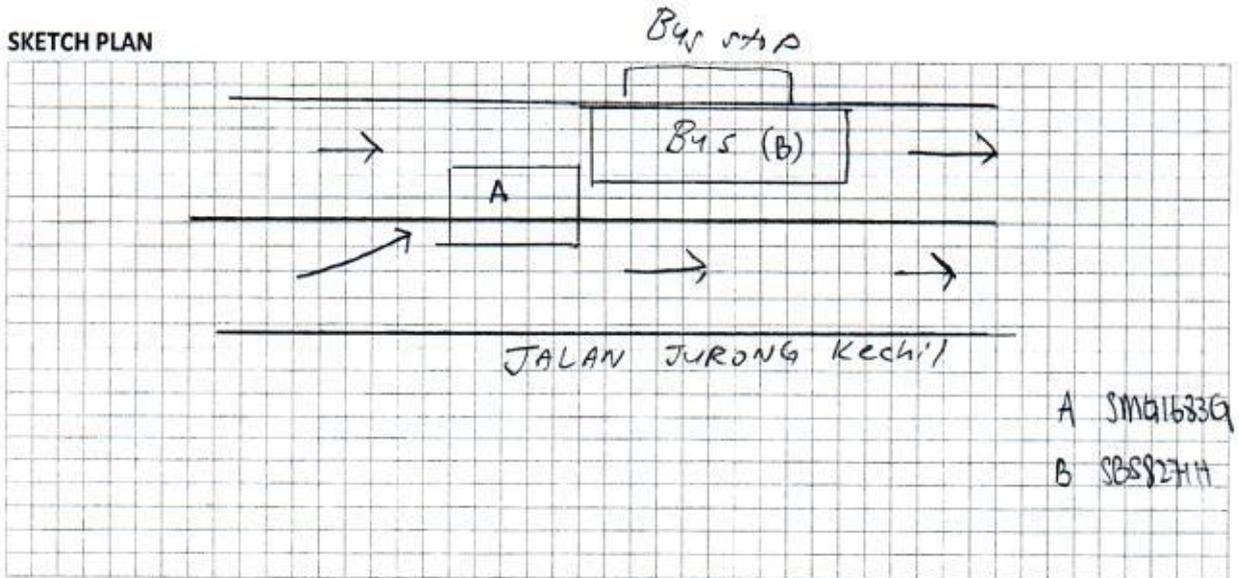
Date & Time: 3/11/20  
10:40am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was driving along Jalan Jurong kecil going back to my home which only 5 mins away. I was with my family as sun usually is family day. Along the way a dual carriage way, I black out and I assumed my vehicle sway to the left and rear end of the stationary bus. I wasn't sleepy or under

**DECLARATION**

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

Policyholder's Signature  
Date & Time: 03/11/20

10 40am

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 03/11/20

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

Reporting Centre Personnel's Signature

Date of Accident : 1/11/2020 Accident Time: 2100 (24-HR-FORMAT)

Accident Place : Jalan Jurong Kechil Bus Stop B05

Vehicle Reg. No (Car plate No.) : SM016336 Vehicle Make/Model: Toyota Noah

Insurance Company : Chma Taiping Policy No. DMHESNA06001962000

Name of Registered Owner : Company / Individual Aria Express Car Rental

ID of Registered Owner : Co Reg No: 20116372-D Owner's NRIC No: \_\_\_\_\_  
 : Co Contact No: 91998131 Owner's Contact No: \_\_\_\_\_  
Rizal Bahri Bin  
Mohamad Tahir DRIVER'S NRIC No: 576079115

DRIVER'S Name : \_\_\_\_\_

DRIVER'S Date of Birth : 24/03/1976 DRIVER'S License Pass Date 13/06/1996

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

DRIVER'S Address : BK 216 Bukit Batok St 21 #07-277 (S) 650216

DRIVER'S Contact No./ Alt No. : 1) 98771516 2) 91590777

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

Email Address : pejje@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): 3 Female 3 Male

Was the accident reported to the police? YES \ NO -79

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>SBS8271H</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: _____





**SINGAPORE  
POLICE FORCE**



T/20201102/7002

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20201102/7002

**CONTINUATION OF REPORT**

Driver			
Name	RIZAL BAHRI BIN MOHAMED TAHIR	ID No.	S7607411I
Related Vehicle	SMG1683G (Car)	Contact No.	98771746
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	01/11/2020	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
Passenger			
Name	SARAH ADRIANA BINTE RIZAL BAHRI	ID No.	NIL
Related Vehicle	SMG1683G (Car)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/11/2020	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
Passenger			
Name	SITI URLIAN BINTE KAMIS	ID No.	S7640126H
Related Vehicle	SMG1683G (Car)	Contact No.	91590777
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/11/2020	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

Brief Details.

I was driving home with my family, driving along jalan jurong kecil which was just about 5mins away from home . The next thing i knew everything went dark and when i open my eyes i realized i have rear ended a stationary bus at the bustop B05. My eldest daughter sitting at the front seat and my wife sitting behind her was injured. It was then i realized that i have pass out.  
My wife was conveyed to Ng Teng Fong hospital whereas my daughter was send to NUH.



**SINGAPORE  
POLICE FORCE**



T/20201102/7002

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20201102/7002

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

Authentication Stamp

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
02/11/2020 03:12

Classification Of Case:

Favordrive Car Rental  
25 Kaki Bukit Road 4 #01-56 Synergy@KB Singapore 417800

Favordrive Car Rental  
25 Kaki Bukit Road 4 #01-56 Synergy@KB  
Singapore 417800

## 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:  
25 Kaki Bukit Road 4 #01-56 Synergy@KB Singapore 417800  
Hereinafter referred to as 'The Owner' of the one part

And **Name: Rizal Bahri Bin Mohamed Tahir**  
Nric No: S7607411I  
Having his residential address at: Blk 216 Bukit Batok Street  
#07-277, Singapore 823260  
Tel. (Residential) : 9877 1746  
Next of Kin Contact : 9159 0777 (Siti – Wife)  
Hereinafter also known at the 'The Hirer' of the other part

Additional Driver **Name: Isyamudin Bin Sardi**  
Nric No: S7671107J  
Having his residential address at: Blk 260C Punggol Way #04-317, Singapore 823260  
Tel. (Residential) : 9187 1516  
Next of Kin Contact : 8114 6707  
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
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Registration No: SMG1683G
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Effective from : 28/08/2020 – 30/08/2021
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Period : 12 Months Contract
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[The Owner's Initial & Stamps]



The Hirer and/or Additional Hirer Initial & Stamps  
27-Aug-2020



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.: 2ZR0C16471 Cha. No.:ZWR800339011
1. Index Mark and Registration Number of Vehicle	SMG1683G	
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

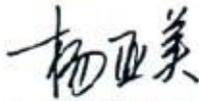
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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