

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 01/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C1123005589/d4	SAS e-filing		
Veh No: GBL 3747Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/05/2023 14:00	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: SLJ 6793K	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

NA2301630	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
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			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors' Comments :-	Invoice dated	Fee Charged		
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 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	01/06/2023 16:03 (SGT)
Reported by	Actual Driver
Date of Accident	31/05/2023 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BOON LAY WAY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL3747Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ALPHA RENTAL PTE LTD
Company Reg No	2XXXXX190D
Email Address	evolution96auto@gmail.com
Mobile Phone No	(Phone) +65-90966559
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00013282301

DRIVER

Name of Driver	HAIRULNIZAD BIN DAUT SHAW
NRIC No	SXXXX673A
Date Of Birth	30/06/1976
Occupation	Indoor

Date Of Driving Pass	22/09/2009
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82355106
Alt. Phone Number	-
Email Address	evolution96auto@gmail.com
Address	APT BLK 470 CHOA CHU KANG AVENUE 3
Address complement	# 03-125
Postcode	680470
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)	2
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	-

PASSENGER 1

Name	ROBIAH
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

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	SLJ6793K
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DURAI RAJ MURUGAPPA
NRIC No	SXXXX881Z
Contact Number	(Phone) +65-98503474
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

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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.
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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.



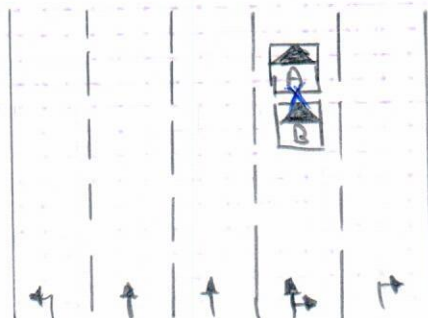
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Boon Lay way Road



Vehicle A: GBL3747Y

Vehicle B: SLJ6793K

Describe Circumstances of the Accident


Refer TO ATTACHED

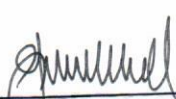
Declaration

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

 1/6/2023
Witnessed by Reporting Centre Personnel

**ON THE STATED DATE AND TIME, I , VEHICLE A (GBL 3747 Y)
WAS STATIONERY ON THE BOON LAY WAY ROAD AT LANE 2
DUE TO A TRAFFIC RED LIGHT. SUDDENLY, I FELT A HUGE
IMPACT FROM THE REAR PORTION OF MY VEHICLE. I THEN
CAME DOWN TO CHECK AND REALISED THAT IT WAS
VEHICLE B (SLJ 6793 K) WHO HAVE COLLIDED ONTO MY
STATIONARY VEHLCE.**

VEHICLE A: GBL 3747 Y

VEHLCE B: SLJ 6793 K

ALPHA RENTAL PTE LTD

NO: 60 JALAN LAM HUAT #03-57 CARROS CENTRE S737869 Tel: 90040958

This vehicle leasing agreement is made on the 14 FEB 2022

Agreement No.202202014

VEHICLE LEASING AGREEMENT

BETWEEN

ALPHA RENTAL PTE LTD (ROC NO: 202019190D)

of know Address: NO: 60 JALAN LAM HUAT #03-57 CARROS CENTRE S737869

Tel: 90049058 (Hereinafter referred to as " the Lessor")

AND

HAIRULNIZAD BIN DAUT SHAW

S7618673A HP: 82355106

APT BLK 470 CHOA CHU KANG AVE 3 #03-125 S(680470)

VEHICLE

Make & Model	NISSAN NV200	Color	BLACK
ORD Date	24 JUN 2021	PlateNo:	GBL3747Y
Chasis	VM20162866	Vocational:	

Terms and conditions:

1. Scope of Agreement

This Vehicle Leasing Agreement ("Agreement") shall be binding upon the lessees wholly and/or all of the Lessees' agents, drivers, employees, representatives etc, even if replacement vehicle is taken by the Lessee. The Lessee shall be responsible for any replacement vehicle taken by any authorised person.

All driver are to have a minimum 1 year driving experience. Upon acceptance and execution of this Agreement, the Lessee shall guarantee that their designated driver has a valid driving license (of the appropriate Class depending on the Leased Vehicle).

2. Leasing Period

The Lessor agrees to lease the vehicle to the Lessee for the following period. MONTHLY (Daily / weekly / Monthly)

Start Date: 14 FEB 2022

End Date: 13 FEB 2024

Returning Date: _____

But Return on _____

The Security Deposit payable by the Lessees to the Lessors upon the execution of this Agreement is S\$1000.

The MONTHLY (weekly / Monthly) leasing fees payable is \$1100 ("Leasing Fees") to be made payable in Advance transfer to (OCBC CURRENT 688070515001) ON every 14TH , and late payment charge will be \$20 per day.



Pauline

Date of Accident : 31/05/2023 Accident Time: 14:00HRS (24-HR-Format)
 Accident Place : Boon Lay way Road
 Vehicle. No. (Car Plate No.) : GBL3747Y Make/Model: Nissan NV200
 Insurance Company : China Taiping Policy No: DMCVSNA00013282301
 Owner or Company Name /IC No. : Alpha Rental Pte Ltd (202019190D)
 Owner or Company Contact No. : - Owner's Hp 9096 6559 Company Tel
 DRIVER'S Name / IC No. : Hairunizad Bin Daut Shaw (S7618673A)
 DRIVER'S Date Of Birth : 30/06/1976 DRIVER'S License Pass Date 22/09/2009
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
 DRIVER'S Address : Blk 470 Choa Chu kang Ave 3 #03-125(S) 680470
 DRIVER'S Contact No./ Alt No. : 1) 82355106 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : evolution96auto@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): 01
 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: SLJ6793K Vehicle. No: _____
 Vehicle Make/Model: Toyota Vehicle Make/Model: _____
 Name Driver: Durai Raj Murugappa Name Driver: _____
 IC No. Driver/Contact: S76618812 / 9850 3474 IC No. Driver/Contact: _____

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

1 FEMALE Robiah

Motor Commercial

MZ407/C

CERTIFICATE OF INSURANCEMotor 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)

R SN

BR0085A

Cov. Type:C

CERTIFICATE No.	DMCVSNA00013282301	Engine No.: HR16179429D	Cha. No.: VM20162866
1. Index Mark and Registration Number of Vehicle	GBL3747Y	AUTOSAFE	=====
2. Name of Policy Holder	ALPHA RENTAL PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	09/02/2023 (00:00:00)	Excess Sect I .	SS\$2,000.00
		Excess Sect. II	SS\$1,500.00
4. Date of Expiry of Insurance	16/08/2023	EX ON WINDSCREEN .	SS\$100.00
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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. 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.		
6. Limitations as to use:*	(1) Use in connection with the Policyholder's business and Hirer's Business. (2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business. (3) Use for social, domestic or pleasure purpose. 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. (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.		

* 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/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: _____
Hong Jia Ling Agnes
Authorised Officer

Authorised Signatory