

NATIONAL Assessment Centre Services. [Part 1 Jan'09] MMA 120040482

Date In: 6/4/20 15:44	Job description	Date & Time Completed	Done by
Ref No: MAICTZ 20004977/44	SAS e-illing		
Veh No: SKR 96196	E-mail (within 3hrs, AIC 2hrs)		
TP No: 514120 13:45	I-Motor Claim Form		
OT: <input checked="" type="radio"/> 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: SMK 5574R	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 4/6/Inc 6/4/06/16)	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

<p>MA 2002471</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Analysts' Comments:</p> <p>Ref: 1</p> <p>2/2/20</p>	<p>Invoice Preparation Checklist</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td>30.00</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$50)</td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2009)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td>OT:</td> <td></td> <td></td> </tr> <tr> <td>*NS: Courtesy Car / Tpt Allowance \$5</td> <td></td> <td></td> </tr> <tr> <td>*NG: Repair Co-ordination \$10</td> <td></td> <td></td> </tr> <tr> <td>*NI: Post Repair Inspection \$25</td> <td></td> <td></td> </tr> <tr> <td>*NH: DV / Collect Excess Coordination \$5</td> <td></td> <td></td> </tr> <tr> <td>TP (N11): TP (N11) INC against INC \$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile \$0</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fax Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fax Charged</td> <td></td> </tr> </table>	1) AR: Accident Reporting (\$30);	30.00		2) DA: Damage Assessment (\$100); INC (\$50)			3) TP: Towing Fee \$40/\$45			4) FT: Follow-Through Survey \$120			5) FT: Follow-Through Survey (Resurvey) \$30			For claiming against INC Only (wef 10 Jan 2009)			6) TR: Re-inspection \$75			7) NI: Idao DA + SMRT Survey \$160			8) NTUC Additional Services:			OT:			*NS: Courtesy Car / Tpt Allowance \$5			*NG: Repair Co-ordination \$10			*NI: Post Repair Inspection \$25			*NH: DV / Collect Excess Coordination \$5			TP (N11): TP (N11) INC against INC \$20			9) N12: Idao Mobile \$0			Invoice dated	Fax Charged		Invoice dated	Fax Charged	
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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	06/04/2020 15:44
Date Of Accident	05/04/2020 13:45
Exact Location Of Accident	ORCHARD TURN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR9619G
Insured/Policyholder	
Name Of Registered Owner	ADVANCE CR PTE LTD
Co Reg No	2XXXXX997M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91998131

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNA00001932000
Cover Note Number	

Driver

Name of Driver	LEE CHIA CHEH
NRIC No	SXXXX528C
Date Of Birth	08/03/1970
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2004
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82282246
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 15 BEACH RD #17-4683
Postcode	190015
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 - MAJOR/MINOR RD
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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200406/7025

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK5574R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM WILLIAM JUNIOR
NRIC/Passport Number	SXXXX090J
Contact Number	92741332
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE CHIA CHEH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKR9619G

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.
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

The sketch plan shows a horizontal road with a dashed center line. Above the road is a building represented by a rectangle with an 'X' inside. To the left of the building are wavy lines representing vegetation or trees. An arrow points right towards the building. Location A is marked with a square at the corner of the building and the road. Location B is marked with a circle further along the road to the right. Arrows point from the labels A and B to their respective locations.

A) SKR 961967
B) SMK 5574R

I was driving SKR 9619 G and was driving straight, suddenly this car SMK 5574 R just turn right and hit my car.

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.: _____

Date of Accident : 05/04/2020 Accident Time: 1:44pm (24-HR-FORMAT)
 Accident Place : Orchard Turn
 Vehicle Reg. No (Car plate No.) : SKR 9619 G Vehicle Make/Model: H. Fit Petrol
 Insurance Company : China Taiping Policy No. DMHCSNA00001932000
 Name of Registered Owner : Company / Individual Advance CR Pte Ltd
 ID of Registered Owner : Co Reg No: 201320997M Owner's NRIC No: _____
 : Co Contact No: 91998131 Owner's Contact No: _____
 DRIVER'S Name : Lee Chia Cheh DRIVER'S NRIC No: S7063528C
 DRIVER'S Date of Birth : 08/03/1970 DRIVER'S License Pass Date 27/10/2004
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver None
 DRIVER'S Address : Bik 15 Beach Road #17-408/3 S(190015)
 DRIVER'S Contact No./ Alt No. : 1) 8288 8228 2246 2) 90056176
 DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : pejie @ Expresscar . com . SG
 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): 1
 Was the accident reported to the police? YES \ NO
 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

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SMK 5574 R</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>H. Freed Hybrid</u>	Vehicle Make/Model: _____
Name DRIVER: <u>Lim William Junior</u>	Name DRIVER: _____
IC No. DRIVER: <u>S7704090J</u>	IC No. DRIVER: _____
DRIVER'S Contact & add: <u>9274 1332</u>	DRIVER'S Contact & add: _____



SINGAPORE POLICE FORCE



T/20200406/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200406/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2020 15:03	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LEE CHIA CHEH			Address: 15 BEACH ROAD #17-4683 SINGAPORE 190015		
ID Type / ID No.: NRIC NO / S7063528C			Contact No.: Home/Office: Mobile: 82282246		
Nationality: SINGAPORE CITIZEN			Email: CINDY.6188@HOTMAIL.COM		
Sex: Male	Age: 50	Date of Birth: 08/03/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Restaurant manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/04/2020 13:44	Type of Location: Straight Road
Location: ORCHARD TURN				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SKR9619G	Car	HONDA	FIT	Silver	Slightly Damaged	0
SMK5574R	Car	HONDA	FREED	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR9619G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0000193 2000	25/03/2020	24/03/2021



**SINGAPORE
POLICE FORCE**



T/20200406/7025

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200406/7025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE CHIA CHEH	ID No.	S7063528C
Related Vehicle	SKR9619G (Car)	Contact No.	82282246
Hospital/Clinic	THE MEDICAL PRACTICE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/04/2020	Date Discharge	05/04/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I am a Grab driver and was driving vehicle number SKR9619G and was driving straight along Orchard Turn. Suddenly, there was one vehicle by the number plate of SMK5574R turned right heading towards Takashimaya and collided into my vehicle on the right. From this accident, my vehicle's front right bumper suffered dents and scratches. I injured my right arm and went to The Medical Practice for check up and was issued 3 days of MC. No police attended to this accident and I was the only one in the vehicle. The other vehicle's front left bumper suffered dents as well. Both drivers exchanged particulars and left.



**SINGAPORE
POLICE FORCE**



T/20200406/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200406/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
06/04/2020 15:03

Classification Of Case:

Motor Hire Car

MZ406L/B

N SN

BR0085A

Cov. Type:F

CERTIFICATE OF INSURANCEMotor 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.

DMHCSNA00001932000

Engine No.: L13B1068674

Cha. No.: GK31058385

1. Index Mark and Registration
Number of Vehicle

SKR9619G

2. Name of Policy Holder

ADVANCE CR PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment.

25/03/2020

4. Date of Expiry of Insurance

24/03/2021

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.

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.: LAKE VIEW CREDIT PTE LTD AS HP OWNER

* 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: Gan Li Jia Jesca
Authorised Officer
Authorised Signatory

Asia Express Car Rental Pte Ltd
82 Geylang Lorong 23 #03-06 Atrix Singapore 388409

Asia Express Car Rental
82 Geylang Lor 23
#03-06 Atrix
Singapore 388409

Vehicle Lease Agreement

This **VEHICLE LEASE AGREEMENT** (hereinafter referred to as 'The Agreement' is made on

Between **Asia Express Car Rental**
(Business Registration No.: 201116882D)
Having its office at:
82 Geylang Lorong 23 #03-06 Atrix Singapore 388409
Hereinafter referred to as 'The Owner' of the one part

And **Name: Lee Chia Cheh**
Nric No: S7063528C
Having his residential address at: Blk 15 Beach Road #17-4683
, Singapore 190015
Tel. (Residential) : 8228 2246
Next of Kin Contact : 9005 6176
Hereinafter also known at the 'The Hirer' of the other part

Additional Driver **Name: Phang Sheau Cin**
Nric No: S8586621D
Having his residential address at: Blk 15 Beach Road #17-4683
, Singapore 190015
Tel. (Residential) : 9005 6176
Next of Kin Contact :
Hereinafter also known as the "Additional Hirer" of the other part

Hereby agrees that The Owner will lease to The Hirer and/or the Additional Hirer the vehicle with the below details, hereinafter referred to as 'The Vehicle' with the terms & conditions set out in The Agreement Contained herein: -

VEHICLE AND LEASE PERIOD

Make & Model: Honda Fit
Registration No: SKR9619G
Effective from: 03/04/2020 – 04/05/2020
Period : 01 Months Contract

1) SKT3867H
2) SKR98284
3) SKR9619G } change car.

[The Owner's Initial & Stamps]



The Hirer and/or Additional Hirer Initial & Stamps
03-Apr-2020