

NATIONAL Assessment Centre Services

Date In: 16/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19022130/13	SAS e-filing		
Veh No: 5LM7219E	E-mail (within 8hrs. MP 2hrs)		
D.O.A: 14/12/19 1930	i-Motor Claim Form	MT/1076008 - 001	
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: 5XG3293J	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

NA1909391	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-n INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 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	16/12/2019 17:40
Date Of Accident	14/12/2019 19:30
Exact Location Of Accident	SENTOSA GATEWAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLM7219E
Insured/Policyholder	
Name Of Registered Owner	TW PREMIUM AUTOMOBILE PTE LT
Co Reg No	201320430G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101549521-01
Cover Note Number	
Driver	
Name of Driver	NEO SAY KIAT @(LIANG SIJIE)
NRIC No	S7805897H
Date Of Birth	01/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	24/02/1998
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81983943
Fax Number	
Contact Number	
EMail Address	SAYKIAT0103@GMAIL.COM

Address	BLK 614A EDGEFIELD PLAINS #08-313
Postcode	821614
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	SIDE SWIPE
Weather Conditions	AFTER RAIN
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 370 BUKIT BATOK STREET 31 . POSTCODE: 650370 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLIOCE REPORT:T/20191215/2104

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	SKG3293J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM LAY HAR
NRIC/Passport Number	S1600457Z
Contact Number	91251519
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NEO SAY KIAT @(LIANG SIJIE)
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	SLM7219E
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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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:

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

Refer to Attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No.: T/2019/215/2104

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____

Date & Time:

Driver's Signature

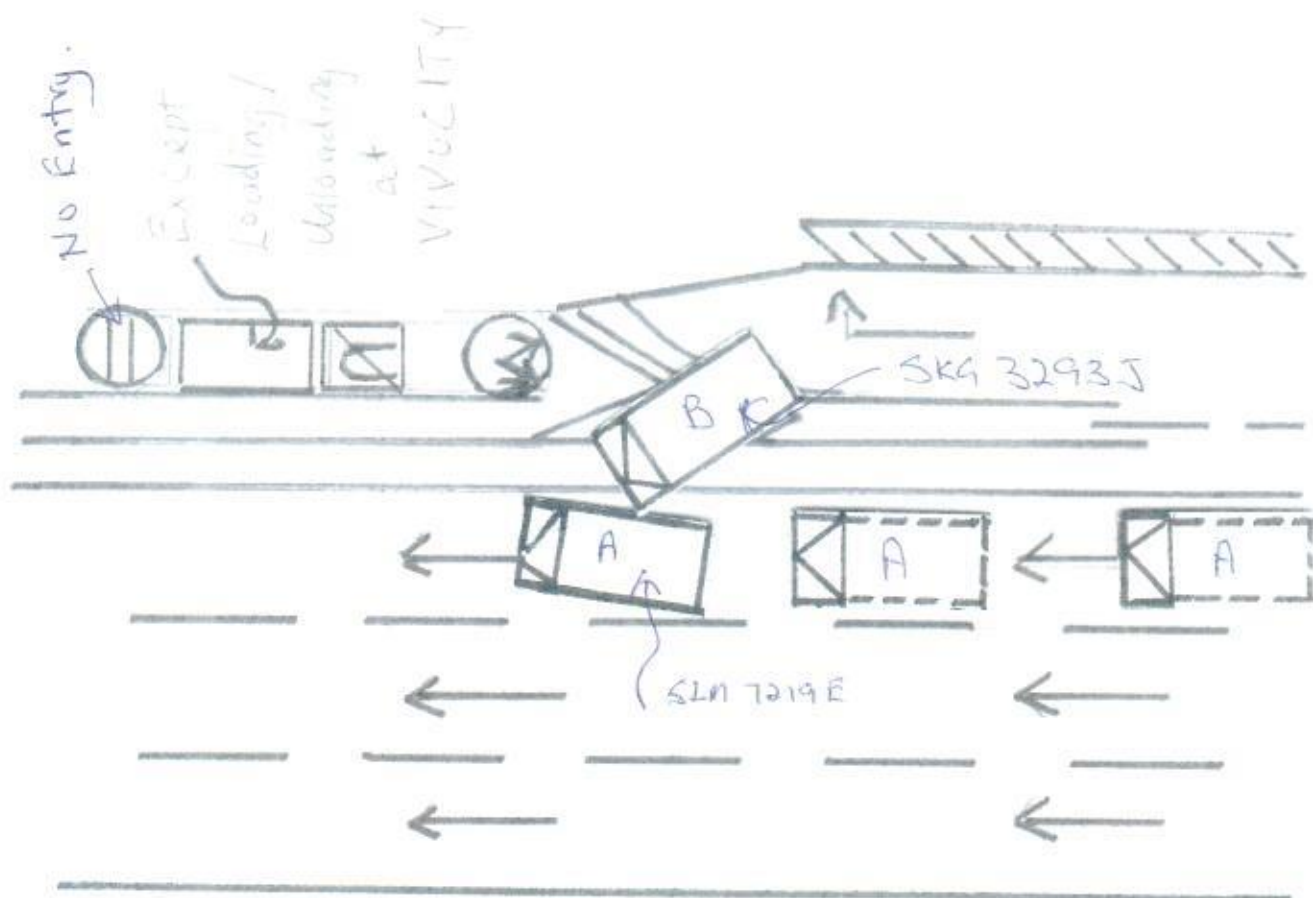
(If driver is not the policyholder)

Date & Time:

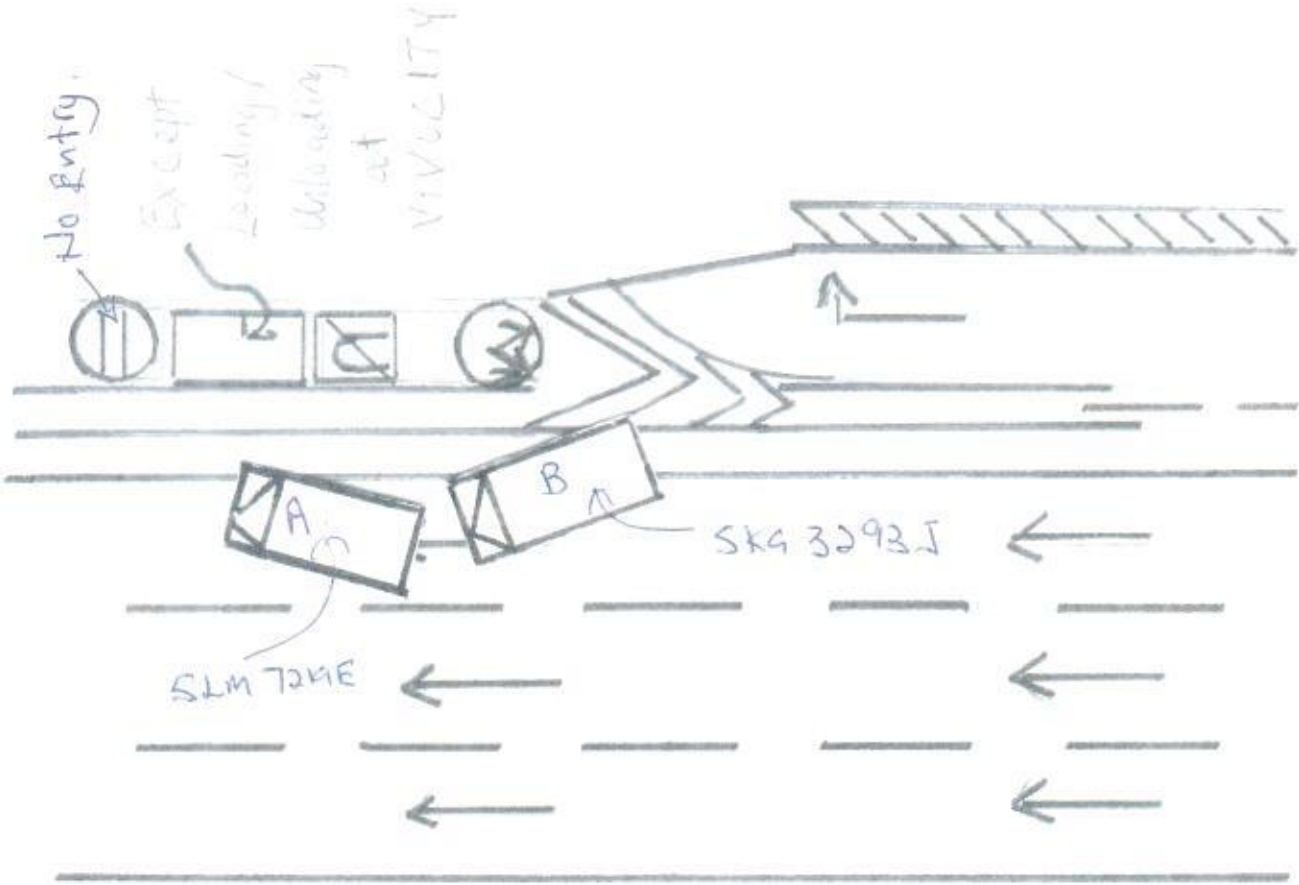
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



NEO SAT KIT
578059974
31903943



NEO SAY KIT
57805897K1
81982943



Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2019 17:38	Vide Report No.:	Station Diary No.: 42
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Informant's Particulars

Name of Informant: NEO SAY KIAT			Address: APT BLK 614A EDGEFIELD PLAINS #08-313 SINGAPORE 821614		
ID Type / ID No.: NRIC NO / S7805897H			Contact No.: Home/Office: Mobile: 81983943		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 01/03/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PHV driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/12/2019 19:30	Type of Location: Straight Road
Location: Along Road 1 SENTOSA GATEWAY				
Sentosa Gateway towards Sentosa				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG3293J	Car	AUDI		White		0
SLM7219E	Car	MAZDA	3	Blue	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20191215/2104

CONTINUATION OF REPORT

Driver				
Name	LIM LAY HAR		ID No.	S1600457Z
Related Vehicle	SKG3293J (Car)		Contact No.	91251519
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	NEO SAY KIAT		ID No.	S7805897H
Related Vehicle	SLM7219E (Car)		Contact No.	81983943
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/12/2019		Date Discharge	15/12/2019
No. of Days granted Medical Leave	05		Degree of Injury	Serious

Brief Details.

On 14/12/2019 at about 1930hrs, I was travelling along Sentosa Gateway towards Sentosa, at lane 1 of 3 lane road. I was driving,

V1) One blue Mazda 3 reg no SLM7219E.

I glanced on my right side and saw,

V2) SKG3293J stationary and stopped at chevron road lines. I horn continuously 3 seconds at the said car. As I slowed down, at that point I saw the rear brake lights on, I have the right of way to proceed straight. After passing through approximately more than 2 meters. Abruptly in a split second, the mentioned car had collided with the great impacted, onto my driver right front door dented, rear right passenger door dented and scratched, sports rim scratched and right rear bumper scratches as well. The collision caused my vehicle's rear to shift to it's left.

It was a rush hours, I was trying to avoid the contact, however I was give no room to negotiate. I alighted from my car seat, I managed to take some photos, and we both exchanged particulars, and left the scene of accident, after driving to seek medical treatment. I went to Mt Alvernia Hospital A&E consulted doctor and was given 5 days of MC. I attached photos of accident which taken at the scene for the officers reference.

My vehicle in not armed with an in-car camera.



**SINGAPORE
POLICE FORCE**



T/20191215/2104

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

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Report No. T/20194215/2104

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20191215/2104

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Report No. T/20191215/2104

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
J /
Sr Staff Sgt MOHAMAD FARRHAN BIN
SULHAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/12/2019 17:38

Classification Of Case:
 POLICE FORCE
INVESTIGATING DIVISION

SIGNATURE

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 14 / 12 / 2019 (dd/mm/yy) Time of Accident: 19 : 30 (24-HR-FORMAT)

Vehicle No.: SLM 7219 E Vehicle Make & Model: MAZDA 3 1.5A

Exact location of Accident: SENTOSA GATEWAY

Policyholder's Name / IC No.: TW PREMIUM AUTOMOBILE P72 LTD / 2013204306

Driver's Name / IC No.: N20 SAY KIAT (As Above) ☐

Driver's Contact No.: 9198 3943 Company Contact No: _____

Driver's Address: BLK 614A 2062 RT22A PLAINS #08-313 SINGAPORE 821614

Email address (if any): saykiat0103@gmail.com Insurance Company: NTUC

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

No. of Passengers (Including Driver): _____

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☒ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: N20 SAY KIAT

Injuries Sustain: SERIOUS Injured Person in Which Vehicle: SLM 7219 E

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: HONG KAH NORTH NPD

The Other Party(s) Details:

1. Driver's Name / IC No.: NIM HAY HAN Vehicle No.: SG 3213 J

Driver's Contact No.: 9125 1519 Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No.: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

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 Number: 5101549521-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLM7219E**
Chassis Number : JM6BN22A8H0147539
2. Name of Policyholder : TW PREMIUM AUTOMOBILE PTE LTD
3. Effective Date of Insurance : 18 Jun 2019
4. Expiry Date of Insurance : 17 Jun 2020
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her 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.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$1,500
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue : 13 Jun 2019 13:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and
Emergency Department

No: M19000031607

This is to certify that NEO SAY KIAT, S7805897H, is granted Outpatient Sick Leave for 5 day(s) from 15-Dec-2019 to 19-Dec-2019.

Remark :

A&E / 24-HOUR WALK-IN CLINIC
Mount Alvernia Hospital
820 Thomson Road
Singapore 374623
Tel: 63476210

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Tan Sei Tai Timothy

MCR : 15772D

Dr. Timothy Tan
M.D. (UK)
General Medical Officer
Mount Alvernia Hospital
Singapore 374623

15/12/2019

Date



210 TURF CLUB ROAD, THE GRAND STAND CAR MALL LOT A8, SINGAPORE 287995
CO REG : 201320430G TEL : 64650030 FAX : 64650017
EMAIL : LEASING@TECKWEL.COM.SG

LEASE AGREEMENT NO.: TW-SLM7219E

PERSON IN CHARGE: Ben Koh

DATE: 15/7/19

Schedule

This is a Rental Agreement made between us, **TW Premium Automobile Pte Ltd** (hereinafter referred to as "**the Company**") which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address at 210 Turf Club Road Lot A8 The Grandstand Car Mall Singapore 287995 **AND YOU**, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL) : NEO SAY KIAT
NRIC/PASSPORT/RC/RB NO. : S7805897H
ADDRESS : BLK614A EDGERFIELD PLAINS #08-313 S821614
TELEPHONE : 81983943/ 81984070 WIFE
EMAIL : SAYKIAT0103@GMAIL.COM

NAME OF HIRER(S) (IN FULL) :
NRIC/PASSPORT/RC/RB NO. :
ADDRESS :
TELEPHONE :
EMAIL :

1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO. : SLM7219E
MAKE / MODEL : MAZDA 3 1.5A
ENGINE NO. : P520436339
CHASSIS NO. : JM6BN22A8H0147539

Date, Time and Mileage for Collection: 15/7/19 (date) 1003 (time) (mileage)
Date, Time and Mileage for Return: (date) (time) (mileage)
Petrol Out : Empty / ¼ tank / ½ tank / ¾ tank / Full*
(Vehicle must be returned with same level of petrol)

2. PERIOD OF LEASE ("LEASE PERIOD")

~~Daily/Weekly/Monthly/Yearly~~* Basis Extend to 15/1/2020
From 16/7/19 ("Commencement Date") to 15/10/19 ("End Date")

* delete where not applicable

3. LEASE CHARGES

Amount SS 400 per day/week/month/year* exclusive of Goods and Services Tax ("GST")
(collectively, "Lease Charges") payable in advance on the _____ day of each day/week/month/year*

("Payment Date").

In the event the Payment Date falls on a non-Business Day, the Hirer shall effect payment of the Lease Charges on the Business Day falling immediately prior to the Payment Date. GST is chargeable separately and the Hirer shall pay the prevailing GST together with the Lease Charges. Time of payment shall be of the essence.

* delete where not applicable

4. **DEPOSIT**
Amount: SS 500 (exclusive of GST)

5. **INSURANCE, ROAD TAX AND MAINTENANCE**

The Company will be responsible for the road tax, maintenance and servicing of the Vehicle.
You agree to pay the sum of SS _____ on Commencement Date for the Company to arrange the following insurance coverage for the Vehicle. The full details of the insurance policy will be provided to you and you undertake to strictly comply with the terms and conditions of the insurance policy.

Excess Amount : SS 3500 (per accident per claim) in Singapore
Insurance Coverage : Third Party Injury and Death Only /
Third Party Injury, Death and Damage Only /
Comprehensive Insurance Policy /
Others _____ (specify)*

Coverage Amount : SS _____ (specify)

* delete where not applicable

6. **PURPOSE OF USE**
Personal social domestic use / others*
If others, please specify : Grab / Go Jek / Other platform

* delete where not applicable

7. **EARLY TERMINATION**
You shall be liable to the Company for early termination as provided under the Terms and Conditions annexed hereto.

8. **PAYMENT**
For cheque payments, please issue the cheque to the Company and indicate the vehicle number on the back of the cheque. The cheques must be delivered to the Company's registered address as stated above and any payment sent to the Company by post will be at your own risk.

The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement.

IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.

Signed by the Hirer



Name:
Designation:
Company Stamp:

Signed for and on behalf of
TW PREMIUM AUTOMOBILE PTE LTD



Name:
Designation:
Company Stamp:

Claim Handling

Accident MT/1076008

Policy No.	S101540521411	Vehicle No.	SLM7219E	GST Registrat
Certificate No.				
Policyholder Name	TW PREMIUM AUTOMOBILE PTE LTD			Policyholder f
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(f
Email Address		Special Remark		icCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	17/12/2019 09:41	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	14/12/2019	Time of Accident hh:mm	19:30	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	SENTOSA GATEWAY			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	1,500.00	TP Standard Excess	1,500.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,900.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01
GST Registration No.	201120430G	GST Status Verified	Yes
Modification History	17/12/2019 09:44:29 System changed GST Registered from No to Yes 17/12/2019 09:44:29 System changed GST Registration No. from null to 201120430G 17/12/2019 09:44:29 System changed GST Registration Date from null to 01/09/2017		

Policyholder Mailing Address

Address 1	219 TURF CLUB ROAD	Address 2	#LOT-46 THE GRANDSTAND	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	A8	Related Policy Number	S103577854-01	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NFO SAY KIAT @LIANG SIOE	Driver NRIC	S7805897H	Driver DOB
Register Date of Driver License	24/02/1998	Driver Age	41	Driving Exper
Contact No.(Mobile)	81983943	Contact No.(Office)	0	Contact No.(f
Address 1	BLK 614A	Address 2	EDGEFIELD PLAINS	Address 3
Address 4	SINGAPORE 821614	Address Type	Singapore address	Post Code
Unit No.	#06-313			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX

New

Claim Type

OD-MX

Insured Name

T

Contact No.(Mobile)

81500581

Contact No. (Home)

Email Address

info@teckwei.com.sg

Vehicle Number

S

Claim Description

SLM7219E / SKG3293J ON 14 Dec 2019

Preferred Workshop

Preferred

Insured Liability

Not at Fault

GIA report

Received

Preferred Repair Option

Preferred Workshop, Name unknown

Received

Date Registered

17/12/2019 09:48

Claim Close Date

Report Taken By

ROSLINDA

Workshop Repairer

Print AK letter

Save

Submit

Attachment

Accident No.

MT/1076408

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

17/12/2019 00:00

Path

Category

Confid.

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen









Clear

Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:47	NRIC/ Driving License	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:47	SAS	Normal	:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:47	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:47	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:47	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:47	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:46	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:46	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:46	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:46	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:46	Photos	Normal	PI

Video List

Uploaded By/Date	Folder Date	File Name	
			Display in New Window Scan and uploading