

NATIONAL Assessment Centre Services

Date In: 18/03/2022 13:10	Job description	Date & Time Completed	Done by
Ref No: NA/III22002525/m4	SAS e-filing		
Veh No: SMF 756S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/03/2022 19:20	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: FBJ 575G	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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 2200720	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$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:-			
	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) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Auditors' Comments:-				
Cat. 1:				
Cat. 2 / 3:				

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	18/03/2022 13:10 (SGT)
Date of Accident	16/03/2022 19:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG EAST COAST PARK SERVICE RD SLIP RD TOWARDS ECP (CITY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF756S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CARZ HAVEN PTE. LTD.
Company Reg No	2XXXXX429D
Email Address	SUPERTECLIMO@GMAIL.COM
Mobile Phone No	(Phone) +65-86116161
Alternative Phone No	+65-86116161

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1797

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MFL0005038
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD HAFIS BIN MUSA
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NRIC No	SXXXX283H
Date Of Birth	09/09/1976
Occupation	Outdoor
Date Of Driving Pass	31/07/2002
Driving experience	19 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83414591
Alt. Phone Number	-
Email Address	HAFISCHEVY@GMAIL.COM
Address	BLK 477 SEGAR ROAD
Address complement	#03-408
Postcode	670477
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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT ATTACHED : G/20220317/7068.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	HAVEN'T RETRIEVE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ575G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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	MOHAMMAD HAFIS BIN MUSA
Gender	Male
Phone No	(Phone) +65-83414591
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK, SHOULDERS, AND BACK AREAS (GIVEN 7DAYS MC).
Injured person in which vehicle?	SMF756S
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 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' 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.



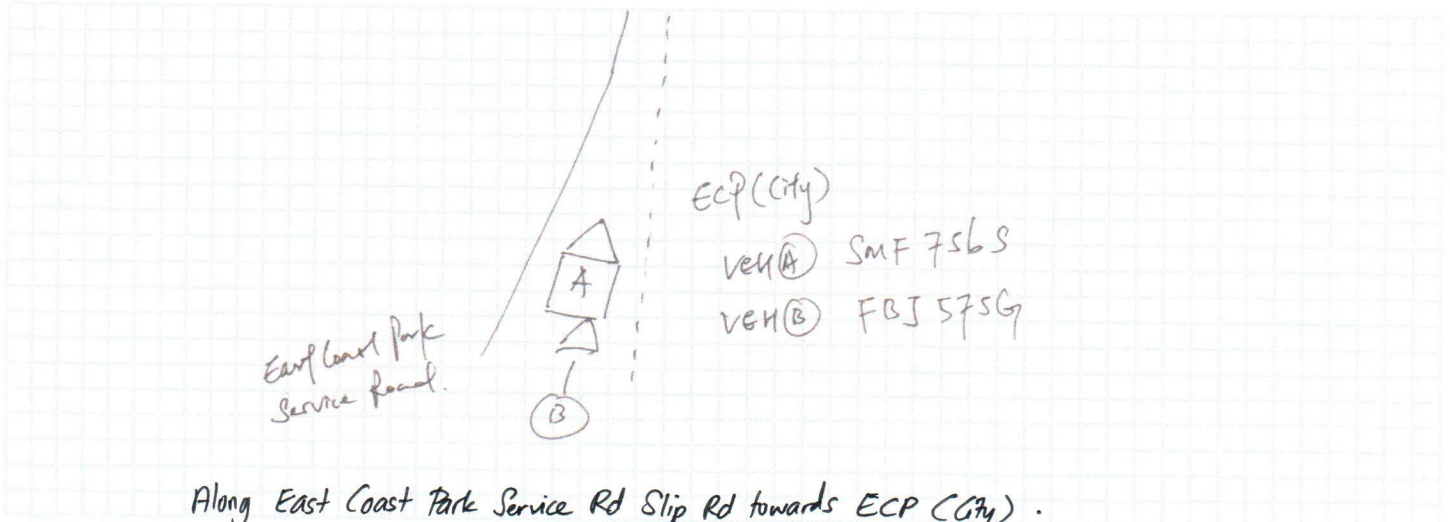
Policyholder's Signature / Date & Time

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

18/3/22

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to Police Report / G 2022 0317 / 7068

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



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

Witnessed by Reporting Centre
Personnel



POLICE REPORT (NP299)

Report No. G/20220317/7068

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 17/03/2022 16:58		Vide Report No.		Station Diary No.	
Name Of Informant MOHAMMAD HAFIS BIN MUSA		Address 477 SEGAR ROAD #03-408 SINGAPORE 670477			
ID Type / ID No. NRIC NO / S7628283H		Contact No. Home/Office: Mobile: 83414591			
Nationality SINGAPORE CITIZEN		Email Address HAFISCHEVY@GMAIL.COM			
Occupation Self employed		Sex Male	Age 45	Date of Birth 09/09/1976	Race Malay
Institution/School Name		Language English			
Date/Time Of Incident 16/03/2022 19:20		Location Of Incident EAST COAST PARK SERVICE ROAD			

Brief details.

On the stated date and time I vehicle SMF756S was travelling straight on the stated venue. As the vehicle in front stopped I gradually follow suit. Suddenly I felt an impact from behind. I then alighted and realised that FBJ575G had hit onto my vehicle's rear portion. This morning I woke up with pain on my neck, shoulders and back areas. I then proceeded to Chua Medical Clinic and Surgery Pte Ltd to seek treatment and I was given 7 days MC.

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: 17/03/2022 16:58
Officer In-Charge Of Case:	Classification Of Case:



SUPERTEC LIMOUSINE PTE LTD UEN: 200911332H

280 WOODLANDS INDUSTRIAL PARK E5
#02-13 S(757322)

Tel: 96998181

Fax: 66107493

Email: superteclimo@gmail.com

Facebook: facebook.com/supertec.limo.5

No: ST 560 /2019

CAR RENTAL AGREEMENT

Date: 25-08-2021

HIRER'S PARTICULARS	
Name: MOHAMMAD HAFIS BIN MUSA	NRIC/Passport No./Driving License No.: SXXXX283H
Address: BLK 477 SEGAR ROAD #03-408 Singapore 670477	Mailing Address (if different from NRIC):
Mobile No.: 83414591	Email: hafis Chevy@gmail.com
Date of Birth: 09-09-1976	Class(es) Of License: 2B,2A,3

AUTHORISED DRIVER'S PARTICULARS	
Name:	NRIC/Passport No./Driving License No.:
Address:	Mailing Address (if different from NRIC):
Mobile No.:	Email:
Date of Birth:	Class(es) Of License:

Vehicle Registration No.: SMF756S		Make/Model/Color: TOYOTA NOAH HYBRID BLACK							
Minimum Rental Period (Days/Weeks/Months): 244				Rate: 78.00					
Rental Start Date: 25-08-2021				Rental End Date: 26-04-2022					
Collision Damage Waiver: \$6 PER DAY @ \$500/SECTION			Date / Time / Mileage Out: 25/08/2021 10:40 311355KM				Date / Time / Mileage In:		
Fuel Indication Out:	Empty	1/8	1/4	3/8	1/2	5/8	3/4	7/8	FULL
Fuel Indication In:	Empty	1/8	1/4	3/8	1/2	5/8	3/4	7/8	FULL

I have read and understood the contractual obligation and I hereby agree to be bound by it.

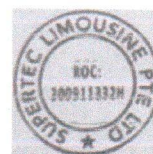
Deposit: \$ 500

Amount paid (Excluding deposit): \$ 0

Failure to fulfill contract obligation may result in forfeiture of deposit at owner's discretion.

Signature of Hirer

Signature of Owner



Date of Accident : ²⁰²² ~~16/03/2021~~ Accident Time: 1922 (24-HR-Format)
Accident Place : Along East Coast Park Service Rd Slip Rd towards ECP(City)
Vehicle. No. (Car Plate No.) : SMF756S Make/Model: Toyota Noah (A) (1797cc)
Insurance Company : III Policy No: D21MFL0005038
Owner or Company Name / IC No. : CARZ HAVEN PTE LTD 201942429D
Owner or Company Contact No. : 86116161 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Mohammad Hafis Bin Musa (S7628283H)
DRIVER'S Date Of Birth : 09/09/1976 DRIVER'S License Pass Date 31/07/2002
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
DRIVER'S Address : 477 segar road #03-408 S670477
DRIVER'S Contact No./ Alt No. : 1) 83414591 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : SUPERTECLIMO@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): 1
Was there any video Captured by car camera YES NO (Haven't retrieve)
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Bodily Injuries (MOHAMMAD HAFIS BIN MUSA)

Other Party Driver's Particular (if any)

Vehicle. No: <u>FBJ 575 G</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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.: D21MFL0005038

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle : SMF756S
Chassis No : ZWR800332875
2. Name of Policyholder : CARZ HAVEN PTE. LTD.
3. Effective date of Insurance : 29 Sep 2021
4. Expiry date of Insurance : 12 Jul 2022
5. Persons or Classes of Persons entitled to drive*

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.

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	: SGD	1,500.00
Excess Section II	: SGD	1,500.00
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: SPARK CREDIT PTE LTD	

WARRANTY EXCESS : SGD 150.00

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 : 29/09/2021 16:43:34
MZ406 - Hire Car (Hired Driving)

For India International Insurance Pte Ltd



Authorised Signatory