

NATIONAL Assessment Centre Services (wef 1 Jan'09) MNA118052461

Date In: 20/4/18-16:30	Job description	Date & Time Completed	Done by
Ref No: NA/C728007379/24	SAS e-filing		
Veh No: 5T9225K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/4/18-14:25	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: Vch No: XDS908T 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%. 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 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

N1802494	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2009)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idaho DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	Q1*		
	*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: Idue Mobile 30		
	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 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 ability.
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 Report	20/04/2018 16:30
Date Of Accident	19/04/2018 14:25
Exact Location Of Accident	PIE (CHANGI) BEFORE KALLANG WAY EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9225K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SGRENTACAR PTE LTD
Co Reg No	201329402W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93366721
Alternative Phone No	OFFICE-93366721

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1670571600
Cover Note Number	

### Driver

Name of Driver	TAN KOK LEONG
NRIC No	S1690191A
Date Of Birth	23/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	30/05/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90582813
Fax Number	
Contact Number	OFFICE-90582813
Email Address	NOEMAIL

Address	BLK 365 TAMPINES STREET 34 #08-157
Postcode	520365
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : TAN KOK YIAM GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD5908T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	TAN KOK LEONG
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJT9225K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	TAN KOK YIAM
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJT9225K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 lodgment 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

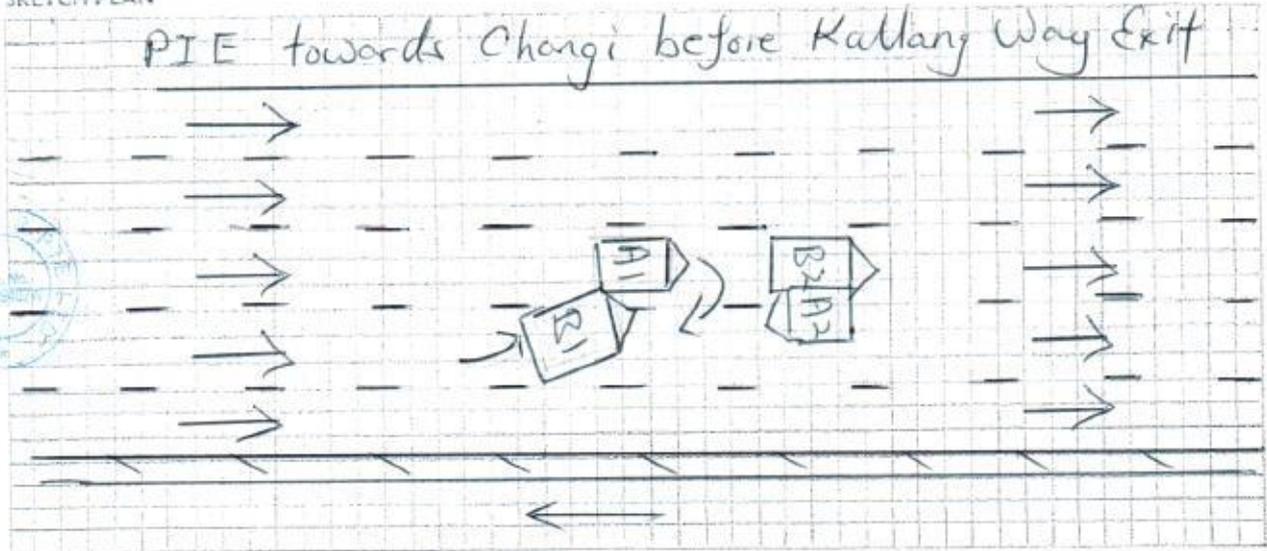


X  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/04/2018 at about 1425 hrs at along PIE towards Changi before Kallang Way Exit. I was travelling on the Lane 3 and suddenly a Vehicle (B) on my Right veered into my lane without checking his blindspot and without cautious and hence collided onto my Right Rear Portion of my Vehicle (A). After the impact, vehicle (B) still drag my vehicle (A) to make a 180° turn hence causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SJT9225K

(B) XD5908T

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:

Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 19/4/19 Time: 14:25 hrs. (hh:mm) 24 hr format  
 Location at along PIE towards Changi, before Kallang way exit

Vehicle Number S5T 9225K

Insured Name SG RENTACAR PTE LTD

NRIC/FIN 201329402W

Contact Number 9336 6721 (wenjie)

Make Toyota

Model VIOS E AUTO

Are you claiming under your own insurance policy for repair to your vehicle?

( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting

Insurance Company CHINA TAIPING INSURANCE

Type of Policy ( ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only

Policy Number DMHCSN1670571600

Name of Driver TAN KOK LEONH ( ) Same as Insured

NRIC/FIN S1690191A

Contact Number 9059 2813

Date of Birth 23-12-1965

Driving Pass Date 30-MAY-2008

Occupation ( ) Indoor ( / ) Outdoor

Gender ( / ) Male ( ) Female

Email Address ( ) NO EMAIL

Address of Driver BLK 365 Tampines Street 34 # 08-157  
S (520365)

Was driver an employee of the Insured's Company? ( ) Yes ( / ) No

If No, Relationship of the Driver with the Insured HIRER

( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling

Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No

If Yes, Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

Weather Conditions ( / ) Clear ( ) Raining ( ) Others NO RAINING

Road Surface ( ) Dry ( / ) Wet ( ) Others

Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No

Was anybody injured in the accident? ( / ) Yes ( ) No

If yes, injured detail Driver & Passenger Back & neck pain.

Was there any video captured by Car Camera? ( ) Yes ( / ) No

Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report

DETAILS OF 3<sup>rd</sup> party

Name / Nric

Contact

Veh B XD 5908T

Veh C

Veh D

Veh E

Veh F

Include Driver 2 person only  
 passenger - TAN KOK YIAM  
 (MACE)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1690191A



Name

TAN KOK LEONG

陳國良

Race

CHINESE

Date of birth

23-12-1965

Sex

M

Country of birth  
SINGAPORE

S1690191A

Driver SJT 9225K

4536288



NRIC No S1690191A



Date of issue

03-03-2010

Address  
APT. 305 TAMPINES STREET 34 #08-157  
SINGAPORE 520365  
NRIC No S1690191A

date: 12/11/2011 (R) No: 689287





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 160123394E

MZ406L/B  
E SN B  
AN0295A  
Cov.Type: C

MOTOR HIRE CAR

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMHCSN1670571600	Engine No : 1NZX972500 ChaNo: MR053HY9305130297
1. Index Mark and Registration Number of Vehicle	SJT9225K	
2. Name of Policy Holder	SGRENTACAR PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19 November 2016	Excess Sect I ..... S\$2,500.00 Excess Sect. II ..... S\$1,500.00 EX ON WINDSCREEN ..... S\$100.00
4. Date of Expiry of Insurance	08 May 2018	
5. Persons or Classes of Persons entitled to drive*	As per Named Driver(s) stated below.  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.	
	ANY EMPLOYEE OF THE COMPANY OR	ANY AUTHORISED HIRER/DRIVER ONLY
6. Limitations as to use*	(1) Use for the carriage of passengers or goods in connection with the policyholder's business. (2) 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 or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
	HIRE PURCHASE CO. : MAYBANK AS HP OWNER	

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: HO LI HWA IRENE  
Authorised Officer

Authorised Signatory