

Date In: 4/2/21 11:46	Job description	Date & Time Completed	Done by
Ref No: NA/C72 21901673164	SAS e-illing		
Veh No: SLZ 9673 U	E-mail (within 2hrs, AIC 2hrs)		
DDA: 31/1/21 00:50	I-Motor Claim Form		
OH: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Prof/Prod Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SJP5329 S. 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%; I: 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 reporter.

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

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

Completed	INC (Within 2hrs, AIC 2hrs)	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	Description	Completed	Done by

NA2101411

Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Adaptors/Combiner(s): Tel: 1: Tel: 2:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td style="text-align: right;">30</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$40)</td> <td style="text-align: right;">40</td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td style="text-align: right;">40</td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td style="text-align: right;">120</td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey) \$30</td> <td style="text-align: right;">30</td> </tr> <tr> <td colspan="2">For claimant against INC Only (waf 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td style="text-align: right;">75</td> </tr> <tr> <td>7) NI: Idac DA + SMRT Survey \$160</td> <td style="text-align: right;">160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td> ON:</td> <td></td> </tr> <tr> <td> *NS: Courtesy Car / Tpt Allowance</td> <td style="text-align: right;">55</td> </tr> <tr> <td> *NG: Repair Co-ordination</td> <td style="text-align: right;">510</td> </tr> <tr> <td> *NI: Post Repair Inspection</td> <td style="text-align: right;">575</td> </tr> <tr> <td> *NI: DV / Collect Excess Coordination</td> <td style="text-align: right;">55</td> </tr> <tr> <td> TP (NI): TP (Non INC) against INC</td> <td style="text-align: right;">520</td> </tr> <tr> <td>9) NI2: Idac Mobile</td> <td style="text-align: right;">30</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> </table>	1) AR: Accident Reporting (\$30)	30	2) DA: Damage Assessment (\$100); INC (\$40)	40	3) TP: Towing Fee \$40/\$45	40	4) FT: Follow-Through Survey \$120	120	5) FT: Follow-Through Survey (Resurvey) \$30	30	For claimant against INC Only (waf 10 Jan 2005)		6) TR: Re-inspection \$75	75	7) NI: Idac DA + SMRT Survey \$160	160	8) NTUC Additional Services:		ON:		*NS: Courtesy Car / Tpt Allowance	55	*NG: Repair Co-ordination	510	*NI: Post Repair Inspection	575	*NI: DV / Collect Excess Coordination	55	TP (NI): TP (Non INC) against INC	520	9) NI2: Idac Mobile	30	Invoice dated	Fee Charged	Invoice dated	Fee Charged
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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 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. 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 04/02/2021 11:46 (SGT)
Date of Accident 31/01/2021 00:50 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ9673U

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 Toyota
Model Prius
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 ThirdPartyFireTheft
Fleet Policy No
Policy Number DMHCSNA00001942000
Cover Note Number -

DRIVER

Name of Driver MOHAMMAD RIDZAN BIN USOP
NRIC No SXXXX249J
Date Of Birth 18/01/1976

Date Of Driving Pass	24/09/2014
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88173660
Alt. Phone Number	-
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Address	1 EUNOS CRESCENT #07-2531
Address complement	-
Postcode	400001
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?	Yes
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?	Yes
Police Station Name	Kampong Ubi Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007479999
Alt. Police Station Phone No	(Fax) +65-67453410
Police Station Address	Blk 9 Eunos Crescent #01-2687 Singapore 400009
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210202/2093

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	SJP5329S
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	MOHAMMAD RIDZAN BIN USOP
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLZ9673U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

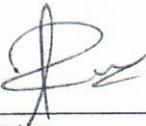
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

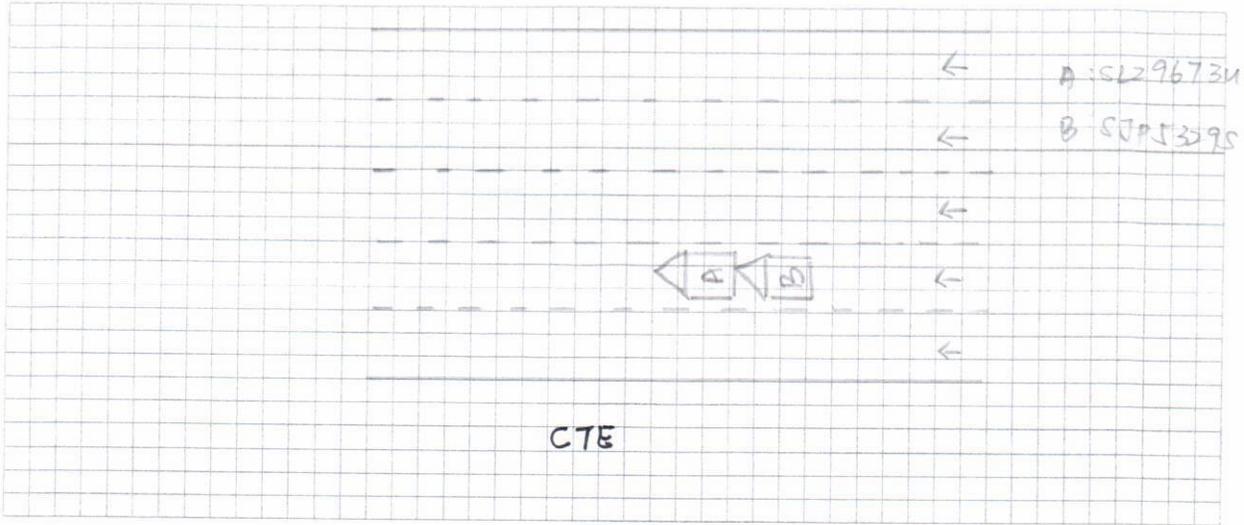
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 02/02/21


Driver's Signature
(If driver is not the policyholder)
Date & Time: 02/02/21


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20210202/2093

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 02/02/21

Driver's Signature
(If driver is not the policyholder)
Date & Time: 02/02/21

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

SKETCH PLAN

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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:



ASIA EXPRESS CAR RENTAL PTE. LTD.
Co Reg No
201175882E

02/02/21

Driver's Signature

(If driver is not the policyholder)

Date & Time:



02/02/21

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





SINGAPORE
POLICE FORCE



T/20210202/2093

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

2 of 3

Report No. T/20210202/2093
[SENSITIVE]

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD RIDZAN BIN USOP	ID No.	S7601249J
Related Vehicle	SLZ9673U (Car)	Contact No.	88173660
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/01/2021	Date Discharge	31/01/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time, I had a passenger and was travelling along CTE before Yio Chu Kang Road Exit at about 80km/hr on the 4th lane when I felt this strong collision from the rear of my vehicle. I then lost control of the vehicle and subsequently my vehicle overturned a few times and my vehicle ended in an upside down position. I was still conscious during that point of time and I felt pain everywhere around my body. I was then conveyed to Sengkang General Hospital where I received treatment and was under observation. I was then discharged and was given 7 days of MC. I wish to state that I have a front in car camera in my vehicle and it is in working condition.



Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

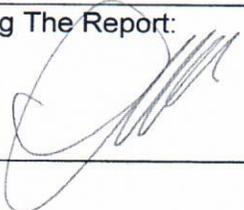
Report No. T/20210202/2093
[SENSITIVE]

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: G / Sgt 1 CHUA KUN ER	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Staff Sgt SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476214	

Signature Of Informant:	
Date/Time: 02/02/2021 16:30	
Classification Of Case:	

Authentication Stamp
NP168



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. DMHCSNA00001942000

Engine No.: 2ZRS105446

Cha. No.: ZVW506098229

1. Index Mark and Registration Number of Vehicle SLZ9673U

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. : MV CREDIT 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

Date of Accident : 31/01/2021 Accident Time: 0050 hrs (24-HR-FORMAT)
 Accident Place : CTE towards Yio Chu Kang
 Vehicle Reg. No (Car plate No.) : SLZ 9673U Vehicle Make/Model: Toyota prius
 Insurance Company : china Taiping Policy No. _____
 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 : Mohammad Ridzan ^{Bin USOP} DRIVER'S NRIC No: S7601249J
 DRIVER'S Date of Birth : 18/01/76 DRIVER'S License Pass Date 24/09/14
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver
 DRIVER'S Address : 1 Eunus Crescent #07-2531 S(400001)
 DRIVER'S Contact No./ Alt No. : 1) 88173660 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : peijie@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 male | 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: <u>SJP 5329S</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: _____

03/02/21
 waiting for veh.