

NATIONAL Assessment Centre Services Part 1 Jan 05 MMA 119170109

Date In: 27/12/19 10:43	Job description	Date & Time Completed	Done by
Ref No: MA1 C7Z 190 2273 8/44	SAS e-filing		
Veh No: SML 5645P	E-mail (within 2hrs, AIC 2hrs)		
DDA: 26/12/19 15:30	I-Motor Claim Form		
OT: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insured:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whisp		

Preferred Wksp / INC Assign Wksp / QW: ()	Total:	Fax:
TP Particulars:	Veh No: Unknown	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 Ref No: 67886616)	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

MA 2000019	Invoice Preparation Checklist	Amnt (\$)	Amnt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: 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 (over 10 Jan 20/05)		
	6) TR: Re-Inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q11:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Inc on INC) against INC \$20		
	9) N12: Idno Mobile \$0		
	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	27/12/2019 10:43
Date Of Accident	26/12/2019 15:30
Exact Location Of Accident	JUNC OF BOON LAY WAY & JURONG WEST ST 64
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML5645P
Insured/Policyholder	
Name Of Registered Owner	SINGAPURA MOTORS
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93820405

Vehicle Particulars

Manufacturer	MAZDA
Model	AXELA-1.5 (A)
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	DMHCSN1922671900
Cover Note Number	

Driver

Name of Driver	CHEW LAM SAI
NRIC No	SXXXX428C
Date Of Birth	24/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	28/02/1977
Driving Experience	42 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97527495
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 33 BEDOK SOUTH AVE 2 #15-339
Postcode	460033
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 - CROSS JUNCTION
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191227/2016

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	MEMORY CARD WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	RIDER 1
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	RIDER 2
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.

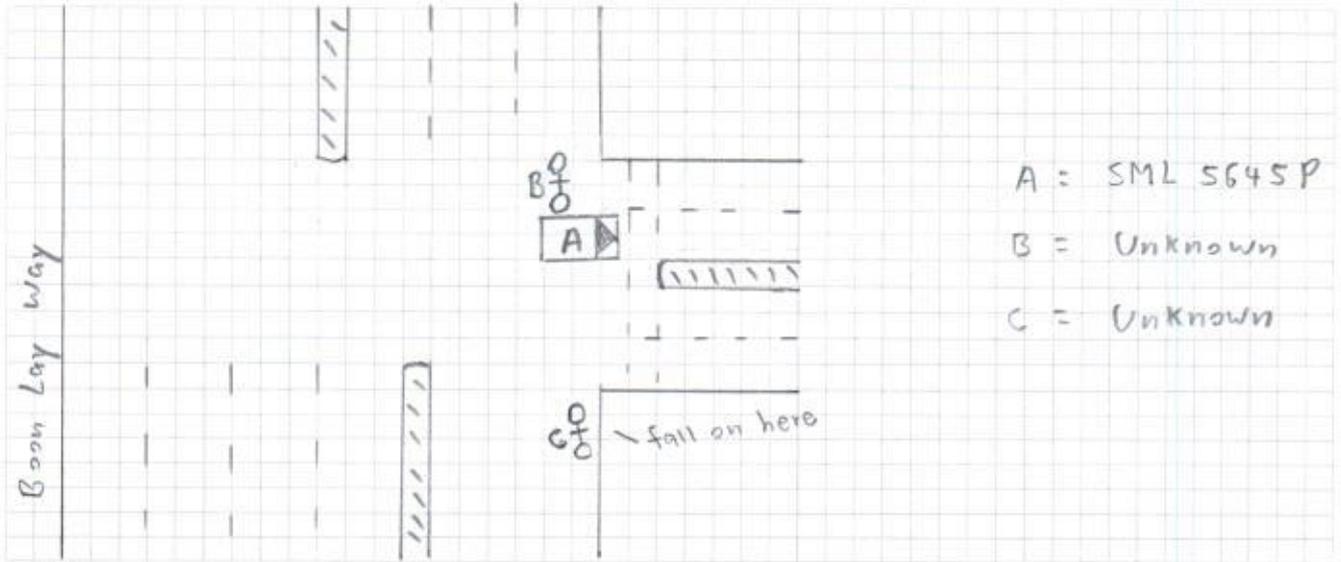


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191227/2016

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.:



**SINGAPORE
POLICE FORCE**



T/20191227/2016

2 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20191227/2016

CONTINUATION OF REPORT

Driver			
Name	CHEW LAM SAI	ID No.	S1204428C
Related Vehicle	SML5645P (Car)	Contact No.	97527495
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

Brief Details.

On 26/12/2019 at about 1530hrs, I was driving my blue coloured Mazda Axela (bearing registration number SML5645P) along Boon Lay Way, turning into Jurong West St 64. As I approached the traffic light, I inched forward and came to a complete stop to check for the oncoming traffic. The traffic light was in my favour, I checked the oncoming traffic and saw 2 motorcycles. However, since they were quite a distance away, to my judgement, it was safe for me to make the right turn. As I was making the turn, suddenly, there was a great impact on the rear left of my vehicle. I then discovered that one of the motorcycles had collided into the rear left side of my vehicle. I then made a check and observed the rider to be injured, sustaining injuries on his chin and knee. I also observed the other rider to injured too, sustaining bruises.

Awhile later, traffic police and ambulance came shortly, and conveyed both the riders to the hospital. Due to the collision, the rear left rim was out of placement. There were also scratches on the rear left side of my vehicle. I wish to state that I am not injured.



**SINGAPORE
POLICE FORCE**



T/20191227/2016

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20191227/2016

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:
G /
Sgt 3 MUHAMMAD NAQIB BIN ABDUL RAZAK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/12/2019 09:33

Officer In Charge Of Case:
TP / GIT /
SI ONG CHEE HIEN
Contact No.: 65476437

Classification Of Case:

Authentication Stamp
NP168



中国太平保险(新加坡)有限公司
 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
 Co. Reg. No. 200208364E

MZ406L/B
 N SN B
 AN0680A
 Cov.Type: C

MOTOR HIRE CAR

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)

ORIGINAL

CERTIFICATE No	DMHCSN1922671900	Engine No :S530435045 Chano:BMLFP101369
1. Index Mark and Registration Number of Vehicle	SML5645P	
2. Name of Policy Holder	SINGAPURA MOTORS	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 May 2019	Excess Sect I S\$2,000.00 Excess Sect. I (Outside Singapore)... S\$4,000.00 Excess Sect. II S\$2,000.00 Excess Sect.II (Outside Singapore)... S\$4,000.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	26 May 2020	
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 COMPNAY 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. : VENTURE CREDIT PTE LTD		
* 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.

Issued By: CHUA SUAT LAY SALLY

 Authorised Officer

 Authorised Signatory



CAR RENTAL AGREEMENT
SINGAPURA MOTORS (The Owner)

Date of Contract : 13 Jun 2019 Reference No. :

The Hirer's Particulars

Name : CHEW LAM SAI		
NRIC/Passport/Co. Reg. No. : S1204428C	Date of Birth : 24/9/1955	Nationality : SINGAPOREAN
Driving Licence No. :	Expiry Date :	Place of Issue : SINGAPORE
Contact No. : 9752 7495	Address : BLK 61 NEW UPPER CHANGI ROAD	
Email : chewlam sai@gmail.com	#09-1204 (S) 461061.	

The Owner and the Hirer have agreed to enter into this Car Rental Agreement for the motor vehicle described below and upon the terms and conditions contained on all four pages of this document. **Hirer acknowledges having read and understood all the terms and conditions and signifies acceptance upon signing on all pages.**

The Driver's Particulars (if different from the Hirer or is a 2nd driver)

Name : N.A.		
NRIC/Passport No. : N.A.	Date of Birth : -	Nationality : -
Driving Licence No. : -	Expiry Date : -	Place of Issue : -
Contact No. : -	Address : -	
Email : -		

Vehicle No. : SML5645P	Total deposit to be collected :	\$ 0
Vehicle Model : MAZDA AXELA 1.5A D	Deposit (Partial/Full*)	/ / \$
Rental Rate : S\$ 70 per day/week/month*		/ / \$
Contract Duration : 12 months		/ / \$
Rental Start Date & Time : 1 Jun 2019 (300hrs)		/ / \$
Rental End Date & Time : 1 Jun 2020		/ / \$
Agent : Robina Kheng (Hp: 98900400)	Total Deposit Received	\$ 0.

Payment Terms and Conditions

- The **Payment Due Date** for weekly rental is the **Monday** immediately after the rental week. **Payment Due Date** for monthly rental is the first day of the rental month. Amount will be pro-rated for rental duration that is not a complete week or month. Payment is by bank transfer to **Singapura Motors, Maybank Singapore Limited Current Account 04121069788**. Please WhatsApp the payment receipt to the Agent listed above.
- If the rental is not received by Payment Due Date, a **late payment charge of \$5 per day** will be charged to you. This will be calculated on a daily basis until full payment is made.
If the payment is not received within **3 days after the Payment Due Date**, the vehicle will be **towed back** without any reference to you. The additional charges which the Hirer undertakes to pay when the Vehicle is towed back to the Owner include: a) **Towing Fee S\$150.00 to S\$300.00**, b) **Administration fee S\$50.00**, c) **Car Remote Key not returned within 7 days upon request S\$450**.

SINGAPURA MOTORS

Authorised Signature (Company Stamp)
SM RA19/002



Hirer's Signature and date

