

NATIONAL Assessment Centre Services [wef 1 Jan 2005]

Date In: 29/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/CT/21001379/13	SAS e-filing		
Veh No: SLD2107A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/01/21 1535	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SMA2161X 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 repairer.

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

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

Remarks:	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	Amt (\$)	Amt (\$)
		Int Bill	Add Bill
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) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idco 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: Idco 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	29/01/2021 10:06 (SGT)
Date of Accident	28/01/2021 15:25 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TWDS TUAS AFT BUONA VISTA RD EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD2107A
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HAMSTER CAR RENTAL PTE LTD
Company Reg No	2XXXXX175G
Email Address	eugeneyapyl@gmail.com
Mobile Phone No	(Phone) +65-86089649
Alternative Phone No	+65-86089649

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	VezeL
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	DMHCSNA00004132000
Cover Note Number	-

### DRIVER

Name of Driver	RIDZUAN BIN SAJARI
NRIC No	SXXXX215I
Date Of Birth	03/10/1981
Occupation	Outdoor

Date Of Driving Pass .....	03/12/2004
Driving experience .....	16 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-90294932
Alt. Phone Number .....	-
Email Address .....	i.amridzuan@gmail.com
Address .....	BLK 833 JURONG WEST STREET 81
Address complement .....	#08-11
Postcode .....	640833
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

PASSENGER 2

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

PLS REFER TO THE ATTACHED 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 .....	SMA2161X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	JOANNE KOH
Contact Number .....	(Phone) +65-81838321
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 .....	RIDZUAN BIN SAJARI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SLD2107A
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 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 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



Veh A: SLD2107A  
Veh B: SMA2161X

**Describe Circumstances of the Accident**

On above date & time, I was driving my vehicle A (SLB2107A) traveling along AYE towards Tuas on first lane of a 4-lanes, expressway. Somewhere after Bana Vista Rd exit, vehicle ahead slowed down and stopped due to heavy traffic flow. As such, I applied brake and stopped before vehicle ahead. Out of sudden, vehicle B (SMA2161X) came from rear and collided onto the rear portion of my vehicle.

**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

*Slym* 29/01/21

Witnessed by Reporting Centre Personnel

VEHICLE NO:	SLD 2107A	MAKE & MODEL:	Honda Vezel	(AUTO / MANUAL
DATE OF ACCIDENT:	28 / 1 / 2021	CC:	1.5	
TIME OF ACCIDENT:	1525 HRS			
LOCATION OF ACCIDENT:	Along AYE twds Tuas after Bouna Vista Rd exit			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	Hamster Car Rental Pte Ltd			
TEL NO:	H/P: 86089649	OFFICE:	HOME:	
NRIC:	2019171756			
ADDRESS:	8 Burn Road #15-13 S(369977)			
EMAIL:	agencypyl@gmail.com			
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	YES / NO ?			
INSURANCE COMPANY:	China Taping			
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO:	DMHCSNA00004132000			
NAME OF DRIVER:	AS ABOVE / IF NO: Ridzuan Bin Sajari			
NRIC:	S81292151	ANY PASSENGER:	2 (F)	
DATE OF BIRTH:	3 / 10 / 1981	LICENCE PASSED DATE:	3 / 12 / 2004	
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	MALE / FEMALE			
CONTACT NO:	H/P: 90294932	OFFICE:	HOME:	
ADDRESS:	BLK 833 Jurong West street 81 # 08-11 S(640833)			
EMAIL:	i.amridzuan@gmail.com			
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:	
RELATIONSHIP:	Hirer			
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:			
ROAD SURFACE:	DRY / WET / OTHER:			
ANY INJURIES:	NO / IF YES, WHO?			
NAME & CONTACT:	Ridzuan Bin Sajari 90294932			
NAME & CONTACT:				
POLICE REPORT:	NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?			
VEHICLE B REG NO:	SMA2161X	ANY PASSENGERS:	1	
NAME OF DRIVER:	Joanne Koh	CONTACT NO:	81838321	
VEHICLE C REG NO:		ANY PASSENGERS:		
VEHICLE D REG NO:		ANY PASSENGERS:		
VEHICLE E REG NO:		ANY PASSENGERS:		
VEHICLE F REG NO:		ANY PASSENGERS:		
VEHICLE G REG NO:		ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	YES / NO			
WAS THERE ANY AUDIO RECORDED?	YES / NO			
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO			
ACCIDENT PORTION:	Rear portion			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?				YES / NO
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Brandon			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			



Motor Hire Car

MZ406L/B

N SN

AN0214A

Cov. Type:C

**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.	DMHCSNA00004132000	Engine No.: L15B4034457 Cha. No.:RU11114452
1. Index Mark and Registration Number of Vehicle	SLD2107A	AUTOSAFE =====
2. Name of Policy Holder	HAMSTER CAR RENTAL PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27/06/2020	Excess Sect I . S\$2,000.00 Excess Sect. I (Outside Singapore) S\$1,500.00 Excess Sect. II S\$2,000.00
4. Date of Expiry of Insurance	26/06/2021	Excess Sect.II (Outside Singapore). S\$1,500.00 EX ON WINDSCREEN . S\$100.00
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. : DBS BANK 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: ..... Chua Suat Lay Sally  
Authorised Officer

Authorised Signatory

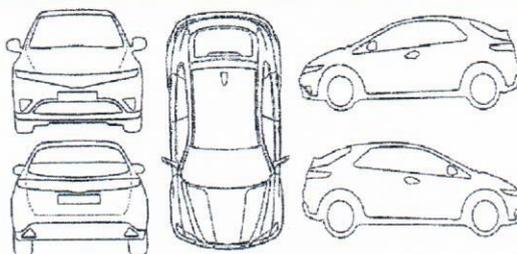
**Hamster Car Rental Pte Ltd**  
 8 BURN ROAD #05-13 TRIVEX SINGAPORE Singapore 369977

**VEHICLE RENTAL AGREEMENT**

<b>(Owner)</b>		Name: <b>Hamster Car Rental Pte Ltd</b>	ROC No.: <b>201917175G</b>
Address: <b>8 BURN ROAD #05-13 TRIVEX SINGAPORE Singapore 369977</b>		Executive:	
<b>(Hirer)</b>		Name: <b>RIDZUAN BIN SAJARI</b>	DOB: <b>03-10-1981</b>
Address: <b>APT BLK 833 JURONG WEST STREET 81 #08-11 Singapore 640833</b>		NRIC: <b>S8129215I</b>	Contact No.: <b>90294932</b>
<b>(Relief Driver)</b>		Name:	DOB:
Address:		NRIC:	Contact No.:

**DESCRIPTION OF VEHICLE ("The Vehicle")**

Make/ Model: <b>HONDA VEZEL</b>	Vehicle Registration No.: <b>SLD2107A</b>
Chassis/ Engine No.:	



**RENTAL PAYMENT DETAILS**

Contract Date: 09-11-2020

1. Commencement Date: 09-11-2020
2. Period of Hirer: From 09-11-2020 to 08-12-2020
3. Rental Payment of SGD \$ 335.00 ("the Rental") for period 29DAYS due on the **Monday of Each Week** (payable in advance) ("Due Date"). Late Payment will be charged at **\$50** for each and every payment due.
4. The Hirer shall upon signing The Agreement, pay to the owner a security deposit amount of **\$300** (hereinafter referred to as "The Deposit")

**PURPOSE OF RENTING VEHICLE (Please tick the following :)**

<input type="checkbox"/>	Personal Usage
<input checked="" type="checkbox"/>	Private Hire Usage
<input type="checkbox"/>	Leasing & Others (Please Specify):

The Owner's Signature	Date	The Hirer's Signature
	09-11-2020	