

NATIONAL Assessment Centre Services

Date In: 27/05/22	Job description	Date & Time Completed	Done by
Ref No: NA/1027005008/13	SAS e-filing		
Veh No: SM1025E	E-mail (within 8hrs, AP: 2hrs)		
D.O.A: 24/05/22 2215	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: SJS7677H	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

NA3201495

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
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		
	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		
	*N11: TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	27/05/2022 10:24 (SGT)
Date of Accident	24/05/2022 22:15 (SGT)
Exact Location of Accident	Bedok South Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML1025E
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CRAFT LEASING PTE LTD
Company Reg No	2XXXXXX381N
Email Address	mohdshafiesham@gmail.com
Mobile Phone No	(Phone) +65-84890969
Alternative Phone No	+65-84890969

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MFL0005172
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD SHAFIE BIN SHAMSUDDIN
NRIC No	SXXXX437B

Date Of Birth	24/11/1980
Occupation	Outdoor
Date Of Driving Pass	10/04/2014
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88176276
Alt. Phone Number	-
Email Address	mohdshafiesham@gmail.com
Address	BLK 545 BEDOK NORTH ST 3
Address complement	#06-1390
Postcode	460545
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	DAVID
Gender	Male

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

PLS REFER TO THE ATTACHED STATEMENT.

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	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS7677H
-----------------------------	----------

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	MOHAMMAD SHAFIE BIN SHAMSUDDIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & KNEE
Injured person in which vehicle?	SML1025E
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.



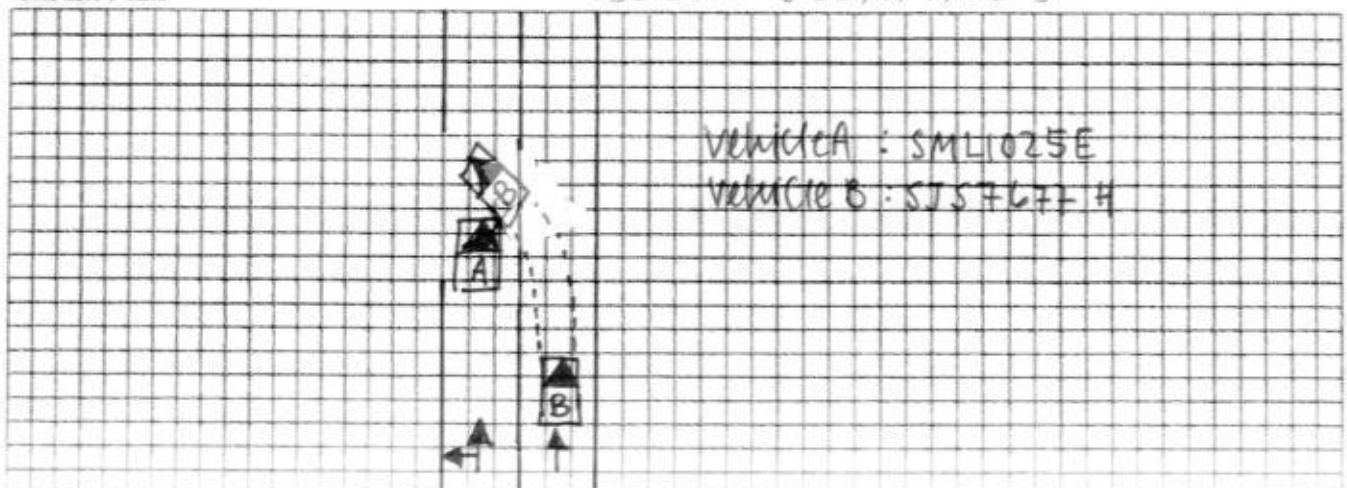
Policyholder's Signature / Date & Time

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

afym 27/05/22
Witnessed by Reporting Centre Personnel

Sketch Plan

BEDOK SOUTH AVE 3



Describe Circumstances of the Accident

On the stated date and time, I vehicle A was travelling straight on the stated venue. Suddenly, vehicle B break in the yellow box and proceeded to make a left turn. I felt a huge impact on the right side portion of my vehicle. Vehicle B has collided onto my vehicle.

Declaration

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



Policyholder's Signature / Date & Time

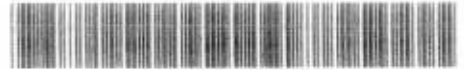
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

shye 27/05/22



**SINGAPORE
POLICE FORCE**



T/20220525/7018

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

1 of 3

Report No. T/20220525/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2022 12:17		Vide Report No.: G/20220524/0205		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD SHAFIE BIN SHAMSUDDIN			Address: 545 BEDOK NORTH STREET 3 #06-1390 SINGAPORE 460545		
ID Type / ID No.: NRIC NO / S8037437B			Contact No.: Home/Office: Mobile: 88176276		
Nationality: SINGAPORE CITIZEN			Email: MOHDSHAFIESHAM@GMAIL.COM		
Sex: Male	Age: 41	Date of Birth: 24/11/1980	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/05/2022 22:15	Type of Location: Straight Road
Location: BEDOK SOUTH AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJS7677H	Car					0
SML1025E	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220525/7018

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

2 of 3

Report No. T/20220525/7018

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD SHAFIE BIN SHAMSUDDIN	ID No.	S8037437B
Related Vehicle	SML1025E (Car)	Contact No.	88176276
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	25/05/2022	Date	25/05/2022
No. of Days granted Medical Leave	03	Degree of	Serious

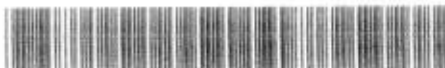
Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SML 1025 E) IS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY, VEHICLE B (SJS 7677 H) ADRUPTLY BREAK IN THE YELLOW BOX AND PROCEEDED TO MAKE A LEFT TURN . I FELT A HUGE IMPACT ON THE RIGHT SIDE PORTION OF MY VEHICLE . I VEHICLE B HAS COLLIDED ONTO MY VEHICLE.

AFTER THE ACCIDENT, I THEN WENT TO CONSULT A DOCTOR AT AIDEN MEDICAL CLINIC AS I FELT PAIN IN MY BACK AND KNEE.
I WAS GRANTED 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20220525/7018

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

3 of 3

Report No. T/20220525/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

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

Date/Time:
25/05/2022 12:17

Classification Of Case:

26/05/22

Date of Accident : 24/5/2022 Accident Time: 2215 (24-HR-Format)
Accident Place : Bedok South Ave 2
Vehicle. No. (Car Plate No.) : SML1025E Make/Model: Honda Freed
Insurance Company : India Policy No: D21MFL0005172
Owner or Company Name /IC No. : (Raf) Leasing Pte Ltd (201718381N)
Owner or Company Contact No. : 84890969 Owner's Hp — Company Tel
DRIVER'S Name / IC No. : Mohammad Shafie Bin Shamsuddin (S8037437B)
DRIVER'S Date Of Birth : 24/11/1980 DRIVER'S License Pass Date 10/04/2014
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
DRIVER'S Address : 545 Bedok North Street 3 #06-1390 S(460545)
DRIVER'S Contact No./ Alt No. : 1) 88176276 2) —
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : MOHDSHAFILESHAM@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): 02
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): YES. Driver Only.

Other Party Driver's Particular (if any)

Vehicle. No: <u>SJS76774</u>	Vehicle. No: _____
Vehicle Make\Model: <u>BMW</u>	Vehicle Make\Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

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

1. Male Grab passenger / David - 9021 3096

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1986 ROAD TRANSPORT ACT, 1981 (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.: D21MFL0005172		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: SML1025E	
Chassis No	: GB71079478	
2. Name of Policyholder	: CRAFT LEASING PTE LTD	
3. Effective date of Insurance	: 11 Nov 2021	
4. Expiry date of Insurance	: 16 Jul 2022	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with his/her permission. The Hirer.</p> <p>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</p>	
6. Limitations as to use*	<p>Use for the carriage of passengers in connection with the Policyholder's business or the hirer's business. Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired</p> <p>The Policy does not cover</p> <p>(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. (3) Use for any purpose in connection with the Motor Trade.</p> <p>*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.</p>	
Excess Section I	: SGD	2,000.00
Excess Section II	: SGD	1,500.00
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: TECK WEI CREDIT PTE LTD	
SUNROOF EXCESS: S\$200/-		
FOR DRIVERS BELOW 20 YEARS OLD OR ABOVE 65 YEARS OLD & WITH LESS THAN 2 YEARS DRIVING EXPERIENCE IN SINGAPORE ON THE RELEVANT CLASSES OF DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$2,500/- ON SECTION I & II (SEPARATELY) WILL BE APPLICABLE.		
PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY.		
FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE & WEST MALAYSIA.		
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	: B000002/AON SINGAPORE PTE LTD	
Date of Issue	: 11/11/2021 16:46:56	
MZ406 - Hire Car (U/G)		
	<p>For India International Insurance Pte Ltd</p> <p></p> <p>Authorised Signatory</p>	



60 Jin Lam Huat #05-27
Carros Centre, Singapore 737869
Tel: 6980 7818 Fax: 6980 7828
Email: admin@craftleasing.com
UEN: 201718381N

* Renew Contract

VEHICLE RENTAL AGREEMENT

(Owner)			
Name	: Craft Leasing Pte Ltd	UEN No.	: 201718381N
Address	: 60 Jin Lam Huat #05-27, Carros Centre, Singapore 737869 Tel: 6980 7818 Fax: 6980 7828, Email: admin@craftleasing.com		
(Hirer)			
Name	: MOHAMMAD SHAFIE BIN SHAMSUDDIN S8037437B	NRIC No.	: S8037437B
Address	: BLK 545 BEDOK NORTH STREET 3 #06-1390	Contact No.	: 8618 8513
Email	: mohdshafieshamwork@gmail.com		
(Relief Driver)			
Name	:	NRIC	:
Address	:	Contact No.	:

DESCRIPTION OF VEHICLE ("The Vehicle")

Make/ Model	: HONDA FREED HYBRID 1.5G A	Vehicle Registration No.	: SML1025E HONDA FREED HYBRID 1.5G A
Engine No.	: LEB5615627	Chassis No.	: GB71079478


RENTAL PAYMENT DETAILS

Contract Date: 23-05-2022

1. Commencement Date: <u>23-05-2022</u>
2. Period of Hire: From <u>23-05-2022</u> to <u>23-06-2022</u>
3. Rental Payment of SGD \$ <u>66.00</u> Per Day ("the Rental") for period <u>92</u> due on the Friday of Each Week (payable in advance) ("Due Date"). Late Payment will be charged at \$50 for each and every payment due.
4. Upon signing The Agreement, The Hirer shall pay The Owner a security deposit amount of SGD \$ <u>300</u> (hereinafter referred to as "The Deposit")

PURPOSE OF RENTING VEHICLE (Please tick the following :)

<input type="checkbox"/>	Personal Usage
<input checked="" type="checkbox"/>	Private Hire Usage
<input type="checkbox"/>	Others (Please Specify):

The Owner's Signature	Date	The Hirer's Signature
	23-05-2022	