

NATIONAL Assessment Centre Services

[ver 1 Jan09]

MA 120020302

Date In: 14/12/20 13:25	Job description	Date & Time Completed	Done by
Ref No: MA 1 271 20002594/64	SAS e-filing		
Veh No: SJB SJX 5445Y	E-mail (within 3hrs, AIC 2hrs)		
DOA: 4/2/20 19:15	I-Motor Claim Form		
OD: IP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SJB 5315E	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 1000000 67004616)	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	Action

MA 2001412

Client's Particulars:	Invoice/Action Checklist	Amount (\$)	Added (\$)
Driver/Owner:	1) AK: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (wa 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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: Idao 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	14/02/2020 13:25
Date Of Accident	04/02/2020 19:15
Exact Location Of Accident	PIE(TUAS) B4 BKE WOODLANDS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX5445Y
Insured/Policyholder	
Name Of Registered Owner	GO-RENT PTE LTD
Co Reg No	2XXXXX747D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92223331

Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

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	NG KIM PIN
NRIC No	SXXXX352Z
Date Of Birth	27/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	02/07/2003
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96346964
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 3B UPPER BOON KENG RD #13-616
Postcode	382003
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?	
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

REFER TO 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	SJB5315E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR LOW
NRIC/Passport Number	
Contact Number	90051829
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



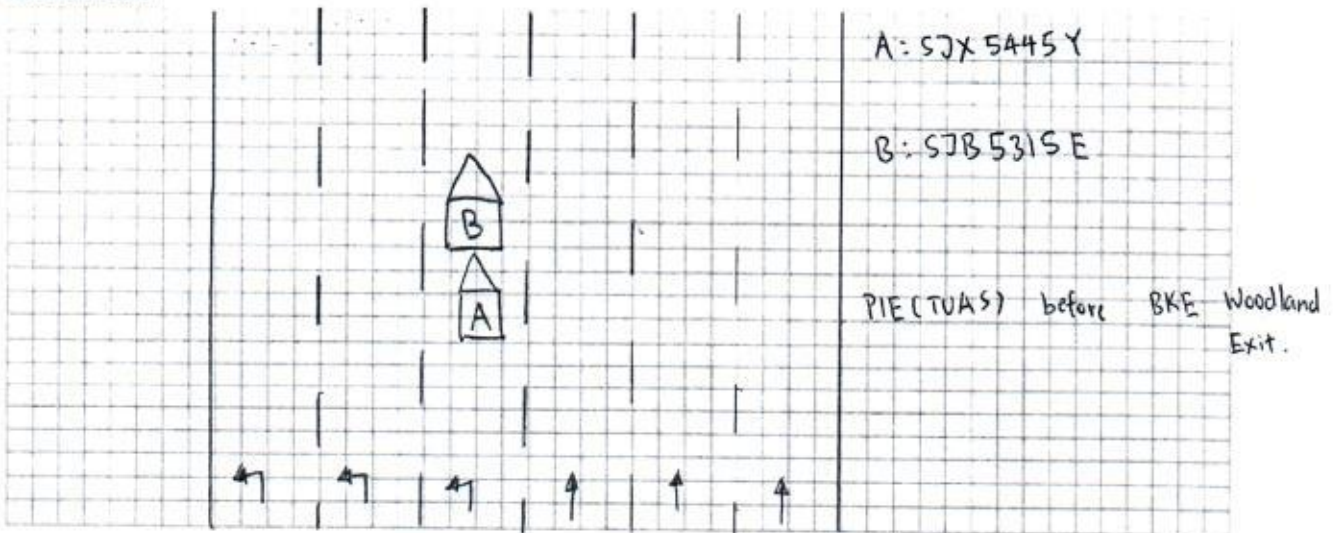
Policyholder's Signature
Date & Time:

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

Rep:
Name:

NRIC: 71012477D

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I was traveling along ~~PIE~~ PIE (TUAS) before BKE Woodlands exit. I was traveling straight when suddenly vehicle ~~Brake~~ B ~~R~~ brake. I couldn't stop in time and collided onto vehicle B rear portion.

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:

Report

No

NRIC/PR NO.

Date of Accident : 04/02/2020 Accident Time: 1915 (24-HR-Format)
 Accident Place : PIE (TUAS) Before ~~BKE~~ Woodlands exit.
 Vehicle No. (Car Plate No.) : SJX 5445Y Make/Model: Toyota ISIS
 Insurance Company : China Taiping Policy No: DMHCSNA00000782000
 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. : Ng Kim Pin 514763522
 DRIVER'S Date Of Birth : 27/01/1961 DRIVER'S License Pass Date 14/01/2017
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Rental
 DRIVER'S Address : Blk 3B Upper Boon Keng Road #13-616 S(382003)
 DRIVER'S Contact No./ Alt No. : 1) 9634 6964 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (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): 01
 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
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: SJB 5315E
 Vehicle Make/Model: BMW
 Name Driver: Mr Low
 IC No. Driver/Contact: 9005 1829

Vehicle No: _____
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Motor Hire Car

MZ406L/B

N SN

AN0214A

Cov. Type T

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.	DMHCSNA9000782000	Engine No. 1ZZ3250841	Chassis No. ZNM100063328
1 Index Mark and Registration Number of Vehicle	SJK5448Y		
2 Name of Policy Holder	GO-RENT PTE. LTD.		
3 Effective date of the Commencement of Insurance for the purpose 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.			

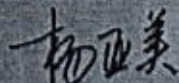
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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 Suet Lay Sally
 Authorised Officer


 Authorised Signatory

 China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
 3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

Go-Rent Pte Ltd

Reg No. 201824747D

Office Address: 2 Venture Drive #14-28 Vision Exchange Singapore 608526

AUTOMOBILE LEASE AGREEMENT

Agreement No.: 5127

Agreement Date: 15/2/2020

Lessor	Go-Rent Pte Ltd	ROC No.	201824747D
Address	2 Venture Drive #14-28 Vision Exchange S(608526)	Office No.	6904 8608

Lessee	Hb Kim Pin	NRIC/UEI No.	S14763522	Contact 1	9634 6964
Address	Blk 33, Upper Boon Keng Road #15-616 S(312003)	Contact 2			
Email Address	ngkimpin61@gmail.com	Date Of Birth	27/1/1961	Contact 1	
Address		Contact 2			
Company		Occupation			
Co. Address					
Driving Pass Date		Driving Class		D.O.Birth	

Co-Lessee / GTR		NRIC/UEI No.		Contact 1	
Address		Contact 2			
Named Driver 2		NRIC/UEI No.		Contact 1	
Company		Occupation			
Co. Address					
Driving Pass Date		Driving Class		D.O.Birth	

DESCRIPTION OF VEHICLE (Personal/Private Hire)

Registration No.	STX 54454	Colour	Blue
Make / Model	Toyota Isis 1.8	Chassis No.	As Log (CAR)
Reg. Date	** (New / Used) As Log (CAR)	Engine No.	As Log (CAR)

TERMS OF RENTAL PAYMENT & PERIOD

Leasing Period	6 months	Deposit	\$500/Contact form previous contract
Leasing Start Date	03/2/2020	1 st Rental Fee	\$406/-
Leasing End Date	12/8/2020	Weekly Rental Fee	\$406/-
Termination Charge	As Contract	Weekly Rental Due on	Every Tuesday
Other Charges		Estimated Residual Value	

Other remarks

1. Payment of deposit & 1st rental fee must be cleared upon collection of the car from Go-Rent Pte Ltd.
2. Subsequent weekly rental fee can be made by telegraphic transfer to: **DBS : 072-003207-1** (with clear indication of the car registration number on remarks).
3. In the event that the Lessee decided to cancel a reservation whereby a booking deposit has already been placed, there shall be no refund on the deposit collected. Strictly no refund after deposit.
4. You shall pay Go-Rent Pte Ltd a late fee of 5% of the late weekly / monthly payment, and an admin charge of S\$25 for each late payment which is not paid within 2 days.


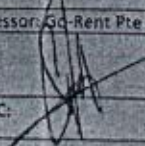
VEHICLE DELIVERY

Vehicle check out	Date <u>03/2/2020</u>	Time	By: <u>SA Lee</u>
Vehicle is due back	Date	Time	By:
Vehicle returned	Date	Time	By:
Late Return	Every late hour is chargeable at S\$10 for cars below 1600cc and below; S\$20 per hour for cars above 1600cc up to the 4 th hour. Further delays will result in the Lessee(s) being charged for a whole day rental for that particular vehicle.		

OTHER TERMS

Belonging	All belonging left in cars will be discarded.
Excessive wear & use	You may be charged for excessive wear based on our standard for normal use and for mileage in excess of kilometer (Clause 7.1.10)
Insurance	Mandatory excess of S\$6,000.00 Before GST (in Singapore) in respect of each and every single accident. Mandatory excess of S\$8,000.00 Before GST (in Malaysia) in respect of each and every single accident.
Others	Shall you failed to make / clear any due payment to Go-Rent Pte Ltd and result in towing of the rental / leased vehicle, charges of towing fee, lost of keys charges, vehicle repair charges, admin fee etc will be charged.

By signing below, you acknowledge that you have read the entire Lease before signing it; and both you and we agree to the terms, conditions and obligation of the Lease.

Signed By Lessee	Signed by Lessor: Go-Rent Pte Ltd
X 	X 
Name / NRIC: <u>NG KIM PIN 51476352-Z</u>	Name / NRIC:
X	
Name / NRIC:	



For Singapore Usage only.

Additional Premium for Malaysia Usage applies.

Only Applicable to Named Driver Stated In the Contract.

Vehicle must be washed and vacuum upon returned.

Smoking is prohibited in Vehicle. Penalty of \$150 will be imposed if Vehicle is returned in such condition.