

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 30/05/2023	Job description	Date & Time Completed	Done by
Ref No: NA/LP23005472/d4	SAS e-filing		
Veh No: 8MP 9069E	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 25/05/2023 12:45	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: SMA 6560 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

NA2301593	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
Damaged Portion:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
QC Checked by (Engr-In-Charge):	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Auditors' Comments :-	OD*		
	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
Cat. 1:	*N8: DV / Collect Excess Coordination	\$5	
	TP (N11) : TP (Non INC) against INC	\$20	
Cat. 2 / 3:	9) N12: Idac Mobile	\$50	
	Invoice dated	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 Actual 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	30/05/2023 15:43 (SGT)
Reported by	Actual Driver
Date of Accident	25/05/2023 12:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD TO YISHUN AVENUE 1 FROM LENTOR AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP9069E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WOODLANDS 11 CAR RENTAL
Company Reg No	2XXXXX084M
Email Address	woodlands11carrental@gmail.com
Mobile Phone No	(Phone) +65-92209467
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V16535/VPZ/R00

DRIVER

Name of Driver	MOHAMED SADHIQ S/O MOHAMED RAFFI
NRIC No	SXXXX410C
Date Of Birth	24/08/1995
Occupation	Indoor

Date Of Driving Pass	28/01/2022
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81761634
Alt. Phone Number	-
Email Address	woodlands11carrental@gmail.com
Address	APT BLK 293D COMPASSVALE CRESCENT
Address complement	# 08-31
Postcode	544293
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA6560B
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 willful 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.



[Handwritten signature]

[Handwritten signature] 30/05/2023

Policyholder's Signature / Date & Time

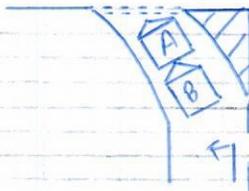
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Slip Road to Yishun Avenue 1 from Lencor Avenue

Yishun
Ave. 1



Lencor Ave.

(A) - SMP 9069E

(B) - SMA 6560B



Describe Circumstances of the Accident

On the ~~24~~ 25/05/2023 @ about 12.45p.m along Slip Road to Yishun Ave. I from Lenton Ave. I stopped at the give way line to give way to main traffic along Yishun Ave. I. Suddenly, I heard a loud bang from behind, and when I alighted, I realised it was Vehicle (B) who hit into the rear portion of my vehicle (A), causing damages to my Vehicle.



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 30/05/2023

Witnessed by Reporting Centre Personnel



WOODLANDS 11 CAR RENTAL PTE LTD

VECHICLE NO : SMP9069E	VEHICLE OUT DATE : 24/05/2023	TIME : 03:05 pm
MAKE&MODEL : HYUNDAI AVANTE	VEHICLE IN DATE : 23/06/2023	TIME : 03:05 pm
THIRD PARTY INSURANCE NON WAIVER EXCESS	RENTAL FEE : \$1,700.00	
	LESS BOOKING FEE : \$50.00	PAID ON : 15/05/2023
THIRD PARTY CLAIM : \$7,500.00	MALAYSIA USAGE : JB	DAYS: 1 AMOUNT : \$25.00
	REFUNDABLE DEPOSIT : \$200.00	AMOUNT PAYABLE : \$1,875.00
	PAYMENT BY :	
HIRER'S PARTICULARS	ADDITIONAL DRIVER'S PARTICULARS	
Name(as in I/C) : MOHAMED SADHIQ S/O MOHAMED RAFFI	Name(as in I/C) :	
NRIC/Passport No : S9529410C	NRIC/Passport No. :	
Date of Birth : 24/08/1995	Date of Birth :	
Address : BLK 293D COMAPASSVALE CRESCENT #06-31 SINGAPORE 544293	Address :	
Driving license passed Date : 26/01/2022	Driving license passed Date :	
Mobile No : 81261634	Mobile No :	

IMPORTANT

1. Only persons above 18 & below 65 years of age and signing this agreement may drive this vehicle.
2. Vehicle is strictly for use in Singapore only and may not drive out of Singapore without the prior written consent of precursor investments.
3. All vehicles are fitted with anti theft device which I response to the RF at Singapore customs. Hirer will be fully liable for all cost and charges incurred in the event that the immobiliser is being activated at the Singapore Customs. There will be no refund of unused rental and the hirer shall bear the cost of the following charges
i) S\$300.00 for towing from Singapore customs ii) S\$500.00 for resetting immobiliser.
4. Use of the vehicle for illegal purposes (e.g. in connection with theft, drug, pedaling, or trafficking, smuggling, speeding, reckless driving) is strictly prohibited. Vehicle will be confiscated if found guilty and balance unused rental fee will be forfeited.
5. In case of accident the hirer shall report to the rental office immediately. If there are bodily injuries, a police report must be made within 24 hours.
Vehicles are only allowed to be repair at authorised workshop. Failure to comply, a penalty of \$1000.00 will be imposed.
6. Punctured tyres, empty petrol tank, flat battery due to negligence, loss of vehicle key or locked key inside the vehicle by itself does not constitute to a breakdown and that in the event, the Owner's 24 hours Emergency Service is called upon to respond to such occurrence the Hirer shall bear the cost of such response at S\$50.00 per trip. Punctured and damaged tyres that cannot be reused will be charged accordingly from S\$80 - S\$200 per tyre.
7. All vehicle are supplied with petrol and should be return with petrol level likewise. There will be no refund for excess petrol.
8. No refund for early return of vehicle(The Hirer shall be liable for excess charges for late return at rate shown per hour per day) Latest by 6pm.
9. Windscreen and windows damages are not covered under insurance(Range from S\$ 300.00 - S\$ 2000.00)
10. Smoking, durians and transportation of pet are not allowed. Hirer is responsible for a penalty of S300.00.

I have given consent to keep a copy of my NRIC and Driving License for Law purpose only.

I have read and agree to the term and conditions on both pages of this agreement.

All information i have provided Precursor investments in connection with this is true.

MOHAMED SADHIQ S/O MOHAMED RAFFI

S9529410C

NAME

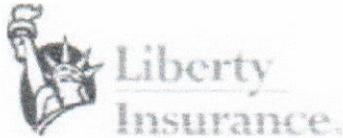
Nric No

Hirer Signature

VEHICLE NO: 5MP9069E

MAKE & MODEL: Hyundai Avante AUTO / MANUAL

DATE OF ACCIDENT	25.05.2023	*C.C. 1,600
TIME OF ACCIDENT	12.45 AM / <u>PM</u>	
LOCATION OF ACCIDENT	to Slip Road to Tishen Ave. 1 from Lenter Ave.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	Woodlands 11 Car Rental Pte. Ltd.	
EMAIL	woodlands11carrental@gmail.com	Office: MOBILE: 9220 9467
NRIC	532274155 202227084M	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	<u>YES</u> / <u>NO</u> ?	
INSURANCE CO.	Liberty	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	SD22V16535 / VP2 / R00	
NAME OF DRIVER	AS ABOVE / IF NO. Mohamed Sadhiq s/o Mohamed Raffi	
NRIC	59529410C	
DATE OF BIRTH	24/08/1995	
ANY PASSENGER	<u>YES</u> / <u>NO</u> :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	28/01/2022	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 81761634	Office:
EMAIL:		
ADDRESS	Blk 293D Compressable Crescent #08-31 S (544293)	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No: <u>For Hire</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>NO</u> / If yes, Who?	
CONVEYED BY AMBULANCE	<u>NO</u> / If yes, Who?	
POLICE REPORT	<u>NO</u> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> IF YES, WHO?	
VEHICLE B NO.	5MA6560B	Any Passenger: <u>unknown</u>
NAME		
CONTACT NO		
VEHICLE C NO	Any Passenger:	
VEHICLE D NO	Any Passenger:	
VEHICLE E NO	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
Who is Reporting	<u>Driver</u> / Owner / Both	
Original Language Used	<u>English</u> / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	



Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611
Website: <http://www.libertyinsurance.com.sg>

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

Certificate No	SD22V16535 /VPZ /R00
Form	MZ406
Date Of Issue	25-NOV-2022
1.Index Mark and Registration No. of Vehicle:	SMP9069E
2.Chassis number of Vehicle:	KMHD841CMLU008590
3.Name of Policyholder:	WOODLANDS 11 CAR RENTAL
4.Effective date of Commencement of Insurance for the purpose of the Act:	18-NOV-2022 00:00 AM
5.Date of Expiry of Insurance:	17-NOV-2023 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</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> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>
7.Limitations as to use*:	<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p>
8.Policy does not cover:	<p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</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 are not to be included under these headings.</p>
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.	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive,Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I (Singapore) S\$2000,Section I (Outside Singapore) S\$4000,Section II (Singapore) S \$1500,Section II (Outside Singapore) S\$3000,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$2500,Windscreen Excess S\$100
FINANCE COMPANY:	TAI THONG LEE TRADING PTE LTD
PRODUCER NAME:	B.A.S. INSURANCE AGENCY

PLVC/PLVC/06/12/2022

06/12/2022