

NATIONAL Assessment Centre Services.

Ref: 1 Jan 2003, **SAC0216E0001**

|                                  |   |                       |         |
|----------------------------------|---|-----------------------|---------|
| Date In: <b>14/06/2021 10:09</b> | Job description                                 | Date & Time Completed | Done by |
| Ref No: <b>NBA/CIT20066494</b>   | SAS e-illing                                    |                       |         |
| Veh No: <b>5CK 6900B</b>         | E-mail (E-John Sims, AIC 2hrs)                  |                       |         |
| D.O.A: <b>10/06/2021 15:40</b>   | I-Motor Claim Form                              |                       |         |
| OD <b>TP</b> Reporting Only      | I-Motor W/O (Within: OD 2hrs, TP 4hrs)          |                       |         |
|                                  | I-Photo Uploaded                                |                       |         |
| TP Insurer:                      | Assessment/Survey Report                        |                       |         |
|                                  | Ass't Report by <b>Enx / Hand to Owner/VKSR</b> |                       |         |

Preferred Wksp / INC Assgn Wksp / QW: ( ) Toll: ( ) Fax: ( )

TP Particulars: Vch No: **5FH 1919E** 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 ( )

( ) Wall-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: ( )

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

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

|                                 |   |             |  |
|---------------------------------|---|-------------|--|
| <b>AA 2103116</b>               |   |             |  |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30)                |             |  |
| Contact No:                     | 3) DA: Damage Assessment (\$100)                | INC (\$10)  |  |
| Damaged Portion:                | 5) TP: Towing Fee                               | \$40/\$45   |  |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey                    | \$120       |  |
| Auditor's Comments:             | 5) PF: Follow-Through Survey (Resurvey)         | \$30        |  |
| Est. 1:                         | For claiming against INC Duty (var 10 Jan 2003) | \$75        |  |
| Est. 2:                         | 6) TR: Re-impaction                             | \$160       |  |
| Est. 3:                         | 7) NI: Idac DA + SMRT Survey                    |             |  |
|                                 | 8) NTUC Additional Services:                    |             |  |
|                                 | ON*   |             |  |
|                                 | *N5: Courtesy Car / Tpl Allowance               | \$3         |  |
|                                 | *N6: Repair Co-ordination                       | \$10        |  |
|                                 | *N7: Post Repair Inspection                     | \$25        |  |
|                                 | *N8: DV / Collect Excess Co-ordination          | \$3         |  |
|                                 | TP (N11): TP (Non INC) against INC              | \$20        |  |
|                                 | 9) N12: Idac 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 ..... 14/06/2021 10:09 (SGT)  
Date of Accident ..... 10/06/2021 15:40 (SGT)  
Exact Location of Accident ..... Jln Anak Bukit, Singapore  
Additional Location Information ..... SLIP ROAD TOWARDS PIE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SCE6900B  
INSURED/POLICYHOLDER .....  
Is company? ..... Yes  
Name Of Registered Owner ..... ECHAN STUDIO  
Company Reg No ..... 5XXXX454D  
Email Address ..... bryanbeng24@gmail.com  
Mobile Phone No ..... (Phone) +65-93883383  
Alternative Phone No ..... +65-83083627

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Lancer  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 1584

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... DMHCSNW00005292001  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD FINO BIN SAINAL  
NRIC No ..... SXXXX203Z

|  |                                     |
|--|-------------------------------------|
| Date Of Birth  | 09/12/1995                          |
| Occupation   | Outdoor                             |
| Date Of Driving Pass   | 22/10/2020                          |
| Driving experience   | 8 MONTHS                            |
| Gender   | Male                                |
| Mobile Number  | (Phone) +65-83083627                |
| Alt. Phone Number  | -                                   |
| Email Address  | bryanbeng24@gmail.com               |
| Address  | BLK 364A SEMBAWANG CRESCENT #04-237 |
| Address complement   | -                                   |
| Postcode   | 751364                              |
| 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   | Side Swipe |
| 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)   | 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

PLEASE REFER TO SKETCH PLAN

#### 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 | SFH1919E    |
| 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 ..... MUHAMMAD FINO BIN SAINAL  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SCE6900B  
 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 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. 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/rail 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.



*Handwritten signature*

*Handwritten signature and date: 14/06/2021*

Policyholder's Signature / Date & Time

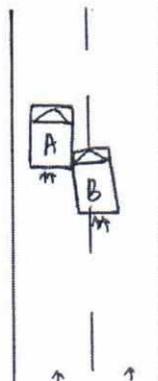
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Jalan Amk Bukit Slip Road  
towards PIE

VehicleA: SCE6900B  
VehicleB: SFH1919E



**Describe Circumstances of the Accident**

on the stated date & time, I, vehicle A (SCE 6900B) was travelling straight at the stated location on the extreme left lane. Suddenly, I felt an impact from the rear right portion of my vehicle. I alighted & realised vehicle B (SFH1919E) cut into my lane and collided onto the rear right portion of my vehicle causing damages.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*Uli*

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

*[Signature]* 14/06/2021  
Witnessed by Reporting Centre Personnel

Date of Accident : 10/6/2021 Accident Time: 1540hrs (24-HR-FORMAT)

Accident Place : Jalan Arak Buloh sliproad towards PIE

Vehicle Reg. No (Car plate No.) : SCE6900B Vehicle Make/Model: Mitsubishi Lancer

Insurance Company : China Taiping Policy No. DMHCSNW00005292001

Name of Registered Owner: Company / Individual Echan Studio

ID of Registered Owner : Co Reg No: 53243454D Owner's NRIC No: -

: Co Contact No: - Owner's Contact No: 1388 3383

DRIVER'S Name : Muhammad Firo Bin Sainal DRIVER'S NRIC No: S15442032

DRIVER'S Date of Birth : 09 Dec 1995 DRIVER'S License Pass Date 22 Oct 2020

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others

DRIVER'S Address : APT BIK 364A Sembawang Crescent # 04-337 Singapore 751369

DRIVER'S Contact No./ Alt No. : 1) 8308 3627 2) -

DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)

Email Address : bryanbeng24@gmail.com

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): 01 Passenger Name: - Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: Muhammad Firo Bin

Injured Name: Sainal

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: SFH1919E

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: -

Other Party Driver's Particulars (if any)

Vehicle Reg No: -

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: -



ECHAN STUDIO

21 Toh Guan Road East, Toh Guan Centre #01-03 (s) 608609  
TEL: 93883383 / 86853000 ROC: 53243454D

Date: \_\_\_\_\_

S/N: \_\_\_\_\_

### Car Rental Agreement

#### HIRER / COMPANY PARTICULARS

Name (as per NRIC): Muhammad Fird Bin Sainal License Pass Date: 22 Oct 2020  
NRIC No.: S95442032 DOB: \_\_\_\_\_  
Address: APT BIK 364A Sembawang Crescent #04-237 Singapore 751364  
Contact No. (1) 83083627 Contact No. (2) \_\_\_\_\_

#### RELIEF / GUARANTOR PARTICULARS

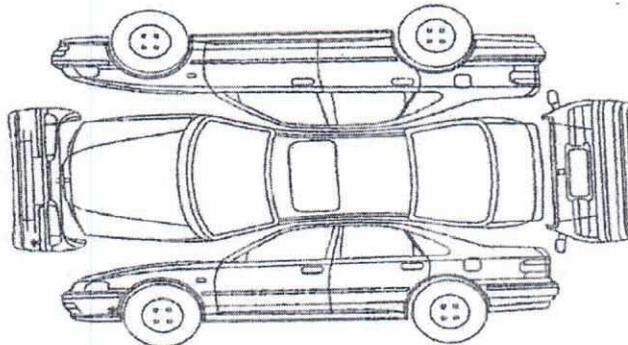
Name (as per NRIC): \_\_\_\_\_ License Pass Date: \_\_\_\_\_  
NRIC No.: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact No. (1) \_\_\_\_\_ Contact No. (2) \_\_\_\_\_

#### VEHICLE DETAILS

Make & Model : Mitsubishi Lancer  
Vehicle Registration Number: SC56900B Contract Period : \_\_\_\_\_  
Date/Time Collection : 5/4/2021 @ 1200hrs  
Date/Time Return : \_\_\_\_\_  
Mileage Out (KM) : \_\_\_\_\_ Mileage In (KM) : \_\_\_\_\_  
Fuel Level Out : \_\_\_\_\_ Fuel Level In : \_\_\_\_\_

#### PRE RENTAL CHECKLIST

Identify areas of damage on the diagram and include comments within the remarks below.



#### REMARKS:

Everyday driver must check radiator water and engine oil, driver must ensure that it is always at sufficient level

\$3000 Excess is applicable for driver who is 22 years old (or older) or with minimum 2 years driving experience  
\$6000 Excess is applicable for driver who is 21 year old or with minimum 1 years driving experience.  
\$9000 Excess is applicable for driver who is below 20 year old or with less than 1 years driving experience.

#### PAYMENT

Rental Amount: \_\_\_\_\_ (Day/Week/Month) Deposit Amount: \_\_\_\_\_  
Refund Deposit: \_\_\_\_\_ (Signature/Date)



Authorized Staff Signature & Date

  
Hirer Signature & Date

Motor Hire Car

MZ406L/B

R SN

AN0420A

Cov. Type:T

**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.   | DMHCSNW00005292001 | Engine No.: 4A910126014             | Cha. No.:JMYSRCY2AAU0003B2 |
| 1 Index Mark and Registration Number of Vehicle   | SCE69006           |                                     |                            |
| 2 Name of Policy Holder   | ECHAN STUDIO       |                                     |                            |
| 3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment   | 24/09/2020         | Excess Sect. II                     | SS1,500.00                 |
|   |                    | Excess Sect.II (Outside Singapore). | SS3,000.00                 |
| 4 Date of Expiry of Insurance   | 25/08/2021         |                                     |                            |
| 5 Persons or Classes of Persons entitled to drive*  |                    |                                     |                            |
| As per Named Driver(s) stated below.<br>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. |                    |                                     |                            |
| ANY EMPLOYEE OF THE COMPANY OR  |                    | ANY AUTHORISED HIRER/DRIVER ONLY    |                            |
| 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.: LIAN HONG 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 sign here:

For CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Issued By INXPRES INSURANCE AGENCY PTE LTD  
Authorised Officer

Authorised Signatory