

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA 119047767

Date In: 12/4/19- 14:03	Job description	Date & Time Completed	Done by
Ref No: 11/1/19 200612/24	SAS e-filing		
Veh No: SKW 42652	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/4/19- 22:45	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: 51055 6610	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

MHA 11902227	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) 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:-			
QC Checked by (Engr-In-Charge):	QD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$3			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
Ref 1:	9) N12: Idac Mobile 30			
Ref 2 / 3:	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 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 Report	12/04/2019 14:03
Date Of Accident	11/04/2019 22:45
Exact Location Of Accident	WOODLANDS CROSSING TWDS JB
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW4765Z
Insured/Policyholder	
Name Of Registered Owner	ST CARZ LEASING PTE LTD
Co Reg No	201535819E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98982727
Alternative Phone No	OFFICE-98982727
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD 2.5X CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MK000073-R00
Cover Note Number	
Driver	
Name of Driver	JOHN FELIX FRANCIS
NRIC No	S8318823E
Date Of Birth	28/06/1983
Occupation	OUTDOOR
Date Of Driving Pass	24/05/2002
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83210834
Fax Number	
Contact Number	OFFICE-83210834
Email Address	NOEMAIL

Address	BLK 756 WOODLANDS AVENUE 4 #08-271
Postcode	730756
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	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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: : RAY TAN 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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS5661D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 RAY TAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKW4765Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name JOHN FELIX FRANCIS

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKW4765Z

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 lodging 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:

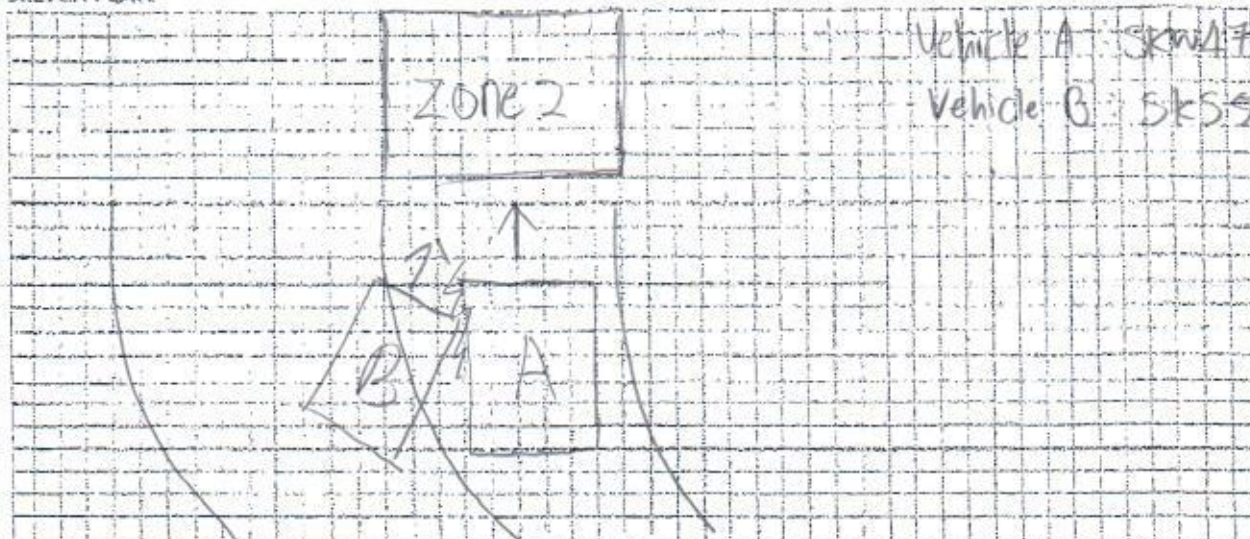
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



Vehicle A: SKW4765Z  
Vehicle B: SKS56610

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/4/19, 10.45 PM @ Woodlands checkpoint crossing. Vehicle A (SKW4765Z) was following lane towards Zone 2 when Vehicle B (SKS56610) cut ahead of vehicle A. Vehicle A felt an heard a scrapping sound and <sup>also</sup> felt an impact on the car, realize that vehicle B hit the front left side of vehicle A.

Note: vehicle A has 1 passenger. sitting at front passenger seat.

## 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 Personnel's Signature  
Name:  
NRIC/IN No.:

Date of Accident : 11/4/14 Accident Time: 22:45 (24-HR-Format)  
Accident Place : Woodlands crossing to do # JB.  
Vehicle Reg. No. (Car Plate No.) : JKW47652  
Vehicle Make/Model :  
Insurance Company : TM2 Policy No.:  
Owner or Company Name /IC No. : ST carz leasing Pte Ltd.  
Owner or Company Contact No. : 98982227 Owner's Hp Company Tel  
DRIVER'S Name / IC No. : John Felix Francis  
DRIVER'S Date Of Birth : 28/6/1983 DRIVER'S License Pass Date 24/5/2015  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Ainc.  
DRIVER'S Address :  
DRIVER'S Contact No. / Alt No. : 1) 83210834. 2)  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address :  
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): 2. (1 male) Ray Tan.  
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

Other Party Driver's Particular (if any)

Vehicle Reg. No: JKS3661D

Vehicle Reg. No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver: \_\_\_\_\_

IC No. Driver: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_

## BUSINESS PROFILE

### REQUEST CRITERIA

(You have requested to search on the following)

Date of Request :	09/11/2018
Name of Requestor :	NG ROLLAND
Requested Entity Name :	ST CARZ LEASING PTE. LTD.
Requested Entity Number :	<b>201535819E</b>
File Reference Number :	

### SEARCH RECORD

Entity Name :	1) ST CARZ LEASING PTE. LTD.
Entity Number :	201535819E

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY  
BUSINESS PROFILE (COMPANY)

WHILST EVERY ENDEAVOUR IS MADE TO ENSURE THAT THE INFORMATION PROVIDED IS UPDATED & CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

### DETAILS OF COMPANY

Entity Name:	ST CARZ LEASING PTE. LTD.
Entity Number:	201535819E
Date Of Registration (dd/mm/yyyy):	28/09/2015
Country Of Incorporation:	SINGAPORE
Date Of Change Of Name:	-
Former Name:	-
Type Of Company:	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Registered Office Address:	210 TURF CLUB ROAD #B48-50 THE GRANDSTAND SINGAPORE 287995
Date Of Change Of Address:	28/09/2015
Principal Activity / Activities:	1)PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219) 2)RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (77101)
Status:	LIVE COMPANY
Status Date:	28/09/2015

### CAPITAL STRUCTURE

Capital Structure:	No. Of Shares	Currency	Amount
ISSUED ORDINARY	10,000.00	SINGAPORE, DOLLARS	10,000.00
PAID-UP ORDINARY	-	SINGAPORE, DOLLARS	10,000.00

Note: The number of shares is displayed up to two decimal points.

### CHARGE(S)

-
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### AUDITOR(S)

Name	Date Of Appointment
-	

## OFFICER(S) / AUTHORISED REPRESENTATIVE(S)

Name ID	Address Date Of Change Of Address	Nationality	Date Of Appointment/ Position Held
TAN LYE KANG <b>S7307143G</b>	208 YISHUN STREET 21 #10-105 YISHUN PALM SPRING SINGAPORE 760208 12/09/2018	SINGAPORE CITIZEN	28/09/2015 DIRECTOR
NG SOON TOH ROLLAND <b>S7507722Z</b>	81 CASHEW ROAD CASHEW ESTATE SINGAPORE 679653 04/11/2017	SINGAPORE CITIZEN	28/09/2015 DIRECTOR
NG YENG KAH <b>S9178624I</b>	457 ANG MO KIO AVENUE 10 #11-1524 SINGAPORE 560457	MALAYSIAN	01/10/2015 SECRETARY

## SHAREHOLDER(S)

(Entity Numbers Prefixed with UF Or ACRA are Numbers allotted by ACRA for Purposed of Identification.)

Name ID	Nationality	Address Date Of Change Of Address
TAN LYE KANG <b>S7307143G</b>	SINGAPORE CITIZEN	208 YISHUN STREET 21 #10-105 YISHUN PALM SPRING SINGAPORE 760208 12/09/2018
Type	No Of Shares	Currency
ORDINARY	5,000.00	SINGAPORE, DOLLARS
Name ID	Nationality	Address Date Of Change Of Address
NG SOON TOH ROLLAND <b>S7507722Z</b>	SINGAPORE CITIZEN	81 CASHEW ROAD CASHEW ESTATE SINGAPORE 679653 04/11/2017
Type	No Of Shares	Currency
ORDINARY	5,000.00	SINGAPORE, DOLLARS

Note: The number of shares is displayed up to two decimal points.

## COMPLIANCE RECORD

Date Of Last AGM:	27/07/2018
Date Of Last AR:	30/07/2018
Date Of A/C Laid At Last AGM:	31/12/2017

THE ABOVE INFORMATION IS UPDATED TO 01 DAY FROM 09/11/2018

PLEASE NOTE THAT THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS FILED WITH THE AUTHORITY

THIS REPORT MUST NOT BE COMMUNICATED TO THE PERSON/S OR FIRM/S REPORTED ON, OR TO ANY OTHER PARTY. It is furnished by DP Information Network Pte Ltd (UEN 198302653E) ("DP Info") in STRICT CONFIDENCE at your request for your exclusive use. In accepting this report you hereby agree to be responsible for all damages arising from a violation or breach of the above confidentiality obligation. This report is not intended to be used as the sole basis for any business decision and is based upon data which is provided by third parties, the accuracy or completeness of which it is not possible for DP Info to check. DP Info shall not be liable for any loss or injury caused by your use or disclosure of this report. For any questions regarding this report, please contact the Customer Service unit at +65 6320 1900 or via email at [cs@dpgroup.com.sg](mailto:cs@dpgroup.com.sg). DP Info is part of the Experian Group. [www.dpgroup.com.sg](http://www.dpgroup.com.sg).

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8318823E



Name

JOHN FELIX FRANCIS

Race

INDIAN

Date of birth

28-06-1983

Sex

M

Country/Place of birth

SINGAPORE



NRIC No. S8318823E

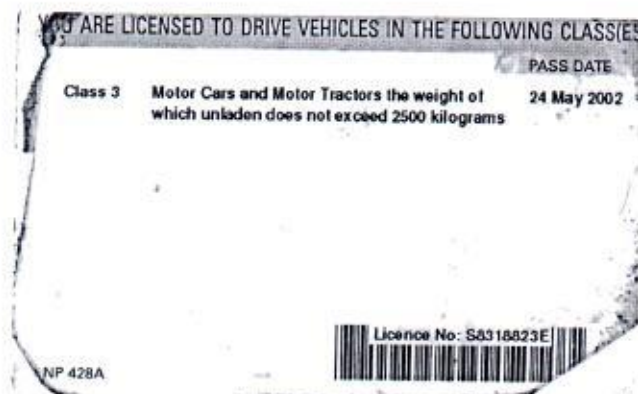
Date of issue

28-03-2014

APT BLK 756 WOODLANDS AVENUE 4 #08-271  
SINGAPORE 730758

NRIC No: S8318823E

Date: 29/08/2017





## 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 (MALAYSIA)**  
**MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)**

Policy No.: 19-MK000073-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SKW4765Z **Chassis No.:** AGH300033200
2. **Name of Policyholder** ST CARZ LEASING PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 19/01/2019
4. **Date of Expiry of Insurance** 18/01/2020
5. **Persons or Class of Persons entitled to drive\***  
 Any person who is driving on the Policyholder's order or with their permission.  
 The hirer.  
 Any other person who is driving on the hirer's order or with his/ their permission.

\* 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\***

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.  
 Use for social domestic and pleasure purpose and business purposes of the Policyholder or 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.

\* 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

Account: 2538DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan	
<b>Limit for total loss or theft:</b>	Prevailing Market Value	
<b>Policy Excess:</b>	Own Damage Claims	SGD 2,000
	Excess-Third Party (Sect II)	SGD 2,000
	Windscreen Excess	SGD 100
<b>Financial Interest:</b>	MAYBANK SINGAPORE LIMITED	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature