

# NATIONAL Assessment Centre Services.

Part 1 Jan 2021

SN 09211M0003

|  |  |                       |         |
|--|--|-----------------------|---------|
| Date Inc: 22/01/2021 10:58                             | Job description                          | Date & Time Completed | Done by |
| Ref No NA/CT121001046/44                               | SAS e-filing                             |                       |         |
| Veh No SMJ 169 R                                       | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| IP A 15/01/2021 11:13                                  | I-Motor Claim Form                       |                       |         |
| IP: <input checked="" type="checkbox"/> Reporting Only | I-Motor W/O (within: OD 2hrs, TP 4hrs)   |                       |         |
| IP 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: object   | 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: ( )

|   |                       |         |
|---|-----------------------|---------|
| Comments: (INC 100110 0718 0016)                        | 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 | Action |
|-----------|--------|
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |

|                                 |  |             |         |
|---------------------------------|--|-------------|---------|
| NA2101035                       | Invoice Information                            | Amount      | Payable |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);              |             | 30      |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$30)   |             |         |
| Damaged Portion:                | 3) TP: Towing Fee \$40/\$45                    |             |         |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey \$120             |             |         |
| Auditor's Comments:             | 5) PT: Follow-Through Survey (Resurvey) \$30   |             |         |
| Ref. 1:                         | For claimant against INC Only (wa 10 Jan 2021) |             |         |
|                                 | 6) TR: Re-inspection \$75                      |             |         |
|                                 | 7) NI: Idao DA + SMRT Survey \$160             |             |         |
|                                 | 8) NTUC Additional Services:                   |             |         |
|                                 | ON*  |             |         |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5          |             |         |
|                                 | *N6: Repair Co-ordination \$10                 |             |         |
|                                 | *N7: Post Repair Inspection \$25               |             |         |
|                                 | *N8: DV / Collect Excess Coordination \$5      |             |         |
|                                 | TP (Nil): TP (Non INC) against INC \$20        |             |         |
|                                 | 9) N12: Idao Mobile \$0                        |             |         |
|                                 | 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 .....              | 22/01/2021 10:58 (SGT) |
| Date of Accident .....                | 15/01/2021 11:13 (SGT) |
| Exact Location of Accident .....      | KPE, Singapore         |
| Additional Location Information ..... | TOWARDS CITY           |
| Country/State of Loss .....           | Singapore              |

### DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | SMJ169R |
|-----------------------------------|---------|

### INSURED/POLICYHOLDER

|                                |                                   |
|--------------------------------|-----------------------------------|
| Is company? .....              | Yes                               |
| Name Of Registered Owner ..... | ASIA EXPRESS CAR RENTAL PTE. LTD. |
| Company Reg No .....           | 2XXXXX882D                        |
| Email Address .....            | PEIJIE@EXPRESSCAR.COM.SG          |
| Mobile Phone No .....          | (Phone) +65-91998131              |
| Alternative Phone No .....     | +65-91998131                      |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Honda                     |
| Model .....  | Freed                     |
| 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 ..... | China Taiping Insurance |
| Type of Coverage .....          | Comprehensive           |
| Fleet Policy .....              | No                      |
| Policy Number .....             | DMHCSNA00001962000      |
| Cover Note Number .....         | -                       |

### DRIVER

|                      |                              |
|----------------------|------------------------------|
| Name of Driver ..... | MUHAMMAD RIDDAH BIN ZULFIQAR |
| NRIC No .....        | SXXXX055A                    |
| Date Of Birth .....  | 21/10/1982                   |
| Occupation .....     | Outdoor                      |

|  |                               |
|--|-------------------------------|
| Date Of Driving Pass .....   | 05/08/2015                    |
| Driving experience .....   | 5 YEARS AND 5 MONTHS          |
| Gender .....   | Male                          |
| Mobile Number .....  | (Phone) +65-87680271          |
| Alt. Phone Number .....  | -                             |
| Email Address .....  | PEIJIE@EXPRESSCAR.COM.SG      |
| Address .....  | BLK 695C PUNGGOL EAST #08-749 |
| Address complement .....   | -                             |
| Postcode .....   | 823659                        |
| 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 .....   | Hit by fallen tree / Other objects |
| Weather Conditions ..... | Clear                              |
| Road Surface .....       | Dry                                |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 1   |
| Was anybody injured in the Accident? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| 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 .....   | UNKNOWN |
| Gender ..... | Female  |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |                  |
|-----------------------------------|------------------|
| Vehicle Registration Number ..... | OBJECT           |
| Vehicle Manufacturer .....        | -                |
| Vehicle Model .....               | -                |
| Vehicle Variant .....             | -                |
| Vehicle Colour .....              | -                |
| Vehicle Category .....            | Mobile equipment |
| 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) .....     | - |

## 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: 22/01/21

Driver's Signature

(If driver is not the policyholder)

Date & Time: 22/01/21

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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.

DMHCSNA00001962000

Engine No.: LEB5622727

Cha. No.: GB71085182

1. Index Mark and Registration  
Number of Vehicle

SMJ169R

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



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: Muhammad Riddah Bin Zulfiqar**

**Nric No: S8235055A**

**Having his residential address at: Blk 659C Punggol East #08-749, Singapore 823659**

**Tel. (Residential) : 8768 0271**

**Next of Kin Contact : 8369 6750**

**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: Honda Freed**

**Registration No: SMJ169R**

**Effective from : 21/08/2020 – 22/02/2021**

**Period : 06 Months Contract**

**The Owner's Initial & Stamps]**

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

Date of Accident : 15/01/2021 Accident Time: 11:13am (24-HR-FORMAT)  
Accident Place : KPE towards city  
Vehicle Reg. No (Car plate No.) : SMJ169R Vehicle Make/Model: Honda Freed  
Insurance Company : china Taiping Policy No. DMHCSNA00001962000  
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 : Muhammad Riddah <sup>Bin Zulfikar</sup> DRIVER'S NRIC No: S823505JA  
DRIVER'S Date of Birth : 21/10/1982 DRIVER'S License Pass Date 05/08/2015  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver  
DRIVER'S Address : 659C Punggol East #08-749 S(823659)  
DRIVER'S Contact No./ Alt No. : 1) 8768 0271 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : pejie@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 Female 1 male  
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>XD6799J</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: _____ |