

NATIONAL Assessment Centre Services

SA10923810000

Date In: 05/06/2023 13:58	Job description: SAS e-filing	Date & Time Completed:	Done by:
Re No: XIA2301639	E-mail (within 2hrs, A/C 2hrs)		
Val No: 8244 6325m	1-Motor Claim Form		
D.O.A: 05/06/2023 08:30	1-Motor W/O (within 2hrs, A/C 2hrs)		
QC (79) Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Manager		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Yeh No: 8244 6325m INC () / Non-INC ()

Owner / Driver: () Tel: ()

Felley No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Inc Status (WO): W: 0-20%, F: 21-79%, P: 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 repair of repair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC Working Notes: 0014)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Damage: ()

XIA2301639

Invoice/Preparation Charge	Amount
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$10/\$10
4) PE: Follow-Through Survey	\$10
5) PE: Follow-Through Survey (W/ 30-60)	\$30
6) TR: Ins. Speeder	\$21
7) NE: HCU DA + SMRT Survey	\$140
8) NTUC Additional Fee (est):	
QW:	
*NY: Courtesy Car / Tel Allowance	\$5
*NY: Repair Coordination	\$15
*NY: Post Repair Inspection	\$10
*NY: EV / Collect Excess Coordination	\$1
*NY: (R1) TP (Non-INC) Insurer LSE	\$20
TP Insurer: ()	10
Inspected:	
Inspected:	

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 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. 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	05/06/2023 13:55 (SGT)
Reported by	Actual Driver
Date of Accident	04/06/2023 03:30 (SGT)
Exact Location of Accident	Circular Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY6342M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ST (PREMIUM) RENT & DRIVE PTE. LTD.
Company Reg No	2XXXXX664R
Email Address	strentanddrive@gmail.com
Mobile Phone No	(Phone) +65-87812161
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0002592

DRIVER

Name of Driver	EBRAHIM S/O MOHAMED EBRAHIM NALLA
NRIC No	SXXXX098A
Date Of Birth	25/06/1983
Occupation	Outdoor

Date Of Driving Pass	25/06/2014
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-98530836
Alt. Phone Number	-
Email Address	strentanddrive@gmail.com
Address	BLK 46 LENGKOK BAHRU #11-255
Address complement	-
Postcode	150046
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	Side Swipe
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 SKETCH PLAN

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	SHB6337J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.



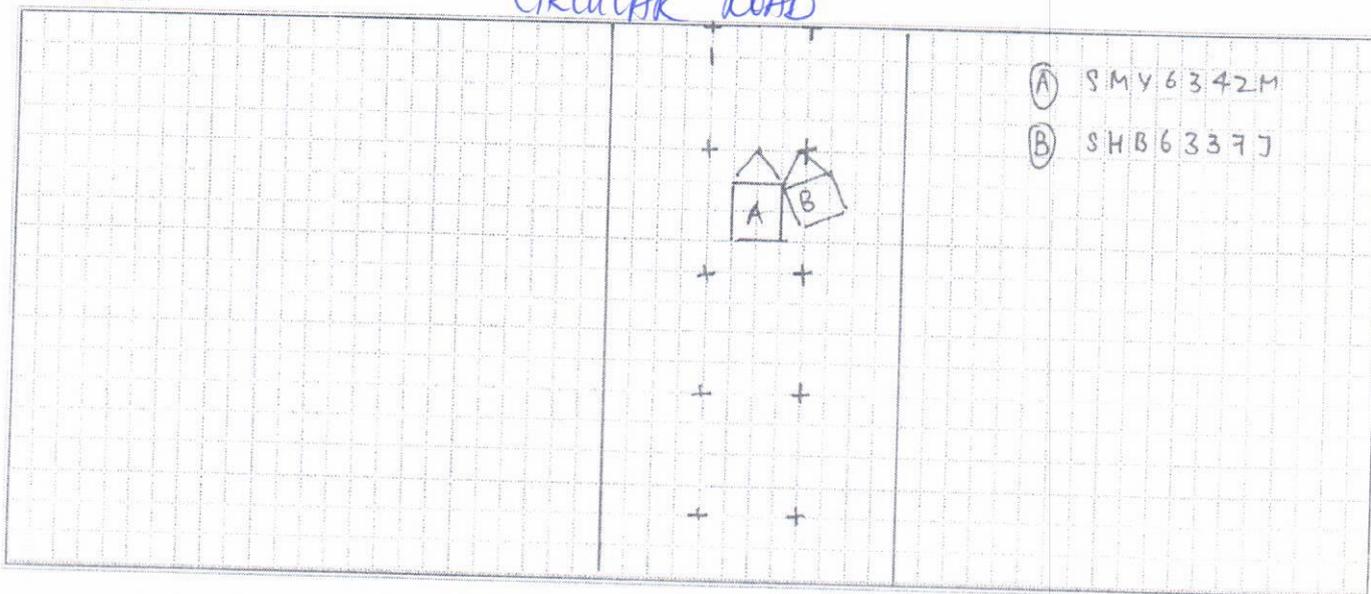
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

CIRCULAR ROAD



Describe Circumstance of the Accident

I WAS TRAVELLING ALONG CIRCULAR ROAD TO PICK UP A PASSENGER.

SUDDENLY, VEHICLE B (SHB6397J) CAME OUT OF THE PARKING LOT

AND COLLIDED ONTO THE FRONT RIGHT PORTION OF 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

05/06/2023

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ST(PREMIUM) RENT & DRIVE PTE LTD

Reg No: 201816664R

(billing address) 210 Turf Club Road The Grandstand Car Mall Lot A12/A27 Singapore 287 995
 (showroom) 210 Turf Club Road The Grandstand Car Mall Lot B66 Singapore 287 995

Contract No.:

Name: Ebrahim s/o Mohamed Ebrahim Nalla
 NRIC No.: S8319098A
 Address: APT BLK LENGKOK BAHRU #11-255 SINGAPORE 150046

Age: 39 DOB: 25/06/1983
 Driving Experience: 8 Years
 Contact No.: 98530836
 Next-of-kin Contact No.: 88811531 (MUM)
 Email: Ebrahim Nalla7@gmail.com



**Remark: Hirer agreed to allow this rental company to keep a photocopy of his NRIC and driving License

Vehicle Details

Make & Model: TOYOTA COROLLA SPORTS	Vehicle Reg No.: SMY6342M
Commencing Start Date/Time: 02 AUG 2022	Commencing End Date/Time:
Rental Price: \$75	Collision Damage Waiver: \$5 Deposit: \$500

** Contract Duration:

*** Things to take note

*It is the customer's responsibility to inspect the vehicle upon collection. He/she should take photographs of any existing scratches and dents and WhatsApp them within 30 minutes after the collection of the vehicle. Repair charges will be imposed if the customer fail to do so when the vehicle is being returned.

*Deposit will only be refunded to customer by cheque within 10 working days upon returning of vehicle.

*Insurance Excess amount must be paid in full before the customer is able to do an accident report.

1 st Party Excess: \$500	3 rd Party Excess: \$500	Collision with Foreign Vehicles Excess \$5000
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*No additional charge for usage in Malaysia (towing is not covered in Malaysia).

*Deposit will be forfeited if the hirer decided to Early Termination of the contract.

*Cost of \$100 will be charged if the PH Decal is being defaced or damaged.

Ebrahim

Name/Signature of Customer



Name/Signature of Authorized Person

ACCIDENT STATEMENT

Date of accident: 04/06/2023 Time: 03:30AM

Location of accident: CIRCULAR ROAD

Details of Own Vehicle

Vehicle Number: SMY6342M

Make/Model: TOYOTA COROLLA SPORTS

Insurer: INDIA INTERNATIONAL INSURANCE

Eng. cc & Transmission: 1.8

Policy No: D23MFL0002592

Policy Type: C/TRFF/TPO

Name: ST (PREMIUM) RENT & DRIVE PTE LTD

NRIC/FIN no.: 201816664R

Email: STRENTANDDRIVE@GMAIL.COM

Contact no.: 8781 2161

Name: EBRAHIM S/O MOHAMED EBRAHIM NALLA

NRIC/FIN no.: 58319098A

Email: -

Contact no.: 98530836

Occupation: Indoor / Outdoor

D.O.B: 25/06/1983

Address: BLK 46 LENGKOK BAHRU #11-255 SINGAPORE 150046

Driving pass date: 25-06-2014

Relationship with Policyholder: HIRER

Weather conditions: Clear / Raining

Road surface: Dry / Wet

Police report: Yes / No

Video Footage: Yes / No

Prosecution Letter: Yes / No

If Yes against whom: -

Passenger (incl. Driver): 1 Please provide ALL passengers details:-

	Passenger 1	Passenger 2
Name:	-	-
Gender:	Male / Female	Male / Female

Witness: Yes / No If Yes, provide injuries details:-

	Witness 1	Witness 2
Name:	-	-
Contact no.:	-	-

Injuries: Yes / No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
-		Yes/ No	Yes/ No
-		Yes/ No	Yes/ No

Details of Other Vehicle

	Vehicle B	Vehicle C
Vehicle no.:	<u>SHB6337J</u>	
Driver name:	<u>ANCHANT CHALES DRIVER</u>	
NRIC/ FIN no.:		
Contact no.:		
Insurance Co.:		
Remarks: <small>(Make/Model, Passenger, property info & etc)</small>		

Claim Type: Own Damage / Third Party / Reporting Only

Policyholder/
driver

Workshop: -

Signature: -



INDIA INTERNATIONAL INSURANCE PTE LTD
Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
Office (65) 63476100 Email insure@iii.com.sg
Fax (65) 62244174 Website www.iii.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980 (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.: D23MFL0002592		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: SMY6342M	
Chassis No	: JTNK93BE303001940	
2. Name of Policyholder	: ST (Premium) Rent & Drive Pte. Ltd.	
3. Effective date of Insurance	: 31 Mar 2023	
4. Expiry date of Insurance	: 30 Mar 2024	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with his/their 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 or goods 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 hire or reward (other than when the vehicle is hired for the carriage of passengers under Z10/Z11 for hire and reward). (2) Use for racing, pace-making, reliability trial, or speed-testing. (3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. (4) 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 WITHIN SINGAPORE	: SGD	1,500.00
Excess Section I OUTSIDE SINGAPORE	: SGD	3,000.00
Excess Section II WITHIN SINGAPORE	: SGD	1,500.00
Excess Section II OUTSIDE SINGAPORE	: SGD	3,000.00
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: DBS Bank Ltd	
SUNROOF EXCESS: \$200.00		
FOR DRIVERS BELOW 22 YEARS OLD OR ABOVE 75 YEARS OLD &/OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$1,500.00 ON SECTION I & II (SEPARATELY) WILL BE APPLICABLE.		
ACCIDENT REPORTING CENTRE: JP KNIGHTS PTE LTD 33 UBI AVE 3 #05-46/47 VERTEX TOWER A SINGAPORE 408868 Tel: 6345 0068 Fax: 6344 5328 FLASH Accident Reporting Hotline: 6100 1620 / 6360 1038		
AUTHORISED WORKSHOP: ACCIDENT REPAIRS MUST BE DONE AT DING AUTO PTE LTD. THE COMPANY WILL NOT PROVIDE INDEMNITY UNDER SECTION I OF THE POLICY IF THE MOTOR VEHICLE IS REPAIRED ELSEWHERE.		
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 AND 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).		