

NATIONAL Assessment Centre Services

Date In: 27/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21001275/13	SAS e-filing		
Veh No: SJK8143U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/01/21 0815	i-Motor Claim Form	28/01	MT/1118029-002
OD: 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 / QW: (Tel:	Fax:
TP Particulars:	Veh No: QBD2866K	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%. F: 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 repalrer.

() 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

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) RT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tp 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 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	27/01/2021 10:48 (SGT)
Date of Accident	05/01/2021 08:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK8142U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EC CAR RENTAL
Company Reg No	5XXXX843B
Email Address	chuapwx@epicarz.com
Mobile Phone No	(Phone) +65-999999999
Alternative Phone No	+65-999999999

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	5102628807-02
Cover Note Number	-

DRIVER

Name of Driver	ABIDIN BIN ABDUL HAMID
NRIC No	SXXXX309A
Date Of Birth	14/04/1956
Occupation	Outdoor

Date Of Driving Pass	17/05/1982
Driving experience	38 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85552335
Alt. Phone Number	-
Email Address	chuapwx@epicarz.com
Address	BLK 174 WOODLANDS ST 13
Address complement	#02-351
Postcode	730174
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	LINA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang North Neighbourhood Police Post
Police Station Address	Blk 27 Marsiling Drive Singapore 730027
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210120/2041

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	GBD2866K
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	LINA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJK8142U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.

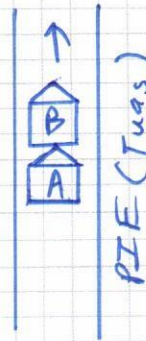


Policyholder's Signature
Date & Time:


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

 27/01/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



(A) - SJK 81424
(B) - GBD 2866K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police report attached -
Report No.: T/202020210120/2041



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.:

[Signature] 27/01/21



SINGAPORE POLICE FORCE



T/20210120/2041

1 of 3

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Report No. T/20210120/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2021 12:48	Vide Report No.:	Station Diary No.: 7
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Informant's Particulars

Name of Informant: ABIDIN BIN ABDUL HAMID			Address: APT BLK 174 WOODLANDS STREET 13 #02-351 SINGAPORE 730174		
ID Type / ID No.: NRIC NO / S1217309A			Contact No.: Home/Office: Mobile: 85552335		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 14/04/1956	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: PRIVATE-HIRE DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/01/2021 08:15	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: No Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK8142U	Car	HONDA	STREAM 1.8X A	Brown	No Damage	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210120/2041

2 of 3

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027

Report No. T/20210120/2041

Tel No: 1800-3689999

CONTINUATION OF REPORT

Driver			
Name	ABIDIN BIN ABDUL HAMID	ID No.	S1217309A
Related Vehicle	SJK8142U (Car)	Contact No.	85552335
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	LINA	ID No.	-
Related Vehicle	SJK8142U (Car)	Contact No.	88896608
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/01/2021	Date Discharge	05/01/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 05/01/2021 at about 0815hrs, I was driving a rental vehicle SJK8142U along Pan Island Expressway towards the direction of Tuas. I had picked up a female passenger (Lina, Hp: 88896608) from Yishun Street 51 to her destination at JTC Town Hall Road. At the point while I was driving along Pan Island Expressway, near to Jalan Anak Bukit exit, I was on lane one (excluding the slip road on the right). The vehicle in front of me braked suddenly. I managed to apply my brakes in time to avoid a collision. I immediately asked my passenger if she was alright. She said that she is fine and doesn't need medical assistance. After driving for another 5 minutes, she complained that she is feeling pain on her knee. I asked her again if she needs medical assistance, however she still refused at the point of time. Subsequently, she added that she is experiencing pain on her shoulders. I then offered to send her to the hospital. She eventually agreed, and I drove her to Ng Teng Fong Hospital. I then dropped her at the A&E before leaving, as she said she is able to handle the matter herself. We exchanged contact details before parting. A few hours later, I called her and she informed me that she has received 5 days of MC from the doctor. I wasn't aware that I am required to lodge a traffic accident report for this matter until I was made aware of a letter from the Traffic Police dated 12/01/2021 on 15/01/2021, which was sent to the car rental company.

TP/IP/01735/2021.



**SINGAPORE
POLICE FORCE**



T/20210120/2041

3 of 3

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Report No. T/20210120/2041

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

L /

Sr Staff Sgt MUHAMMAD AFIF BIN MOHD
ROSDI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

20/01/2021 12:48

Classification Of Case:

Motor Accident Private Settlement

Explanation Note to Policyholder

In the event of a motor accident, you are required to report the accident (whether claiming under your own policy or not) with the accident vehicle (whether damage or not) to our reporting centres at the Independent Damage Assessment Centre (IDAC) within 24 hours or the next working day after the accident. Failure to report or late reporting of accident will result in the reduction of your No Claim Discount (NCD) upon the next renewal of your motor insurance policy. If the accident involves personal injuries, you are required to call the police immediately.

You can choose to enter into a private settlement with the owner of the other car if there are no personal injuries and the damages are minor. Under a private settlement, both parties will agree to settle the matter amicably without suing or claiming against each other's motor insurance policies. This private settlement form is a legally binding agreement.

This form must be duly completed and signed. NTUC Income policyholder should fax this form to 6338 1500 or email as an attachment to motor@income.com.sg. NTUC Income will process the case on your behalf should the other party decide to lodge a claim subsequently. Your NCD will be protected even if we have to pay the claim.

Private Settlement form to be completed and retained by policyholder

Private Settlement Form

My Copy

Details of Accident:

SJK8142U rear-ended GBD2866K (Nissan van)
Date/Time: 05/01/2021
Location: JLN ANAK BAKIT (PIE) (towards TMS)

Agreed terms

1. Neither party has made nor will make a police report as there are no personal injuries or death involved.
2. This matter is settled amicably as follows:
 - * (a) Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.
 - * (b) Without any admission of liability, **Party A** has paid a sum of S 450 (cost of repair) which **Party B** hereby acknowledges receipt in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

Party A

Vehicle No.: SJK8142U
Owner's Name: EC CARZ RENTAL
NRIC No.: Bgn No. 53353843B Tel: 6367-2080 / 8383-6342
Driver's Name: ABIDIN BIN ABDUL HAMID
NRIC No.: S1217309A Tel: 8555-2335

Signature: 

Party B

Vehicle No.: GBD2866K
Owner's Name: ONE SEN BATHING CUCURAN Pte Ltd
NRIC No.: 200813349C1 Tel: 9800-7025
Driver's Name: Jothi Ulasa Nathan
NRIC No.: 92016925W Tel: 93360649

Signature: 

* Delete where applicable.

Send the signed form to us by:

Fax: 63381500 • Email: motor@income.com.sg

• Mail to: 75 Bras Basah Road NTUC Income Centre Singapore 189557

VEHICLE NO: 55K 8142U

MAKE & MODEL : Honda Stream

AUTO MANUAL

DATE OF ACCIDENT	05.01.2021	*C.C.
TIME OF ACCIDENT	08.15	AM / PM
LOCATION OF ACCIDENT	PIE (Tuas)	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	EC CARZ RENTAL	
EMAIL: chuapwx@epicarz.com	Office:	MOBILE:
NRIC	53353843B	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5102628907-02	
NAME OF DRIVER	AS ABOVE / IF NO: Abidin Bin Abdul Hamid	
NRIC	51217309A	
DATE OF BIRTH	14 / 04 / 1956	
ANY PASSENGER	YES / NO : 1	
NAME OF PASSENGER	Lina	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	17 / 05 / 1987	
GENDER	Male / Female	
CONTACT NO.	Mobile: 85552335 Office:	Home:
EMAIL:	— nil —	
ADDRESS	174 Woodlands St. 13 #02-351 S(730174)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No, Hire	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? Lina	
CONTACT NO.	88896608	
POLICE REPORT	No / If yes, Where? Bukit Panjang	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	G8D2866K	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / NO	

Advanceag@hotmail.com

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: 5102628807-02

Cover : Third Party

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 1. Index mark and Registration Number of Vehicle | : SJK8142U |
| Chassis Number | : RN61085435 |
| 2. Name of Policyholder | : EC CARZ RENTAL |
| 3. Effective Date of Insurance | : 04 Nov 2020 |
| 4. Expiry Date of Insurance | : 03 Nov 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 : IVAN INSURANCE AGENCY PTE. LTD. (00000614519)
Date of Issue : 16 Oct 2020 10:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

EC CARZ RENTAL

Registration No.: 53353843B

Address: 29 Sungei Kadut Street 4 Singapore 729054
Tel: 6367 2080 Fax: 6367 2090

Agreement Date: 14/9/2020

This agreement is made and entered between EC CARZ RENTAL, hereinafter called "The Owner"

DESCRIPTION OF VEHICLE

Vehicle Registration No: SJK8142U

Make & Model: HONDA STREAM 1.8 A

1. RENTAL PERIOD: 12 MONTHS (14/9/2020 to 13/9/2021)
2. DEPOSIT AMOUNT: \$ 300.00
3. RENTAL FEE: \$ 310.00 per week

- (a) Rental fee includes the following items:
 - Unlimited mileage
 - Road Tax and Insurance (excess applicable)
- (b) Rental fee is at a nett price
- (c) Without prejudice to the owner's other rights, the hirer will be liable to an administrative fee of \$50.00 for late payment fee (computed on daily basis) if rental remain unpaid after becoming due.
- (d) Payment mode can be in CASH or via TELEGRAPHIC TRANSFER to the following bank account:
 - DBS Autosave Current Account No: 066-001-800-8
 - PayNow / PayLah! @ 8933 6842
 - Kindly take a snapshot of payment transfer to @ 8933 6842

4. DEPOSIT

- (a) The Hirer shall upon signing this agreement pay to the Owner a deposit (hereinafter known as "The Deposit") of \$ 300 as a security. The deposit shall be maintained at the same amount during the rental period.
- (b) Without prejudice to the Owner's other rights, the Owner shall be entitled to forfeit and/or retain any part of the deposit in the event that the Hirer breaches this agreement or fails or neglects to pay any sums or charges due to owing to the Owner.
- (c) The deposit will be fully refunded, interest-free only when Hirer has fully discharged its obligations stated in this Agreement and after the expiry of the Rental Period. Owner shall reserve the rights to forfeit and/or retain any part of deposit if the Hirer breaches this agreement or fails or neglects to pay any sums or charges due to or owing to the Owner.
- (d) ~~The Deposit cannot be off set as part of the Rental Fee~~
- (e) In the event that the Hirer fails to turn up for the collection of the assigned vehicle within 2 hours from the agreed rental time, the Deposit will be forfeited, and the Owner reserves the right to claim for any contractual losses or damages from the Hirer accordingly.
- (f) Refund of the Deposit shall be suspended pending the conclusion of any investigation and processing of any accident case involving the vehicle.

5. USE OF VEHICLE

- (a) The vehicle is not to be used, and the Hirer agrees not to permit it to be used, for any purpose for which is not expressly designed and not to use it for sub-leasing, towing, racing, pace-making, or for competing in any form of motor sport or for any illegal purpose whatsoever.
- (b) The Hirer shall be responsible for the petrol, Electronic Road Pricing and parking charges and Traffic fines arising from the use of the Vehicle or any replacement vehicle provide by the Owner during the Rental Period.
- (c) The Hirer accepts that the use of the Vehicle in Malaysia is subject to the laws and regulations of Malaysia.
- (d) ~~The Hirer accepts all costs and liabilities incurred arising from the use of Vehicle outside Singapore~~
- (e) The Owner shall not be held responsible for any damages, not covered by insurance, to the Hirer and any third-party connection with the operation of the rented Vehicle as well as any loss or damage to articles stored or left in the Vehicle during the rental period. The Hirer agrees that the Owner shall not be liable for any loss or damage or any inconvenience caused by the belated delivery of the Vehicle to the Hirer, from possible motor troubles or any other causes.
- (f) The person(s) signing this Agreement assumes full personal responsibility, jointly and severally with the firm, persons and organization, and the driver including any substitute drivers in whose name he/they signs this Agreement.

6. HIRER'S COVENANTS

- (a) The Hirer and authorized drivers whose names are provided to the Owner (hereinafter known as the "Named Drivers") must be above the age of 22 and possess a valid Singapore or International driving license with at least 2 years driving experience for the excess: 3rd Parties - \$1,500
- (b) The Hirer shall not:
 - Make or permit to be made any repairs or modifications to the Vehicle and shall promptly notify the Owner of any damage to the Vehicle
 - Remove or deface any identification marks or plates affixed to the Vehicle;
 - Use or permit the vehicle to be used or operated in a manner contrary to the laws and regulations of Singapore.



[Handwritten Signature]

Hirer's Signature
Name: S ZAHARUDDIN BIN SEMAN
NRIC: 82904027F

1/28/2021

Claim Handling(Claim Task 002 OD-MX)

Claim Handling

Accident MT/1118029

Policy No.	5102628807-02	Vehicle No.	SJK8142U	GST Registration No.	
Certificate No.				Policyholder NRIC	53353843B
Policyholder Name	EC CARZ RENTAL	Cover Type	Third Party	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	NA	Special Remark		eCode	No
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	Private Hire	Not available
NCD Protection	No				

Accident Details

Report Date	20/01/2021 10:27	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	05/01/2021	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AT/ALONG JURONG TOWN HALL ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	20/01/2021 10:28:32 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 11 #10-226	Address 2	TECK WHYE LANE	Address 3	SINGAPORE 6800
Address 4		Address Type	Singapore address	Post Code	680011
Unit No.		Related Policy Number	5120530444		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	EC CARZ RENTAL	Insured NRIC			
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)			
Email Address		OI Vehicle Number	SJK8142U	TP Vehicle Number			
Claim Description	SJK8142U / PASSENGER ON 5 Jan 2021				Name of Preferred Workshop		
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received		
Workshop No.	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	28/01/2021 11:19	Date Received	
Date Registered				Workshop Repairer	ROSLINDA	Total Loss but Repaired	
Report Taken By							

☒ Print AK letter

Save

Submit

Attachment

Accident No.	MT/1118029	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/01/2021 00:00		
Path *		Category *	Please Select	Confidential	Urgency *
Choose File	No file chosen	Clear		NO	Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

ClearPlease SelectNONormal

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ClearPlease SelectNONormal

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2021 11:18	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2021 11:18	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2021 11:18	SAS		Normal	SAS 2021-1-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2021 11:18	Photos		Normal	Photos 2021-1-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2021 11:18	Photos		Normal	Photos 2021-1-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2021 11:18	Photos		Normal	Photos 2021-1-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2021 11:18	Photos		Normal	Photos 2021-1-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2021 11:18	Photos		Normal	Photos 2021-1-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2021 11:18	Photos		Normal	Photos 2021-1-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2021 11:18	Photos		Normal	Photos 2021-1-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2021 11:18	Photos		Normal	Photos 2021-1-28

Video List

Uploaded By/Date	Folder Date	File Name		Source
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