

NATIONAL Assessment Centre Services. part 1 Jan 03 SN 092115000K

Date In: 5/1/21 19:30	Job description	Date & Time Completed	Done by
Ref No: NA11MC 21000183/64	SAS e-filing		
Veh No: SKB 7476 Z	E-mail (within 3hrs, A/C 2hrs)		
DDA: 2/1/21 02:00	I-Motor Claim Form	MT1116256-001	6/1/21 10:48
QD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SKH 2433 Z	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 060116 670946163)	Directly Confirmed by
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()

Date/Time	Action

NA2100848	
Driver/Owner:	1) AR: Accident Reporting (\$30);
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	QD:
	*NS: Courtesy Car / Tpt Allowance \$3
	*NG: Repair Coordination \$10
	*NJ: Post Repair Inspection \$25
	*NR: DV / Collect Excess Coordination \$3
	TE (NI): TP (Non INC) against INC \$20
	9) NI2: Idao Mobile \$0
	Invoice dated
	Fee Charged
	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	05/01/2021 19:30 (SGT)
Date of Accident	02/01/2021 02:00 (SGT)
Exact Location of Accident	Eu Tong Sen St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB7476Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CAR WORLD LIMO
Company Reg No	5XXXX716K
Email Address	SULAIMANALIMOHD01@GMAIL.COM
Mobile Phone No	(Phone) +65-89320710
Alternative Phone No	+65-89320710

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5111351131-01
Cover Note Number	-

DRIVER

Name of Driver	SULAIMAN BIN ALI MOHAMED
NRIC No	SXXXX787A
Date Of Birth	11/09/1966
Occupation	Outdoor

Date Of Driving Pass	24/09/1999
Driving experience	21 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89320710
Alt. Phone Number	-
Email Address	SULAIMANALIMOHD01@GMAIL.COM
Address	BLK 550 BEDOK NORTH AVE 1 #07-510
Address complement	-
Postcode	460550
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	Raining
Road Surface	Wet

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210102/7005

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH2433Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	SULAIMAN BIN ALI MOHAMED
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKB7476Z
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 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. 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 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.

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.

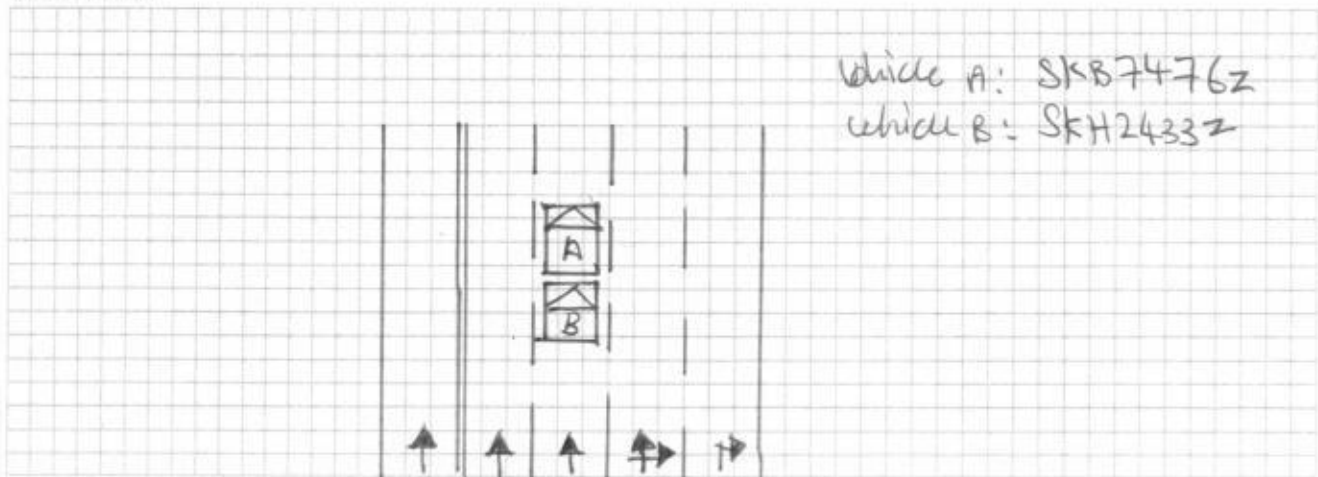


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date & time. I, Vehicle A
was stationary on the stated venue.
Suddenly I felt a huge impact from the
rear position of my stationary vehicle. After
I awoke I then realise that is vehicle B
that had collided onto my vehicle.

Declaration

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210102/7005

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

1 of 3

Report No. T/20210102/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2021 03:55	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SULAIMAN BIN ALI MOHAMED			Address: 550 BEDOK NORTH AVENUE 1 #07-510 SINGAPORE 460550		
ID Type / ID No.: NRIC NO / S1771787A			Contact No.: Home/Office: Mobile: 89320710		
Nationality: SINGAPORE CITIZEN			Email: sulaimanalimohd01@gmai.com		
Sex: Male	Age: 54	Date of Birth: 11/09/1966	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Grab driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2021 02:00	Type of Location: Straight Road
Location: EU TONG SEN STREET				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKB7476Z	Car				Seriously Damaged	0
SKH2433Z	Car					0



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SULAIMAN BIN ALI MOHAMED	ID No.	S1771787A
Related Vehicle	SKB7476Z (Car)	Contact No.	89320710
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	02/01/2021	Date	02/01/2021
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I vehicle plate number SKB7476Z was traveling along Eu tong sen street towards bugis at the traffic light I stationary vehicle because Red light, suddenly I felt a huge impact from my rear portion of my vehicle, I came down and check vehicle plate number SKH2433Z collided onto my rear portion of my vehicle .

After the accident I took photos and exchange particular and left the scene.

I went to intemedical 24 hour clinic and see doctor cause I felt pain on my neck,back,Chest and doctor given me 5 days mc



**SINGAPORE
POLICE FORCE**



T/20210102/7005

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

3 of 3

Report No. T/20210102/7005

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 / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp

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

Date/Time:
02/01/2021 03:55

Classification Of Case:

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5111351131-01-000007

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SK874762**
Chassis Number : MR053REE1D4114293
2. Name of Policyholder : CAR WORLD LIMO
3. Effective Date of Insurance : 01 Aug 2020
4. Expiry Date of Insurance : 31 Jul 2021
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
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#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

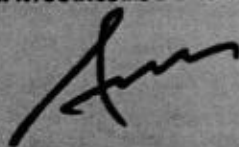
- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: EFIZZIG CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(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)

Agency : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 28 Jul 2020 21:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Date of Accident : 2/1/2021 Accident Time: 2:00 AM (24-HR-Format)
Accident Place : Eu Tong Sen St in front Furama City Centre
Vehicle No. (Car Plate No.) : SKB7476Z Make/Model: Toyota Corolla Altis
Insurance Company : NTUC Policy No 5111351131-01-000007
Owner or Company Name / IC No. : Car world Lino (53316716K)
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Sulaiman Bin Ali mohamed (S1771787A)
DRIVER'S Date Of Birth : 11 Sep 1966 DRIVER'S License Pass Date 24 Sep 1999
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
DRIVER'S Address : B1K 550 Redok North Ave 1 #07 510 (5460550)
DRIVER'S Contact No / Alt No. : 1) 8932 0710 2) 9021 6338
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Sulaimanali.mohd01@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
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): Driver

Other Party Driver's Particular (if any)

Vehicle No: <u>SKH2433Z</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Car World Limo

61 Ubi Ave 2 Automobile Megamart #05-06 Singapore 408898

TEL: 6471 2822

FAX: 6883 2822

RENTAL AGREEMENT NO.: RA-0508/2020

DATE : 05-Aug-20

Schedule

This is a Rental Agreement made between us, Car World Limo (hereinafter referred to as "the Company" which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address 61 Ubi Avenue 2 #05-06, Automobile Megamart Singapore 408898 AND YOU, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

DRIVER 1

Name Of Hirer : **SULAIMAN BIN ALI MOHAMED**

Nric/Passport/RB No. : **S1771787A**

Address : **BLK 550 BEDOK NORTH AVENUE 1
#07-510 SINGAPORE 460550**

Handphone : **8775-7551 8932 0710**



Name Of Driver(S) : **SULAIMAN BIN ALI MOHAMED**

Nric/Passport/RB No. : **S1771787A**

Date of Birth : **11-Sep-66**

Driving License : **24-Sep-99**

1) DESCRIPTION OF VEHICLE

Registration No. : **SKB7476Z**
Make & Model : **Toyota Corolla Altis 1.6 Auto**
Type : **Passenger**
(*delete where inapplicable)

Date & Time Collection : **05-Aug-20 @ 4:30 PM**
Date & Time for Return : **@**
Petrol Out : **Empty / ¼ tank / ½ tank / ¾ tank / Full***
(Vehicle must be returned with same level of petrol)

2) PERIOD OF LEASE

For **2** mths from **05-Aug-20** ("Commencement Date") to **05-Oct-20** ("Lease Period").

3) RENTAL CHARGES

Amount **\$290.00 per week** inclusive of Goods and (collectively, "Rental") as rental for the duration of the Period of Lease payable in advance.

4) DEPOSIT

Amount **\$ 200.00** prior to the collection of the Vehicle as security deposit for the due performance of this agreement. Unless otherwise agreed to by the Company, the security deposit shall not be used to offset unpaid rent.

* The Hirer will be subjected to legal action Vehicle Recovery fee \$100 and debt processing fee of \$500*.

The Hirer failed to pay the rental due as mentioned

