NATIONAL Assessment Centre Services. [wef 1 Jan'00] MNA/4/200Y1615

Date In: 03/03/2020 10:12	Job description	Date &Time Completed	Done by
Ref No: LIBA/CTT 2000 3467/4	SAS e-filling		
Veh No: SJ 6324D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 02/03/2020 08:30	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: (Tel: Fax:)

TP Particulars: Veh No: SMR 6893K. 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: ( )

Customer's Instruction		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

NA2001784

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Invoicing Instructions		Value	
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($40)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2000)	$30		
6) TR : Re-Inspection	$75		
7) NI : Idea 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	$30		
9) N12: Idea Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Sub. 1:

2 / 3

MNA420027615-01 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 03/03/2020 10:12
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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	03/03/2020 10:12
Date Of Accident	02/03/2020 08:30
Exact Location Of Accident	SELETAR WEST LINK BEFORE EXIT TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6324D

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-94506429

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	YEW CHEE KEONG
NRIC No	SXXXX147B
Date Of Birth	02/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	20/01/1992
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92223331
Fax Number	
Contact Number	OTHERS-94506429
EMail Address	XDETOX32@GMAIL.COM

Address	BLK 507B WELLINGTON LINK #09-132
Postcode	752507
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)	2
Passenger 1	NAME: : LYNDON CABLAO GENDER: : MALE

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	SMR6812K
Vehicle Make/Model/Colour	VOLKSWAGEN GOLF
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	83321685
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 as agreed on the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. The 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 be made available upon application by interested parties.
7. By the lodgment of the 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 thereafter.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) I/We authorise 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 generated by the insurers (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in the 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/court as the insurers for the purposes 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 any claims;

(iii) carrying out and/or dealing with any authorities 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 the 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 transmitted 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 examining, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated in (d); or

(ii) for complying with requirements under any regulations, laws or court orders.

GO-RENT PTE LTD

Policyholder's Signature
Date & Time

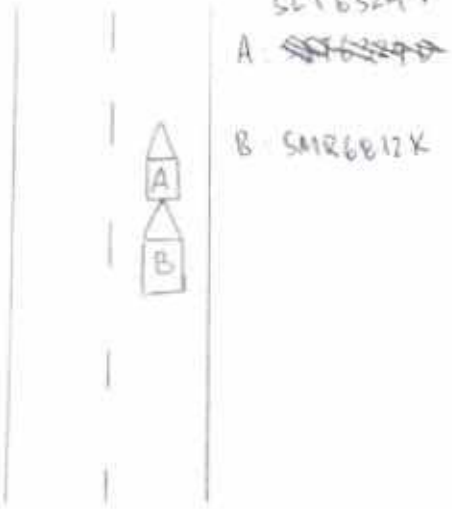
Driver's Signature
(if driver is not the policyholder)
Date & Time

03/03/2020

Receiving Centre Personnel's Signature
Name
NRIC/FIN No.

SKETCH PLAN

SELETAR WEST LINK
BEFORE EXIT TPE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I was traveling Seletar West Link Before Exit TPE. I was traveling Straight When Suddenly Vehicle collided on to my vehicle rear portion.

DECLARATION

GO-RENT PTE. LTD.

03/03/2020

Date of Accident: 02/03/2020 Accident Time: 0930 (24HR Format)

Accident Place: Selecter West Link Before Exit TPE

Vehicle No: (Car Plate No.) ~~SLT~~ SLT 6324D Make Model: Mazda 3

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: TEW CHEE KEONG S1686147B

DRIVER'S Date Of Birth: 02 Apr 1965 DRIVER'S License Pass Date: 09 Apr 2003

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

DRIVER'S Address: Blk 507B Welling Terr Circle #09-132 S(752507)

DRIVER'S Contact No: Alt No: (H) 9450 6429 (O)

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

Email Address: xctchy32@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 Drivers): 02

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: SMR 6812K Vehicle No:

Vehicle Make Model: Volkswagen Golf Vehicle Make Model:

Name Driver: Name Driver:

IC No. Driver Contact: 8332 1685 IC No. Driver Contact:

* NEW - Passenger's name & gender:

~~Male - Ryo Ian - 8332 1685~~

Lyndon Cablao - Male 91822469 S7463848H

(Normal Rent)

Go-Rent Pte Ltd
Reg No. 201824747D
Office Address: 2 Venture Drive #14-28 Vision Exchange Singapore 608526

AUTOMOBILE LEASE AGREEMENT

Agreement No.: 35129
Agreement Date: 25/2/2020

Lessor	Go-Rent Pte Ltd	ROC No.	201824747D
Address	2 Venture Drive #14-28 Vision Exchange S(608526)	Office No.	6904 8408

Lessee	Yew Chee Keong	NRIC/UEN No.	S1686145B	Contact 1	94506431
Address	Blk 507B, Wellington Circle #09-132 S(752507)			Contact 2	
Email Address	eddyjck@Yaho.Com.Sg	Date Of Birth	2/4/1985	Contact 3	
Address				Contact 4	
Company				Occupation	
Co. Address					
Driving Pass Date		Driving Class		D.O Birth	

Co-Lessee / GTR		NRIC/UEN No.		Contact 1	
Address				Contact 2	
Named Driver 2		NRIC/UEN No.		Contact 3	
Company				Occupation	
Co. Address					
Driving Pass Date		Driving Class		D.O Birth	

DESCRIPTION OF VEHICLE (Personal/Private Hire)

Registration No.	SLT 6324D	Colour	Gold
Make / Model	MAZDA 3 1.6A	Chassis No.	As Log CARD
Reg. Date	**(New / Used) As Log CARD	Engine No.	As Log CARD

TERMS OF RENTAL PAYMENT & PERIOD

Leasing Period	8 months.	Deposit	$500 (Contra offset from 5/Mar 1453)
Leasing Start Date	25/2/2020 .	1st Rental Fee	$301
Leasing End Date	17/10/2020	Weekly Rental Fee	$301
Termination Charge	As Contract	Weekly Rental Due on	Every Friday
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 25/2/2020	Time 1255pm	By: Steve
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 4th 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$4000 before GST (in Singapore) in respect of each and every single accident. Mandatory excess of S$8000 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: Yew Chee Keong S1686147B	Name / NRIC:
X	
Name / NRIC:	

GO-RENT PTE LTD

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.

中国太平
CHINA TAIPING

中国太平保险（新加坡）有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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. DMHCSNA00000782000

Engine No.: Z6455289
Cha. No.: JM6BK106100207196

1. Index Mark and Registration Number of Vehicle: SLT6324D

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

4. Date of Expiry of Insurance: 29/01/2021

Excess Sect. II S$3,000.00
Excess Sect.II (Outside Singapore). S$4,000.00

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

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 5 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

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 566550020G / GST Reg. No.: M400017735

GENERAL INSURANCE ASSOCIATION RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNAY2002764 Vehicle Registration No: SLT 6324D

Name(as shown in NRIC) : YEO CHIA KWANG NRIC/FIN/Passport No : SXXXX147B

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 94506429

Email Address : _____

Date of Accident : 02/03/2020 Time of Accident : _____

Place of Accident : SINGAPORE LOCK WEST BEFORE EXIT TPE

Insurance Company : OTHER INSURANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TYPE OF COVERAGE SHOULD BE THIRD PARTY

Policyholder / Driver's Signature
Date:

03/02/2020

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