

NATIONAL Assessment Centre Services

Date In: 26/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/CTE19013158/13	SAS e-filing		
Veh No: SLK 164K	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 25/07/19 1440	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: (N-51)	Tel:	Fax:
TP Particulars:	Veh No: YN 7217B	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

NA1905632

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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		
	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	26/07/2019 09:21
Date Of Accident	25/07/2019 14:40
Exact Location Of Accident	SLIP RD FROM JLN BUKIT MERAH INTO HENDERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK164K
Insured/Policyholder	
Name Of Registered Owner	EASYDRIVE CAR RENTAL
Co Reg No	53375868L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1908241900
Cover Note Number	

Driver

Name of Driver	YAN FOOK KHONG
NRIC No	S1451337Z
Date Of Birth	05/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2009
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97366042
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 706 PASIR RIS DR 10 #11-151
Postcode	510706
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 - HEAD TO REAR
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: : UNKNOWN GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED 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	YN7217B
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 YAN FOOK KHONG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLK164K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode


SKETCH PLAN


IMPORTANT NOTICE

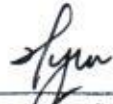
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.


Policyholder's Signature
Date & Time:

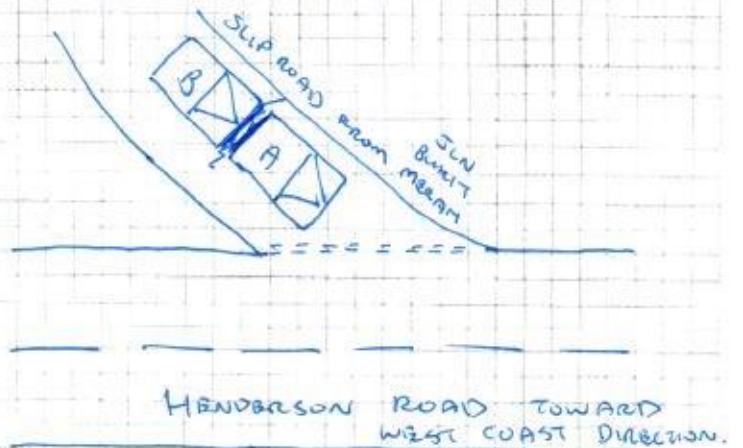

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 26/07/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A
- SLK 164K

Vehicle B
- YN7217B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the slip road from John Bukit Merah, entering into Henderson Road.

I came to a complete stop at the give way line of the slip road to give way to the on-going vehicle, where suddenly I felt a great impact from the rear of my vehicle.

Alighted from my vehicle and realised it was a vehicle with licence plate number (YN 7217B) collided to the rear of my vehicle.

Vehicle A - SLK 164K

Vehicle B - YN 7217B

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/FIN No.:

Vehicle No.	SLK 164 K	Model / Make	mitsubishi atrache		
Date of Accident	25/7/19				
Time of Accident	1440	HRS			
Location of Accident	SLIP ROAD	From			
Exact purpose use during accident	Wamun Hour Bukit Merah Bntemah Henderson Rd				
Name of Owner	EASY DRIVE CAR RENTAL				
Telephone No.	H/P :	Home :	Office :		
NRIC	5337 5868L				
Address	200 GALAN SULTAN #02-38 TEXTILE CENTRE 5(199018)				
Claim type	OD	THIRD PARTY	REPORTING ONLY		
Insurance Company	CHINA TAI PING				
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft		
Policy No.	DMHCSN1909241900				
Name of Driver	As Above If No, JAN FOOK KHONG				
NRIC	5145 1337 E	Any Passengers :	1 (female)		
Date of birth	05/01/1960				
Occupation	Outdoor	/	Indoor		
Driving License Pass Date	23 JAN 2009				
Gender	Male / Female				
Contact No.	H/P :	Home :	Office :		
Address	BLK 706 PASIR RIS DR 10 #11-151 5(510706)				
Driver have any own vehicle	No,	If yes, Reg No.			
Relationship	Employee,	If no, state Reason / LEASTING			
Weather condition	Clear	Raining	Other		
Road Surface	Dry	Wet	Other		
Any Injuries	No,	If Yes, Who?			
Name And Contact No.					
Name And Contact No.					
Police Report	No,	If Yes, Where?			
Vehicle B No.	YN 7217 B	Any Passengers :			
Name of Driver		Contact No. :			
Vehicle C No.		Any Passengers :			
Vehicle D No.		Any Passengers :			
Vehicle E no.		Any Passengers :			
Vehicle F No.		Any Passengers :			
Vehicle G No.		Any Passengers :			
Witness Name		Witness Contact :			
Accident Portion	REAR				
Camera Recorder	Yes / No				
Email Address					
PARTICULAR WORKSHOP	N-SI Automotive Pte LTD				
CONTACT NO.	6842 0051 / 6744 0510				
CONTACT PERSON	JAN				
FAX NO	6741 0510				
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg				

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1451337Z**
 Name: **YAN FOOK KHONG**
For LKK/NAC Use Only
 Birth Date: 05 Jan 1960
 Issue Date: 23 Jan 2009

001701206E



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1451337Z

Name: **YAN FOOK KHONG**
For LKK/NAC Use Only

Race: **CHINESE**
 Date of birth: **05-01-1960**
 Country/Place of birth: **SINGAPORE**

Sex: **M**
 S1451337Z




Land Transport Authority

VOCATIONAL LICENCE
 Licence No: **S1451337Z**
 Name: **YAN FOOK KHONG**
For LKK/NAC Use Only

Please visit www.lta.gov.sg to check the status of this vocational licence




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

PASS DATE: 23 Jan 2009

For LKK/NAC Use Only

Licence No: **S1451337Z**

NP 428A



6079999

For LKK/NAC Use Only

NRIC No: **S1451337Z**

Date of issue: 10-12-2018

Address: **APT BLK 706 PASIR RIS DRIVE 10 #11-151 SINGAPORE 510706**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	02/04/2019

For LKK/NAC Use Only





中國太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ406L/BN SN B
AN0674A
Cov. Type: C
AUTOSAFE

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)

CERTIFICATE No.	DMHCSN1908241900	Engine No : 3A92UDN8313 Chassis No: MMBSTA13AHH003439
1. Index Mark and Registration Number of Vehicle	SLK164K	
2. Name of Policy Holder	EASYDRIVE CAR RENTAL	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19 FEBRUARY 2019	EXCESS SECT I S\$3,000.00 EXCESS SECT. I (OUTSIDE SINGAPORE) S\$6,000.00 EXCESS SECT. II S\$3,000.00
4. Date of Expiry of Insurance	18 FEBRUARY 2020	EXCESS SECT. II (OUTSIDE SINGAPORE) S\$6,000.00 EX ON WINDSCREEN S\$100.00
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. : KENSO LEASING PTE LTD AS HP OWNER

* 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.



Countersigned By:

Authorised Officer

Authorised Signatory

7/17/2018

Vehicle Registration Detail Information

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 53375868L
Owner ID Type: Business
Owner Name: EASYDRIVE CAR RENTAL
Registered Address: 200 JALAN SULTAN #02-38 TEXTILE CENTRE
SINGAPORE 199018
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: SLK164K
Previous Vehicle No.: -
Effective Date of Ownership: 10 Apr 2018
Original Regn Date: 03 Jan 2017
Registration Date: 03 Jan 2017
Year of Manufacture: 2016
Vehicle Type: Private Hire (Chauffeur) Motor Car
Vehicle Scheme: -
Vehicle Attachment 1: No Attachment
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: MITSUBISHI
Vehicle Model: ATTRAGE 1.2 CVT
Primary Colour: Grey
Secondary Colour: -
Passenger Capacity: 4
Chassis No.: MMBSTA13AHH003439
Engine No.: 3A92UDN8313
Engine Capacity / Power Rating: 1193 cc / -
Maximum Power Output: 57.0 kW (76 bhp)
Propellant: Petrol
Max Unladen Weight: 940 kg
Maximum Laden Weight: 1335 kg
Open Market Value: \$13,834.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 02 Jan 2027