

**NATIONAL Assessment Centre Services** (wef 1 Jan 2012)

Date: <b>12/01/22</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/122000426/13</b>	SAS e-filing		
Veh No: <b>SCQ3434L</b>	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: <b>10/01/22 1220</b>	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> / 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: <b>SLK4688P</b>	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:- (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

<b>NA2200120</b>	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR : Re-inspection \$75		
<b>Cat. 2/1</b>	7) N1 : Idac DA + SMRI Survey \$160		
	8) NTUC Additional Services:-		
	On*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non-INC) a/c inv. INC \$20		
	N12: 14-1 Mobile \$30		

Printed on: 22/01/2012 Fee Charged  
 Invoice dated: 22/01/2012 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	12/01/2022 14:27 (SGT)
Date of Accident	10/01/2022 12:20 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SCQ3434L

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LQW LEASING
Company Reg No	5XXXX044M
Email Address	june.ac@hotmail.com
Mobile Phone No	(Phone) +65-98334443
Alternative Phone No	+65-98334443

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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 car
Transmission	Auto
CC	2400

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MFL0005721
Cover Note Number	-

#### DRIVER

Name of Driver	JUMIMAH BINTE ALI
NRIC No	SXXXX272C

Date Of Birth	15/09/1979
Occupation	Indoor
Date Of Driving Pass	25/02/2011
Driving experience	10 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94251702
Alt. Phone Number	-
Email Address	june.ac@hotmail.com
Address	BLK 58 LENGKOK BAHRU
Address complement	#06-523
Postcode	150058
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 - Change/cross lane
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ANDIK
Gender	Female

PASSENGER 2

Name	QISTINA
Gender	Female

PASSENGER 3

Name	QIYANAH
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?	No
Was there any audio recorded?	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK4688P
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

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 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.

LDW LEASING  
ROC: 53395044M

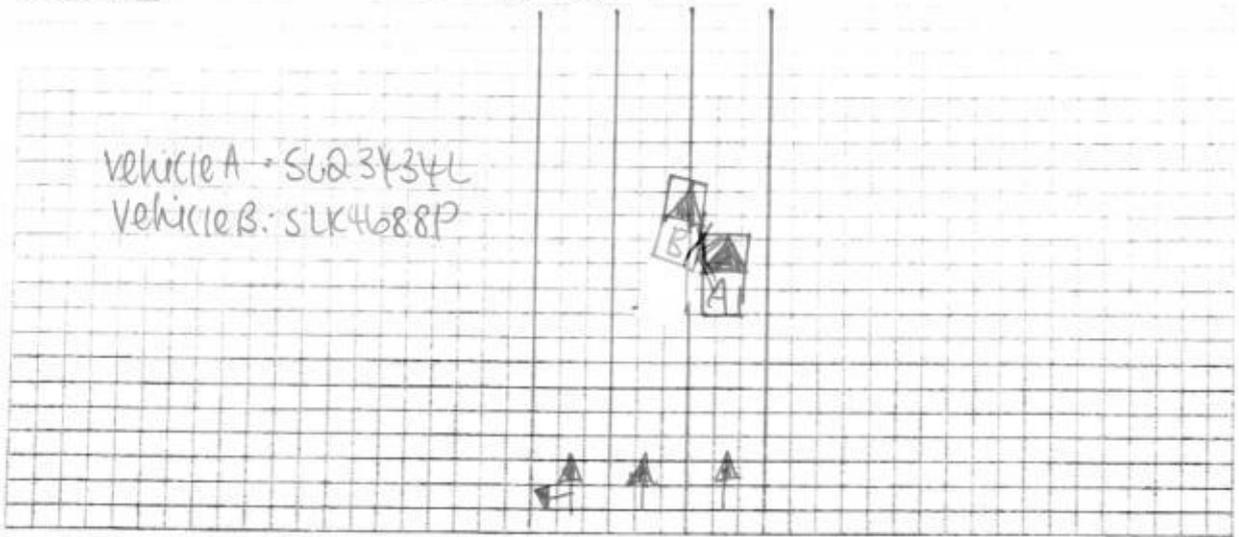
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

LOWER DELTA ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling straight on the stated venue. Suddenly, I felt a huge impact on the left side portion of my vehicle. I then came down to check and realised that it was vehicle B who have collided onto my vehicle while switching lanes.

DECLARATION

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

RDC: 53395044M

LOW LEASING  
RDC: 53395044M

Policyholder's Signature  
Date & Time:

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

*Sym* 12/01/22  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Date of Accident : 10/01/2022 Accident Time: 1220 (24-HR-Format)

Accident Place : Lower Duga Road

Vehicle No. (Car Plate No.) : SCQ3434L Make/Model: Toyota Estima

Insurance Company : India Policy No: D21MFL0005721

Owner or Company Name /IC No. : LQW Leasing (53395044M)

Owner or Company Contact No. : 98334443 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : Jumimah Binte Ali (57928272C)

DRIVER'S Date Of Birth : 15/09/1979 DRIVER'S License Pass Date 25/02/2011

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_

DRIVER'S Address : 58 Lengkok Bahru #06-523 S(150058)

DRIVER'S Contact No./ Alt No. : 1) 94251702 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : JUNE.AC@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): 04

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

Any Injury (If YES, Pls state): NIL

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SLK4688P</u>	Vehicle No: _____
Vehicle Make\Model: <u>NISSAN X-trail</u>	Vehicle Make\Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**

1. Andik / Female
2. Qistina / Female
3. Qiyahah / Female

## 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)

**All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.**

**CERTIFICATE NO.:** D21MFL0005721

**COVER:** Comprehensive

- |  |          |                     |
|--|----------|---------------------|
| <b>1. Index Mark and Registration Number of Vehicle</b>    | <b>:</b> | <b>SCQ3434L</b>     |
| <b>Chassis No</b>  | <b>:</b> | <b>ACR500052063</b> |
| <b>2. Name of Policyholder</b>                             | <b>:</b> | <b>LQW LEASING</b>  |
| <b>3. Effective date of Insurance</b>                      | <b>:</b> | <b>07 Aug 2021</b>  |
| <b>4. Expiry date of Insurance</b>                         | <b>:</b> | <b>06 Aug 2022</b>  |
| <b>5. Persons or Classes of Persons entitled to drive*</b> |          |                     |

Any person who is driving on the Policyholder's order or with their permission.  
The Hirer.

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.

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\***

Use for the carriage of passengers or goods in connection with the Policyholder's business.  
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, speed-testing.
- (2) Use for the carriage of goods other than samples in connection with any trade or business.
- (3) Use for any purpose in connection with the Motor Trade.

\*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.

Excess Section I WITHIN SINGAPORE	:	SGD	5,000.00
Excess Section II WITHIN SINGAPORE	:	SGD	3,000.00
Windscreen Excess	:	SGD	100.00
<b>Hire Purchase Company</b>	:	<b>N.A</b>	

WARRANTY EXCESS : SGD 500.00

WARRANTY BENEFIT FOR ENGINE AND GEAR BOX ONLY

THE VEHICLE IS STRICTLY TO BE DRIVEN BY THE PERSON TO WHOM THE VEHICLE IS HIRED & THE HIRER IS NOT ALLOWED TO SUBLET THE VEHICLE TO ANOTHER PARTY.

DRIVERS MUST BE BETWEEN 24 TO 69 YEARS OF AGE & WITH AT LEAST 2 YEARS OF SINGAPORE DRIVING LICENCE.

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).

Agent/Broker : A000087/FINSURETEQ AGENCY PTE LTD  
Date of Issue : 06/08/2021 17:03:55  
MZ406 - Hire Car (Hired Driving)

For **India International Insurance Pte Ltd**



Authorised Signatory

# LOW LEASING

UEN:53432403K

22A Jalan Selamat Singapore 418545

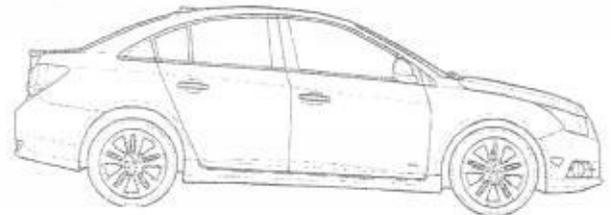
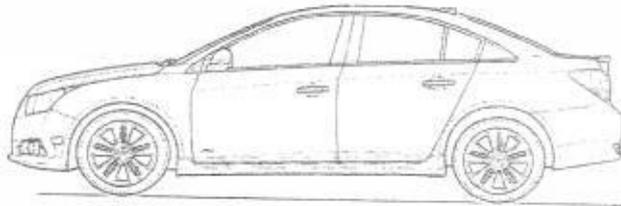
PAYNOW: 53377055J Aden Garage Leasing / TRANSFER: Maybank 04141092789

## Rental Agreement Form

Applicant Information														
Full Name : <u>Jumimah Binte Ali</u>		NRIC : <u>S7928272C</u>												
Email : <u>JUNE.AC@HOTMAIL.COM</u>		Gender : Male / <u>Female</u>												
Mobile No : <u>94251702</u>	Home : <u>-</u>	Date Of Birth : <u>15/09/1979</u>												
Address (Stated in NRIC) : <u>58 Lengkok Bahru #06-523</u>		Singapore ( <u>1505F</u> )												
Correspondence address : <u>-</u>		Singapore ( )												
Driving License Pass date : <u>25/02/2011</u>														
Employment Information														
Company :														
Company address : Singapore ( )														
Office Phone :	Fax :	Current position :												
Information of Next of Kin / Guarantor														
Name :		Relationship :												
NRIC :	Mobile No :	Home :												
Address (Stated in NRIC) :		Singapore ( )												
Vehicle Details														
Vehicle Registration No. : (*eg SBA1234L) <u>SCQ3434L</u>														
Make / Model : (*eg Honda CIVIC 1.8A White) <u>TOYOTA ESTIMA</u>														
Transmission : Manual / <u>Automatic</u> / Semi - auto														
Lease Details														
From : <u>26/12/21</u>		To: <u>25/12/22</u>												
Agreed sum of lease : <u>\$400/-</u>		Terms of payment : Daily / <u>Weekly</u> / Monthly												
Collection Date & Time : <u>12pm</u> <u>26/12/21</u>		Return Date & Time :												
This agreement is valid for <u>6</u> months, the contract will be automatically renewed if the driver does not give notice to return. In any occurrence of change of vehicle, a new agreement will be written.														
Vehicle Details														
Mileage upon lease :		Fuel upon collection :												
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>		E	1/4	1/2	3/4	F
E	1/4	1/2	3/4	F										
Other Remark:														



Vehicle Condition - Please mark damaged / scratched area upon collection



**Terms & Conditions:**

1.	<p>The "Applicant" will abide by the following rules upon lease of the vehicle:</p> <ul style="list-style-type: none"> <li>(a) All regulations and laws governed by the Singapore Police Force.</li> <li>(b) Insurance coverage solely to "Applicant" only, any other(s) charges will be borne by the "Applicant" in an event of an accident or similar occurrence.</li> <li>(c) Diligence to operate the vehicle in a proper manner, in any occurrence of negligence, charges would be borne by "Applicant".</li> <li>(d) Not to use the vehicle to: <ul style="list-style-type: none"> <li>(i) push or tow another vehicle.</li> <li>(ii) participate in any race or competition</li> </ul> </li> <li>(e) Any violation of laws or traffic rules, charges will be borne by "Applicant".</li> <li>(f) "Applicant" is hereby responsible to check and pay any violation occurred during the period of lease, in an event of occurrence in which the violation is outstanding and to be enclosed by "LQW LEASING", additional charges applies per furnishing.</li> <li>(g) Inform correspondence <b>7 days in advance</b> upon return of vehicle. If "Applicant" choose to omit this line, <b>charge of 7 days rental would be imposed on "Applicant"</b></li> </ul>
2.	<p>"For "Applicant" whom lease the vehicle for Private Hire purposes</p> <ul style="list-style-type: none"> <li>• Daily/Weekly/ Monthly rental will be deducted from the Private Hire reimbursement weekly.</li> <li>• Payment must make by every Monday or latest by Tuesday 2359hrs *Approval based on correspondence of LQW LEASING.</li> <li>• <b>12%</b> of late charge will be imposed if payment transaction was not completed.</li> <li>• In the event if the driver is unable to fulfill the payment of the vehicle in 2 days of demand by correspondence, LQW LEASING reserves the rights to repossess the lease vehicle and recover the payment from the "Applicant" Next-of-Kin / guarantor through legal / court proceedings. Additional or Miscellaneous Charges will be borne by "Applicant"</li> </ul>
3.	<p>"Applicant" is required to return LQW LEASING for weekly periodic maintenance to ensure that the lease vehicle is as per lease condition. "Applicant" will bear all repair / damage / modification done on the lease vehicle to return as per previous condition if this line is ignored.</p>
4.	<p>Vehicle is only to be used and driven in Singapore. <b>Only the "Applicant" is allowed to drive the vehicle at all times.</b> Any additional drivers must sign a sub-agreement form with LQW LEASING. In any occurrence that the "Applicant" is to use the vehicle out of Singapore, all cost will be borne by "Applicant". "Applicant" is liable to pay the market value of the vehicle at point of loss and inclusive of all damages and demands of losses to LQW LEASING upon the occurrence of a lost vehicle reported.</p>
5.	<p>Third Party claim Excess shall be S\$4,000.00, Windscreen Excess shall be S\$250.00, Self Claim Excess shall be S\$6000.00 for Applicants age 22 years old and above with valid license of 2 years. If an Accident occurs and the Driver is at fault, he/she has to pay For All Repair, Rental And Excess Fee. Alternatively, the Driver can choose to pay a Double Excess of S\$10,000.00 and not be liable for Rental and Repair payments.</p>
6.	<p>I/ we acknowledge that my/our personal data may/will be disclosed by LQW LEASING to its third party service providers or agents (including its lawyers / law firms / authority of Singapore), which may be sited outside of Singapore, for one or more of the Purposes, as such third party service providers or agents.</p>

I hereby, the "Applicant" have fully read and agreed to the terms of LQW LEASING.

26/12/21

Applicant Signature / DATE & TIME



26/12/21

Representative of LQW LEASING Signature