

NATIONAL Assessment Centre Services. July 1 Jan 2001 *MAY 2001 280*

Date In: <i>07/01/2020 15:15</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NSH/CT/200027719</i>	SAS e-filing		
Veh No: <i>SMY 935TU</i>	E-mail (by date time, AIC time)		
D.O.A: <i>31/01/2020 18:00</i>	I-Motor Claims Form		
OIA: <i>(TP)</i> 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/WHAR		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: *SMY 935TU* 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 reporter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Assignment

XIA2001300

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
Architect's Comments:	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
Tel: 1:	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$3
2/3:	*N6: Repairs Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TE (NI) / TP (Non-INC) against INC	\$20
	9) NI: Idas Mobile	\$0
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

STAMPED

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	07/02/2020 15:15
Date Of Accident	31/01/2020 18:00
Exact Location Of Accident	BARTLEY ROAD BEFORE MOUNT VERNON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML9357U
Insured/Policyholder	
Name Of Registered Owner	GO-RENT PTE. LTD.
Co Reg No	2XXXXX747D
Email Address	XDETOX32@GMAIL.COM
Mobile Phone No.	(LOCAL) +65-92223331
Alternative Phone No.	OFFICE-88911341

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMHCSNA00000782000
Cover Note Number.	

Driver

Name of Driver	LIM LI PING, ESTHER (LIN LIPING)
NRIC No	SXXXX078A
Date Of Birth	22/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	06/04/2010
Driving Experience	9 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92223331
Fax Number	
Contact Number	OTHERS-88911341
Email Address	XDETOX32@GMAIL.COM

Address	BLK 885A TAMPINES STREET 83 #04-127
Postcode	521885
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SDH9888G
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)	

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.

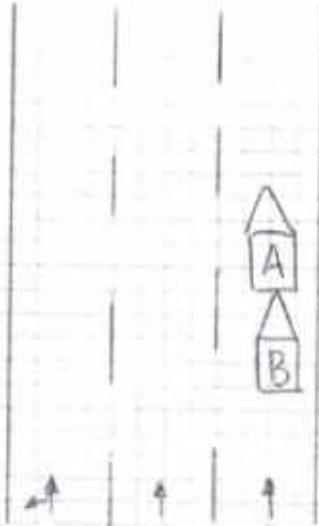


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Bartley Road Before Mount Vernon Road.

A: SML9357U

B: SDH4888G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I was traveling along Bartley Road before Mount Vernon Road. I was traveling straight when suddenly vehicle B collided on to my vehicle rear portion.

DECLARATION

I/We declare the foregoing particulars to be 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.:

Handwritten signature and date: 07/08/2023

Date of Accident: 31/01/2020 Accident Time: 1800 (24-HR-Format)

Accident Place: Mount Bartley Road Before Mount Vernon Road

Vehicle No. (Car Plate No.): SML 9357U Make/Model: Toyota Vios

Insurance Company: ~~WOC~~ Policy No: 5107325T01

Owner or Company Name / IC No.: GO-Rent Pte Ltd 201824747D

Owner or Company Contact No.: 9222 3331 Owner's Hp: _____ Company Tel: _____

DRIVER'S Name / IC No.: Lim Li Ping, ~~ESTHER~~ (Lim Li Ping) 58708078A

DRIVER'S Date Of Birth: 22/03/1987 DRIVER'S License Pass Date: 27 Sep 2012

Relationship of Owner & Driver: Spouse / Parents / Children / Sibling / Employee / Others: Rent

DRIVER'S Address: 81K 885A Tampines Street 83 #04-127 S(521885)

DRIVER'S Contact No. / Alt No.: (1) 8891 1341 (2) _____

DRIVER'S Occupation: INDOOR / ~~OFFICE~~ WORKER (e.g. working inside or outside office)

Email Address: xdetox32@gmail.com

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): 0

Was there any video captured by car camera: YES / NO NO

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>SDH 9888 G</u>	Vehicle No: _____
Vehicle Make/Model: <u>Honda Vezel</u>	Vehicle Make/Model: _____
Name Driver: <u>Edren Eng Kai Wei</u>	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Motor Hire Car

MZ406L/B

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

N SN
AN0214A
Cov. Type:T

CERTIFICATE No.	DMHCSNA00000782000	Engine No.: 1NZX421878	
		Cha. No. MR053HY4204184990	
1. Index Mark and Registration Number of Vehicle	SML9357U		
2. Name of Policy Holder	GO-RENT PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30/01/2020	Excess Sect. II	S\$3,000.00
		Excess Sect.II (Outside Singapore).	S\$4,000.00
4. Date of Expiry of Insurance	29/01/2021		
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	ANY AUTHORISED HIRER/DRIVER	
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.		

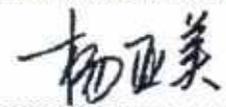
* Limitations rendered Inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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