

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SM09213V000E

Date In: 31/3/21 15:31	Job description	Date & Time Completed	Done by
Ref No: NAI INC 2100 4146164	SAS e-filing		
Veh No: SLG 9001J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/3/21 08:30	i-Motor Claim Form	MT/1126569 ⁰⁰¹	11/4/21 09:02
OD: <u>TP</u> 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: SML 4089B	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 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

NA2102336	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors Comments:-	TP (N11): TP (Non INC) against INC \$20			
Pat. 1:	9) N12: Idac Mobile 30			
Pat. 2/3:	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	31/03/2021 15:31 (SGT)
Date of Accident	29/03/2021 08:30 (SGT)
Exact Location of Accident	Yuan Ching Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9001J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EASYDRIVE CAR RENTAL
Company Reg No	5XXXX868L
Email Address	2107JAM@GMAIL.COM
Mobile Phone No	(Phone) +65-83825855
Alternative Phone No	+65-83825855

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
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119161326
Cover Note Number	-

DRIVER

Name of Driver	JAMIL BIN AJALIL
NRIC No	SXXXX170G

Date Of Birth	03/09/1970
Occupation	Outdoor
Date Of Driving Pass	13/08/2001
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88870575
Alt. Phone Number	-
Email Address	2107JAM@GMAIL.COM
Address	BLK 10 KITCHENER LINK #02-18
Address complement	-
Postcode	207225
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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	SML4089B
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) -

SKETCH PLAN

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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.

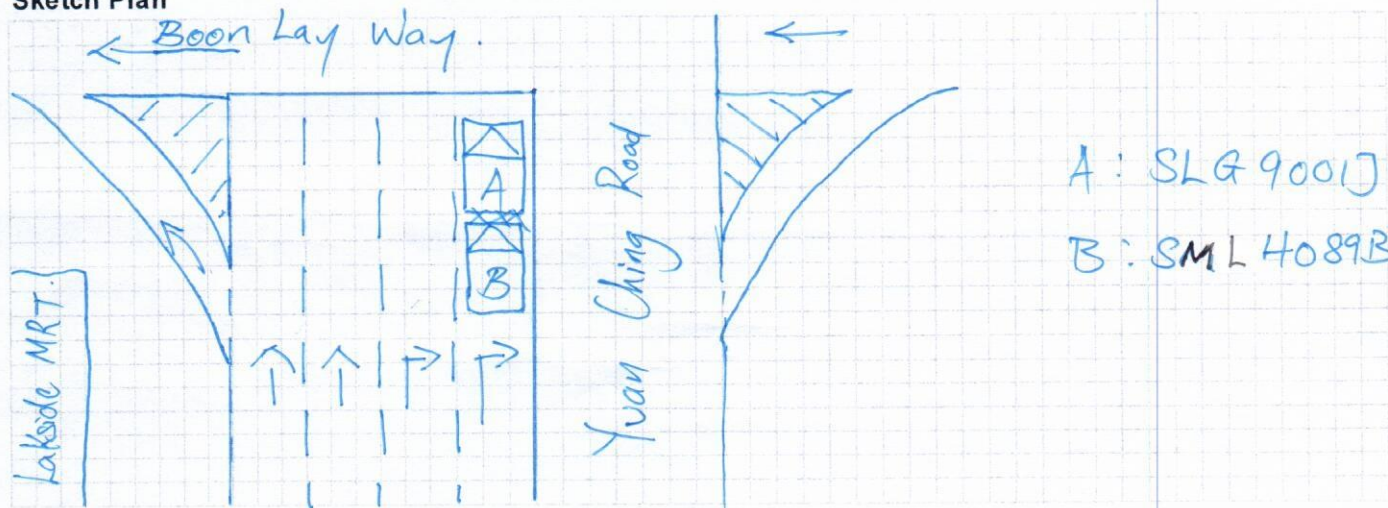
EasyDrive Car Rental
200 Jalan Sultan
#02-38 Textile Centre
Singapore 199018
Tel: 9673 5989 Fax: 6889 2418
Email: easydrivesg@gmail.com
TEL: 63758681

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On above date and time, i was driving my vehicle (SLG9001J) along Yuan Ching Road, and my vehicle came to a stop at the junction of Yuan Ching Road and Boon Lay Way due to traffic light ~~is~~ red. My vehicle was stationary for awhile and suddenly i felt an impact from the rear. I alighted and ~~checked~~ realise that Veh B. (SML4089B) had collided into the rear portion of my vehicle. We exchanged particulars and moved off.

Declaration

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

EasyDrive Car Rental
200 Jalan Sultan
#02-38 Textile Centre
Singapore 199018
Tel: 9673 5999 Fax: 6883 6448
Email: easydrivesg@gmail.com
UEN: 53375868L

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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: 5119161326

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLG9001J
Chassis Number : RU11205098
2. Name of Policyholder : EASYDRIVE CAR RENTAL
3. Effective Date of Insurance : 18 Oct 2020
4. Expiry Date of Insurance : 17 Oct 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : ASSURE PTE. LTD. (00000572842)
Date of Issue : 01 Oct 2020 12:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.:	53375868L
Owner ID Type:	Business
Owner Name:	EASYDRIVE CAR RENTAL
Registered Address:	200 JALAN SULTAN #02-38 TEXTILE CENTRE SINGAPORE 199018
Mailing Address:	-
Birth Date:	-

Vehicle Particulars

Vehicle No.:	SLG9001J
Previous Vehicle No.:	-
Effective Date of Ownership:	27 Mar 2018
Original Regn Date:	18 Oct 2016
Registration Date:	18 Oct 2016
Year of Manufacture:	2016
Vehicle Type:	Private Hire (Chauffeur) Motor Car
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X CVT
Primary Colour:	Brown
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	RU11205098
Engine No.:	L15B4405099
Engine Capacity / Power Rating:	1496 cc / -
Maximum Power Output:	96.0 kW (128 bhp)
Propellant:	Petrol
Max Unladen Weight:	1190 kg
Maximum Laden Weight:	1465 kg
Open Market Value:	\$21,564.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Oct 2026

VEHICLE NO:	SLG9001J		MAKE & MODEL:	Honda Vezel		AUTO / MANUAL
DATE OF ACCIDENT:	29 / 03 / 2021		CC:	1.5		
TIME OF ACCIDENT:	08:30 HRS					
LOCATION OF ACCIDENT:	Junc. of Tuan Ching Road & Boon Lay Way.					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Easy Drive Car Rental					
TEL NO:	H/P: 83825855		OFFICE:	HOME:		
NRIC:	S3375868L					
ADDRESS:	200 Jalan Sultan #02-38 Textile Centre S(199018)					
EMAIL:	frances4436@yahoo.com.sg					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO ?					
INSURANCE COMPANY:	NTUC					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	5119161326					
NAME OF DRIVER:	AS ABOVE / IF NO: Jamil Bin Ajalil					
NRIC:	S7048170G		ANY PASSENGER:	NO		
DATE OF BIRTH:	03 / 09 / 1970		LICENCE PASSED DATE:	09 / 05 / 2003		
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P: 88870575		OFFICE:	HOME:		
ADDRESS:	Blk 10 Kitchener Link #02-18 S(207225)					
EMAIL:	2107Jamil@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:						
NAME & CONTACT:						
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	SMK 4089B		ANY PASSENGERS:	NO		
NAME OF DRIVER:	Alson		CONTACT NO:	88400804		
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:	NSI Automotive					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Leonard					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					