

NATIONAL Assessment Centre Services. [ver 1 Jan'08]

Date In: 30/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/ALC20014741/13	SAS e-filing		
Veh No: SMA63594	E-mail (3 days 3hrs, A/C 2hrs)		
D.O.A: 30/12/20 0740	I-Motor Claims Form		
OD: TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars: Vch No: GBE2206E 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 ()		

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() 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 of Injury: _____

Location: _____

Time: _____

Weather: _____

Witness: _____

Police: _____

Insurance: _____

NA3100966	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: I-DA + SMRT Survey \$160	
	8) NIUC Additional Services	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Coordination \$25	
	*N7: Post Repair Inspection \$3	
	*N8: DV / Collect Excess Coordination \$20	
	TE (NI) / TP (NI-INC) against INC \$0	
	*N12: I-DA Mobile	
	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 Submission	30/12/2020 16:22 (SGT)
Date of Accident	30/12/2020 07:40 (SGT)
Exact Location of Accident	Clementi Rd, Singapore
Additional Location Information	CLEMENTI RD AFTER DOVER RD B4 AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA6259Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MAJULAH CAR LEASING PTE LTD
Company Reg No	2XXXXX815C
Email Address	g13accidentreporting@gmail.com
Mobile Phone No	(Phone) +65-90271084
Alternative Phone No	+65-90271084

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-HR HYBRID 1.8S CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	999993824
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD ISKANDAR BIN KAMIS
NRIC No	SXXXX564G
Date Of Birth	11/09/1978
Occupation	Outdoor

Date Of Driving Pass	21/01/2002
Driving experience	18 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98381344
Alt. Phone Number	-
Email Address	g13accidentreporting@gmail.com
Address	BLK 216 PETIR ROAD
Address complement	#05-419
Postcode	670216
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:D/20201230/7012

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE2306E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD ISKANDAR BIN KAMIS
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK,CHEST & SHOULDERS
Injured person in which vehicle?	SMA6259Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly the details of the accident to speed up the claims process.
- 2) This Form must be completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

Along Clementi Road After Dover

SKETCH PLAN



Vehicle A: SMA6259Y

Vehicle B: G8E2306E

~~on the mention Date and time~~

Refer Report No. D/20201230/7012

DECLARATION

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



Policyholder's Signature
Date & Time:

Janet Yee

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

[Signature]

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

shym 30/12/20



Report No. D/20201230/7012

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 30/12/2020 13:12	Vide Report No.	Station Diary No.		
Name Of Informant MUHAMMAD ISKANDAR BIN KAMIS	Address 216 PETIR ROAD #05-419 SINGAPORE 670216			
ID Type / ID No. NRIC NO / S7826564G	Contact No. Home/Office:	Mobile: 98381344		
Nationality SINGAPORE CITIZEN	Email Address maintis_78@hotmail.com			
Occupation PHV DRIVER	Sex Male	Age 42	Date of Birth 11/09/1978	Race Javanese
Institution/School Name	Language English			
Date/Time Of Incident 30/12/2020 07:40	Location Of Incident CLEMENTI ROAD			

Brief details.

On the above mentioned date and time I was driving my vehicle SMA6259Y with a male passenger onboard.

We were belted.

We were travelling along clementi road after dover road before aye on the second lane from the left.

Suddenly I felt a massive impact from the rear so I alighted to realised that vehicle GBE2306E had

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. Date/Time: 30/12/2020 13:12 Classification Of Case:
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201230/7012

collided on to my vehicle's rear.

Later that afternoon, I started feeling soreness on my neck, back, chest and shoulders areas.

As such I went to intermedical clinic kovan to seek treatment and was given 5 days mc.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

30/12/2020 13:12

Classification Of Case:

Authentication Stamp

Date of Accident : 30/12/10 Accident Time: 0740 (24-HR-Format)
Accident Place : Clementi Road ~~Before~~ After Dover Road
Vehicle No. (Car Plate No.) : SMA6259Y Make/Model: CHR Toyota
Insurance Company : AS6 Policy No: _____
Owner or Company Name /IC No. : _____
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Muhammad Iskandar Bin KAMIS
DRIVER'S Date Of Birth : 11-09-78 DRIVER'S License Pass Date _____
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
DRIVER'S Address : Blk 216 Petir Road #05-419 Spore 670216
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : g13accident^{report}ing@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): 2
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
Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: _____	Vehicle No: G8E 2306E
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



HOTLINE TEL: (65) 6419-3000

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) and Road Transport (Amendment) Act 2019

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

		(The below excess is subject to GST)	
COMPREHENSIVE	COMMERCIAL MOTOR	POLICY EXCESS	REFER TO ITEM 5
CERTIFICATE NO.	SMA6259Y	WINDSCREEN EXCESS	SG\$100.00
POLICY NO.	999993824	SUM INSURED	MARKET VALUE
1) VEHICLE REGISTRATION NO.		INSURING WITH COE/PAF	YES
2) NAME OF INSURED		SMA6259Y	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		MAJULAH CAR LEASING PTE LTD	
4) DATE OF EXPIRY OF INSURANCE		15 May 2020	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		14 May 2021	

Any person who is driving on the Insured's order or with their permission.
SG\$2,000.00 Section I & SG\$2,000.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience.
An additional section II excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.
Accident repair has to be carried out at AIG appointed list of workshop.

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) LIMITATION AS TO USE*

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, 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. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE	Not Included
HIRE PURCHASE COMPANY	ASIA CARZ HOLDING PTE LTD

*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) and Road Transport (Amendment) Act 2019, 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) and Road Transport (Amendment) Act 2019.

Issued in Singapore 28 May 2020

AIG Asia Pacific Insurance Pte. Ltd.

504631-000
B.A.S. Insurance Agency
No 30 Kaki Bukit Road 3
#05-06
Singapore 417819

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC

MAJULAH CAR LEASING PTE LTD

101 Kitchener Road #03-03 Jalan Besar Plaza
Singapore 208511

VHA No: 1148

ROC NO. 201209B15C

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) MURUGAN KANTHAN EBN KONG
NRIC/PASSPORT No: S7876567
Address (Res): 57-26 Delfi Rd
#05-419, CS 670216
Name & Address of Employer: PRUL

Occupation: Driver Driving Exp: 16
Driving Licence No: S7876567 D/L Type: Local / International
Issue Date: 1/10/12 Date of Birth: 11/9/78
Tel. (O) _____ (R) _____ HP/PG 98-813411

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) _____
NRIC/Passport No: _____ Tel: _____
Address (Res): _____
Driving Licence No: _____ D/L Type: Local / International
Issue Date: _____ Date of Birth: _____
Occupation: _____ Driving Exp: _____

Vehicle No: S100F2527 Replace Veh No: _____
Mileage Out: _____ Mileage Out: _____
Make & Model: Toyota CRV Auto / Manual Group: _____
OUT Date: 25/6/18 Time: _____
HIRE/PERIOD EXPIRY: As per agreement
NON-WAIVER EXCESS: \$ Excess 3000, 2500

CHARGES

Daily	@ \$	per day
Weekly	@ \$	per week
Monthly	@ \$ <u>2178</u>	per month
Hours	@ \$	per hour
Others	@ \$	
CDW	@ \$	per day/month
PAI	@ \$	per day/month

Delivery Service: not
SUB-TOTAL \$ 500

PETROL LEVEL

Out	E	1/4	1/2	3/4	F
In	E	1/4	1/2	3/4	F

EXTENSION

Collection Service: washing wheels
Misc: _____

TOTAL CHARGE \$ 500

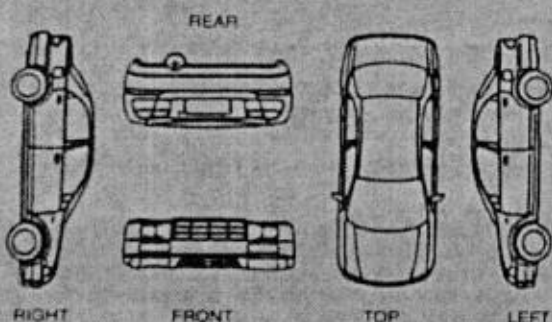
Rented out by: Nicole

Hirer's Signature: _____

Addition Driver's Signature: _____

VEHICLE CHECKLIST

INDICATE:
D - DENTS
S - SCRATCHES
A - ACCIDENTS



ACCESSORIES CHECK

<input type="checkbox"/> Ashtray	<input type="checkbox"/> Cig Lighter	<input type="checkbox"/> S/Tyre
<input type="checkbox"/> STD Tools	<input type="checkbox"/> Jack	<input type="checkbox"/> Hub Caps
<input type="checkbox"/> Radio / Cass	<input type="checkbox"/> CD	<input checked="" type="checkbox"/> Cartridges

I have read and agree to the terms & condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given MAJULAH CAR LEASING PTE LTD in connection with this Agreement is true.

*IMPORTANT

- ONLY PERSONS ABOVE 21 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CON AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS DOUBT INQUIRIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS TYPICALLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY MAJULAH CAR LEASING PTE LTD.
- HIRER WHO OVERLOOK ON MAINTAINING THE ENGINE OIL & COOLANT THAT CAUSES DAMAGE TO THE ENGINE SHALL BEAR THE REPAIR COST.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO MAJULAH CAR LEASING PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS

SIGNATURE OF HIRER/DRIVER