

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 03/02/2022 15:56	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22001048/m4	SAS e-filing		
Veh No: SLH 7291X	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 28/01/2022 14:20	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:	Veh No: SLE 7014X	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

NA 2200294

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	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:-		
	OD*		
	*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) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice date / 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	03/02/2022 15:56 (SGT)
Date of Accident	28/01/2022 14:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BETWEEN EUNOS AND PAYA LEBAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH7291X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ORANGE CARS
Company Reg No	5XXXX768M
Email Address	KIM@FRESHCARS.SG
Mobile Phone No	(Phone) +65-96645677
Alternative Phone No	+65-96645677

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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00012282101
Cover Note Number	-

DRIVER

Name of Driver	NUR IRSYAD FARIS BIN NAHAR
NRIC No	SXXXX594F

Date Of Birth	10/10/1990
Occupation	Outdoor
Date Of Driving Pass	14/03/2015
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96645677
Alt. Phone Number	-
Email Address	NURIRSYADFARIS@HOTMAIL.CO.UK
Address	BLK 415 EUNOS ROAD 5
Address complement	#08-54
Postcode	400415
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?	No
Was any other vehicle 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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : T/20220129/7003

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE7014X
Vehicle Manufacturer	Citroen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	HO JIA CHUEN
NRIC No	SXXXX205I
Contact Number	(Phone) +65-92313411
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	NUR IRSYAD FARIS BIN NAHAR
Gender	Male
Phone No	(Phone) +65-96645677
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, HEADACHE (SLIGHT)
Injured person in which vehicle?	SLH7291X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN092223000E Vehicle Registration No: SLH 7291X
Name (as shown in NRIC): Nur Irsyad Faris Bin Naffar NRIC/FIN/Passport No: S9037594F
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: Blk 415 Eunos Road 5 #08-54 Singapore (400415)
Contact (Tel): _____ Mobile No.: 96645677
Email Address: Kim@Freshcars.sg / nurirsyadfaris@hotmail.co.uk
Date of Accident: 28/01/2022 Time of Accident: 14:20
Place of Accident: PIE towards Tuas Between Eunos and Paya Lebar
Insurance Company: CTI

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend driver's email address : nurirsyadfaris@hotmail.co.uk

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Renee
NRIC/FIN No.: _____
Date: 03/2/2022

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 reputate 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.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NIC/TIN No.:

R 03/2/2022

PIE expressway between Eunus and Poya Lebar
towards Tuas.



A - SLH 7291X

B - BLE 7014X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report NO: T/20220129/7003

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:

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2022 08:49	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NUR IRSYAD FARIS BIN NAHAR		Address: 415 EUNOS ROAD 5 #08-54 SINGAPORE 400415	
ID Type / ID No.: NRIC NO / S9037594F		Contact No.: Home/Office: Mobile: 96645677	
Nationality: SINGAPORE CITIZEN		Email: nurirsyadfarris@hotmail.co.uk	
Sex: Male	Age: 31	Date of Birth: 10/10/1990	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Electronics engineer (general)		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/01/2022 14:20	Type of Location: PIE EXPRESSWAY
Location: PAN ISLAND EXPRESSWAY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLE7014X	Car	CITROEN		Blue	Slightly Damaged	0
SLH7291X	Car	HONDA	VezeL+Hybrid	Black	Seriously Damaged	1



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO JIA CHUEN	ID No.	S8112205I
Related Vehicle	SLE7014X (Car)	Contact No.	92313411
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	NUR IRSYAD FARIS BIN NAHAR	ID No.	S9037594F
Related Vehicle	SLH7291X (Car)	Contact No.	96645677
Hospital/Clinic	CENTRAL 24-HR CLINIC (BEDOK)	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	28/01/2022	Date	28/01/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was travelling at PIE expressway between Eunos and Paya Lebar heading towards Tuas on 28/1/22 at 2:20pm when accident occurred. Traffic was heavy and the car behind me was unable to brake in time and hit me from the rear. Nobody was hurt but i sustained minor injury.



**SINGAPORE
POLICE FORCE**



T/20220129/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220129/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
29/01/2022 08:49

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

ORANGE CARS

VEHICLE RENTAL AGREEMENT

UEN No: 53314768M
 105 Kaki Bukit Ave 1, #03-03
 Shun Li Industrial Park S(415987)

Hotline 1: 9822 6730
 Hotline 2: 9619 2819
 Hotline 3: 9829 6686
 Hotline 4: 8612 0068
 Hotline 5: 8611 8566
 v3.58

VEHICLE RENTAL AGREEMENT		
This vehicle agreement is made on 26-Jan-22 between ORANGE CARS, 105 Kaki Bukit Ave 1, #03-03 Shun Li Industrial Park S(415987) (hereinafter referred to as "THE OWNER") and Nur Irsyad Faris Bin Nahar, S9037594F located at Apt Blk 415 Eunos Road 5 #08-54 Singapore 400415 (hereinafter referred to as "THE HIRER"), and will take effect starting from the time of vehicle handover.		
Start Date	26-Jan-22 <i>Wed</i>	
End Date	26-Apr-22 (90 days)	
Start Time	1:00 PM	
Agreement Number	GB220126X2	
Customer Type	GB	
HIRER DETAILS		
Hirer Identification Number	S9037594F	
Hirer Name	Nur Irsyad Faris Bin Nahar	
Hirer Address	Apt Blk 415 Eunos Road 5 #08-54 Singapore 400415	
Hirer Birthdate	10-Oct-90	
Hirer License Pass Date	14-Mar-15	
Hirer Phone Number	9664 5677	
Hirer E-Mail	-	
VEHICLE DETAILS		
Vehicle Registration Number	SLH7291X	
Make/Model (Color)	Honda Vezel Hybrid (Black)	
DEPOSIT DETAILS		
Deposit Amount	\$500.00	
CHARGES		
Rental Rate	\$441.00 per week for 12.9 week(s)	
Malaysia Surcharge	\$0.00	
Additional Driver Surcharge	\$0.00	
Collision Damage Waiver (CDW)	\$0.00 per week	
Others	\$0.00	
Total Charged	\$500.00	
PAYMENTS		
Payment Amount	\$100.00 \$400.00	Total Payment
Date of Payment	25-Jan-22 26-Jan-22	\$500.00
Payment Method	201608540Z 201608540Z	
<i>Only the following payment methods are accepted: Cash, PayNow to 201608540Z, Bank Transfer to DBS 0179050731</i>		
Rental extension is allowed past the end date (subject to availability). 1 week advance notice is required to end the contract.		
REMARKS		
FREE ONE DAY ON 26 JAN 2022. First week: 26 Jan - 30 Jan (Free 1 day): \$252		

Signed by Name: *HEAV*
 for and on behalf of
 THE OWNER



Signed by THE HIRER

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 28/01/22 (dd/mm/yy) Time of Accident: 14:20 (24-HR-FORMAT)
Vehicle No.: SLH 7291 X Vehicle Make & Model: Honda Vezel (Hybrid) (A) (1496cc)
*Transmission: Manual Auto *C.c.: 1.6
Exact location of Accident: P.I.E towards Tuas between Euros and Raya Lebar.
Policyholder's Name: Orange Cars NRIC/FIN/REG No.: 53314768m
*Policyholder's email address: ~~nurirsyadfaris@hotmail.co.uk~~ KIM@FRESHCARS.SG
Driver's Name: Mur Irsyad Faris b. Hajar NRIC/FIN/REG No.: 59037594F
*Driver's email address: ~~as above~~ NURIIRSYADFARIS@HOTMAIL.CO.UK
Driver's Contact No.: 96645677 Company Contact No (If any): 4A
Date of birth: 10/10/90 Driving Pass Date: ~~10/6/21~~ 14/03/2015
Driver's Address: BLK 415 Euros Road 5 #08-54 (400415)
Insurance Company: China Taiping
Policy No.: DMHCSNA00012282101 Type of Coverage: Comprehensive Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____
What do you wish to claim? (Please **TICK** one only)
 Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
Type of Accident
 Chain Collision Head To Rear Side Swipe Other _____
Occupation (nature job) Indoor Outdoor *No. of Passengers / Including Driver): 01
*Passenger Name: _____ Gender: Male / Female
*Passenger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
 Clear & Dry Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? Yes No
Any Injuries: Yes / No (If YES) Injured Person's Name: Mur Irsyad Faris bin Hajar
Injuries Sustain: neck, headache Injured Person in Which Vehicle: SLH 7291 X
Police Report filed: Yes No (If YES) Which Police Station: TRAFFIC POLICE

The Other Party (S) Details:

1. Driver's Name / IC No: HO Jia Chuen (S8112205J) Vehicle No: SLE 7014 X
Driver's Contact No: 92313411 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____
Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681

Motor Hire Car

MZ407

E SN

AN0586A

Cov. Type C

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)

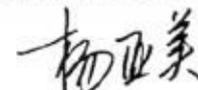
CERTIFICATE No.	DMHCSNA00012282101	Engine No.: LEB5919217	
		Cha. No.: RU31219209	
1. Index Mark and Registration Number of Vehicle	SLH7291X	AUTOSAFE	*****
2. Name of Policy Holder	ORANGE CARS		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16/12/2021 (00:00:00)	Excess Sect. I	\$S2,000.00
		Excess Sect. I (Outside Singapore)	\$S4,000.00
		Excess Sect. II	\$S1,500.00
4. Date of Expiry of Insurance	06/09/2022	Excess Sect. II (Outside Singapore)	\$S3,000.00
		EX ON WINDSCREEN	\$S100.00
5. Persons or Classes of Persons entitled to drive* Any employee or any person who is driving with the Policyholder's order or with their 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* (1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes. 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. : SPARK CREDIT PTE. LTD. <i>* 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>			

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: Tan Xin Yi Josephine
Authorised Officer



Authorised Signatory