

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

SN0821780001

Date In: 01/01/2001 12:39	Job description	Date & Time Completed	Done by
Ref No: XBA/AG210074424	SAS e-filing		
Veh No: SMN 690E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 01/01/2001 09:55	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: Vch No: YP 5368L 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 repaler.

() 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:

X/A2103292

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Item	Bill	Bill	Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$30)			
3) TF: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) RT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection \$75			
7) N1: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
OD*			
*N5: Courtesy Car / Tpl Allowance \$5			
*N6: Repair Co-ordination \$10			
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Excess Coordination \$5			
TP (N11): TP (N'n INC) against INC \$20			
9) N12: Idao Mobile \$0			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Plaintant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Inditors Comments:

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	08/07/2021 12:39 (SGT)
Date of Accident	07/07/2021 09:55 (SGT)
Exact Location of Accident	19 Loyang Cres, Singapore 508983
Additional Location Information	TOLL OFFSHORE INFRONT OF GANTRY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN690E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ACE FLEET MANAGEMENT PTE LTD
Company Reg No	2XXXXX914N
Email Address	spoon_vins@hotmail.com
Mobile Phone No	(Phone) +65-92323494
Alternative Phone No	+65-87797526

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	999993781
Cover Note Number	-

DRIVER

Name of Driver	HASHARUL BIN HASHIM
NRIC No	SXXXX875A

Date Of Birth	02/11/1982
Occupation	Outdoor
Date Of Driving Pass	06/06/2015
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87797526
Alt. Phone Number	-
Email Address	spoon_vins@hotmail.com
Address	BLK 509B YISHUN AVENUE 4 #05-26
Address complement	-
Postcode	762509
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 vehicle 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	JULIANA BTE DAHRI
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

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	YP5367L
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)	-

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' law yers/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' law yers/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 law yers/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

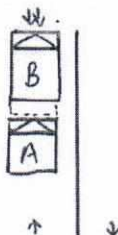
Witnessed by Reporting Centre Personnel

Sketch Plan

19 Loyang Crescent toll offshore in front of the Gantry

Vehicle A: SMN690E

Vehicle B: YP5364L



Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (SMN690E) was at the stated location, I noticed vehicle B (YP5364L)'s intentions to reverse, as such, I looked at the rear and realised that I have room to reverse. Hence, I started reversing to give vehicle B (YP5364L) space. Suddenly, I felt a huge impact from the front of my vehicle. Vehicle B (YP5364L) had collided onto the front of my vehicle.

Declaration

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

Witnessed by Reporting Centre Personnel

ACE FLEET MANAGEMENT PTE LTD

237 ALEXANDRA ROAD #02-03 THE ALEXCIER SINGAPORE(159929)

Replacement of New Contract/Agreement

Kindly fill up all of the details below

CAR MODEL: TOYOTA NOAH HYBRID (SILVER) CARPLATE: SMN690E

MAIN HIRER NAME: HASHRUL BIN HASHIM	
NRIC/PASSPORT NO.: 58234875A	D.O.B: 02 NOV 1982
NEXT OF KINS: JULIANA BTE DAHRI	TEL: 87794226
ADDRESS: BLK 509B, YISHUN AVE 4, #05-26, S(762509)	
CONTACT NO.: 87797526	
RENTAL DEPOSIT: \$1000/-	
DATE OF COMMENCE: 15 FEB 2021	
RELIEF DRIVER:	TEL:
ADDRESS:	
RENTAL PER DAY:	
EMAIL ADDRESS: hasharul.hashim@gmail.com	
CONTRACT VAILDITY: END @ 24 SEPT 2021	
1)INSURANCE 1 ST PARTY EXCESS \$2000/- 2)INSURANCE 3 RD PARTY EXCESS \$2000/- 3)INSURANCE EXCESS FOR OVERSEA WILL BE DOUBLED 4)INSURANCE EXCESS FOR DRIVING LICENCE LESS THEN 2 YEAR AND BELOW 24 YEAR OLD AND OLDER THEN 65 YEAR OLD WILL BE DOUBLED 5)WINDSCREEN EXCESS \$200/-	

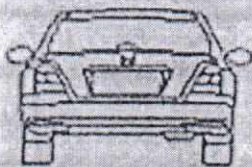
Left Side



Right Side



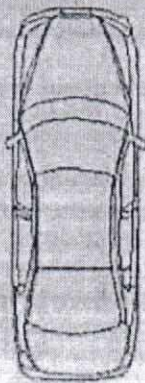
Back



Front



Top



REMARKS:



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Hirer's Signature

[Handwritten signature]

D=DENT S=SCRATCHES C=CHIPS R=RUST M=MISSING

GENERAL DEFINITIONS

Date of Accident : 07/07/2021 Accident Time: 0955hrs (24-HR-FORMAT)
Accident Place : 19 Layang Cres Toll offshore in front of Chantry
Vehicle Reg. No (Car plate No.) : SMN69CE Vehicle Make/Model: Toyota Noah Hybrid
Insurance Company : AIG Policy No. 999993781
Name of Registered Owner : Company / Individual Ace Fleet Management Pte Ltd
ID of Registered Owner : Co Reg No: 201710914N Owner's NRIC No: -
Co Contact No: - Owner's Contact No: 92323494

DRIVER'S Name : Hasharul Bin Hashim DRIVER'S NRIC No: S834875A
DRIVER'S Date of Birth : 02-11-1982 DRIVER'S License Pass Date 06 Jun 2015
Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: Hirer
DRIVER'S Address : Apt B1K 509B Vishnu Avenue 4 #05-26 Singapore 762509
DRIVER'S Contact No. / Alt No. : 1) 8779 7526 2) -
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)
Email Address : spoon_vins@hotmail.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): 02 Passenger Name: Juliana Bte Dahri 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: Injured Name:

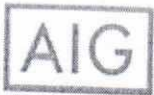
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: YP5364L	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: _____

**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) AND ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M 2.400

Comprehensive Commercial Motor

(The below excess is subject to GST)

CERTIFICATE NO. SMN690E

POLICY EXCESS S\$2,000.00 (I)

POLICY NO. 999993781

POLICY EXCESS S\$2,000.00 (II)

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PAF Yes

1) VEHICLE REGISTRATION NO.

SMN690E

2) NAME OF POLICYHOLDER

Ace Fleet Management Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE
FOR THE PURPOSES OF THE ACT

31 July 2020

4) DATE OF EXPIRY OF INSURANCE

30 July 2021

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Insured's order or with their permission.

- Authorised Drivers must be age 22 to 65 years old with at least 2 years Driving Experience

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

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) LIMITATION AS TO USE*

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, 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. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not Applicable

HIRE PURCHASE COMPANY

DBS BANK LTD

*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) and Road Transport (Amendment) Act 2019.

Issued in Singapore 05 Aug 2020

AIG Asia Pacific Insurance Pte. Ltd.

0504650-000

All Ins Agency Pte Ltd

22 Sin Ming Lane

#05-78 Midview City

Singapore 573969

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPIUS