

# NATIONAL Assessment Centre Services.

[part 1 Jan 03]

SM 09211M 0001

Date Inc: 23/1/21 09:37	Job description	Date & Time Completed	Done by
Ref No: NA/INC 21001098/64	SAS e-filing		
Veh No: SJS 6127K	E-mail (within 3hrs, A/C 2hrs)		
DDA: 22/1/21 07:59	I-Motor Claim Form	MT/1118397-002	23/1/21 15:41
OT: TP / 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 / GW: (	Tel: *	Fax: *
TP Particulars:	Veh No: SJO 6300R	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 repolar.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: (

Remarks:	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_

Damage:	Assessment:

NA2101334	Invoice / Estimation / Receipt	Ref: (S)	Ref: (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: 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 Co-ordination \$10		
	*NT: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$3		
	TP (NI): TP (Inc INC) against INC \$20		
	9) NI2: 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 Submission ..... 23/01/2021 09:37 (SGT)  
Date of Accident ..... 22/01/2021 07:50 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJS6127K

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... FRESH CARS PTE. LTD  
Company Reg No ..... 2XXXXX540Z  
Email Address ..... KIM@FRESHCARS.SG  
Mobile Phone No ..... (Phone) +65-97981786  
Alternative Phone No ..... +65-97981786

#### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Lancer  
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 - Reporting only  
Vehicle Category ..... Private hire

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5118938529  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... AMEEDKHAN AMANULLAHKHAN  
NRIC No ..... SXXXX500H  
Date Of Birth ..... 20/07/1972  
Occupation ..... Outdoor

Date Of Driving Pass .....	02/08/2008
Driving experience .....	12 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97981786
Alt. Phone Number .....	-
Email Address .....	KIM@FRESHCARS.SG
Address .....	BLK 421 BUKIT BATOK WEST AVE 2 #10-169
Address complement .....	-
Postcode .....	650421
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? .....	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 .....	-
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? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJU6300R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHIA KEE LENG
NRIC No .....	SXXXX337A

Contact Number .....	(Phone) +65-97475331
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:

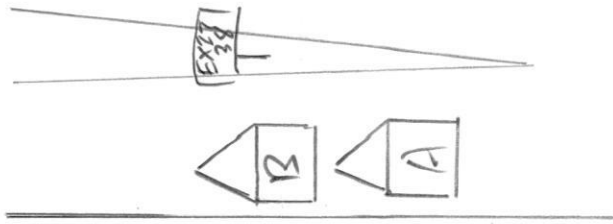
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



Ⓐ ⇒ STJ6127K

Ⓑ ⇒ STJ6300R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling ~~at~~ along PEE road, existing to Pioneer road North.

Third party vehicle, STJ6300R suddenly jumped braked and I accidentally collided onto the rear portion of third party vehicle, STJ6300R.

No injury involved in this accident and third party car only have 1 driver.

DECLARATION

I/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:

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



## 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:** 5118938529

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJS6127K**  
 Chassis Number : JMYSRCY2A9U004491
2. Name of Policyholder : FRESH CARS PTE. LTD
3. Effective Date of Insurance : 07 Sep 2020
4. Expiry Date of Insurance : 06 Sep 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	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

Agency : AA INTERNATIONAL INSURANCE AGENCY (00000572347)

Date of Issue : 04 Sep 2020 13:33 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive

## ACKNOWLEDGMENT

I, Ameed Khan Amanullah Khan, holding NRIC /Passport No\* S72685004  
(\*delete which is not applicable)

of vehicle No. SSS 6127K acknowledge the following :

1. I have been given Income's practice leaflet.
2. The counter-staff has explained Income's practice leaflet to me accordingly.
3. I am clear about the information disseminated by the counter-staff during my accident reporting.
4. My accident reporting is for  
(please circle the appropriate one)
  - ☒ a) reporting purpose only
  - ☐ b) claiming own damage
  - ☐ c) claiming third party
5. I came - a) with my workshop ☐  
b) without my workshop ☒ (please circle the appropriate one)
6. My workshop who came with me is .....  
(please provide the name)
7. My preferred workshop who did not come with me is .....  
(please provide the name) and not recommended by the staff.

Signature: 

Date: .....



# FRESH CARS PTE LTD

UEN No: 201608540Z  
105 Kaki Bukit Ave 1, #03-03  
Shun Li Industrial Park S(415987)

## VEHICLE RENTAL AGREEMENT

Hotline 1: 9822 6730

Hotline 2: 9619 2819

Hotline 3: 9829 6686

Hotline 4: 8612 0068

Hotline 5: 8611 8566

v3.53

### VEHICLE RENTAL AGREEMENT

This vehicle agreement is made on 05-Jan-21 between FRESH CARS PTE LTD, 105 Kaki Bukit Ave 1, #03-03 Shun Li Industrial Park S(415987) (hereinafter referred to as "THE OWNER") and Ameerdkhan Amanullahkhan, S7268500H located at 149 Petir Road #06-194 Singapore 670149 (hereinafter referred to as "THE HIRER"), and will take effect starting from the time of vehicle handover.

Start Date & Time	05-Jan-21	3:00 PM	Tues
End Date	05-Apr-21	(90 days)	
Agreement Number	GB210105A1		
Customer Type	GB		
HIRER DETAILS			
Hirer Identification Number	S7268500H		
Hirer Name	Ameerdkhan Amanullahkhan		
Hirer Address	149 Petir Road #06-194 Singapore 670149		
Hirer Birthdate	20-Jul-97		
Hirer License Pass Date	02-Aug-08		
Hirer Phone Number	9798 1786		
Hirer E-Mail	amanreyas@yahoo.com		
VEHICLE DETAILS			
Vehicle Registration Number	SJS6127K		
Make/Model (Color)	Mitsubishi Lancer EX (Red)		
DEPOSIT DETAILS			
Deposit Amount	\$500.00		
Date of Payment	11-Jan-19		
Payment Method	Bank Transfer		
PAYMENT DETAILS			
Rental Rate	\$315.00 per week		
Malaysia Surcharge	\$0.00		
Weekend Surcharge	\$0.00		
Additional Driver Surcharge	\$0.00		
Collision Damage Waiver (CDW)	\$42.00 per week		
Others	\$0.00		
Total Due	\$357.00		
Payment Amount	\$357.00		
Date of Payment	29-Dec-20		
Payment Method	Bank Transfer		
			Total Payment
			\$357.00

Only the following payment methods are accepted: Cash, PayNow to 201608540Z, Bank Transfer to DBS 0179050731

Rental extension is allowed past the end date (subject to availability). 1 week advance notice is required to end the contract.

#### REMARKS

This hirer is renewing his contract. Deposit transferred from GB200922D1.

Signed by Name: Jayden  
for and on behalf of  
THE OWNER



Signed by THE HIRER

Date of Accident : 22 Jan 2021 Accident Time: 07:52 (24-HR-FORMAT)  
Accident Place : PJE, Exit to Pioneer road North  
Vehicle Reg. No (Car plate No.) : SJS 61271K Vehicle Make/Model: Mitsubishi Lancer 1.5  
Insurance Company : NTUC Income Policy No. JMYSRCY2A94004491  
Name of Registered Owner : Company/Individual Fresh Car Pte Ltd  
ID of Registered Owner : Co Reg No: 701608540Z Owner's NRIC No: -  
: Co Contact No: - Owner's Contact No: -  
DRIVER'S Name : Ameedkhan Amanullahkhan DRIVER'S NRIC No: ~~S76~~ S726850014 ↓  
DRIVER'S Date of Birth : 20/07/1972 DRIVER'S License Pass Date 02 Aug 2008  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Hirer ↓ S650421  
DRIVER'S Address : Blk 421 Bukit Batok West Avenue 2 # 10-169 S650421  
DRIVER'S Contact No./ Alt No. : 1) 9798 1786 2) -  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : kim@freshcars.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 driver, Passenger (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: ⑬ SJU 6300R  
Vehicle Make/Model: Suzuki  
Name DRIVER: Chia Kee Leng  
IC No. DRIVER: 57619337A  
DRIVER'S Contact & add: 97475331

Vehicle Reg No: \_\_\_\_\_  
Vehicle Make Model: \_\_\_\_\_  
Name DRIVER: \_\_\_\_\_  
IC No. DRIVER: \_\_\_\_\_  
DRIVER'S Contact & add: \_\_\_\_\_