

NATIONAL Assessment Centre Services.

(last 1 Jan 05)

NA200042877

Date In: 21/04/2020 12:18	Job Description	Date & Time Completed	Done by
Ref No: N/A/NAIC2000532094	SAS e-filing		
Veh No: FBO 4485M	E-mail (3 jobs max, A/C 2 hrs)		
D.O.A: 17/04/2020 19:10	I-Motor Claim Form		
QID: (T) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Asst Report by Fax / Hand to Owner/VHAP		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SMS 2037C	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 ()	

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repair.

() 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: ()

Location: ()

Weather: ()

Other: ()

NA20002759	1) ARI: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$10 (\$45)
Contact No:	3) TP: Towing Fee	\$110
Damaged Partion:	4) PT: Follow-Through Survey	\$10
QC Checked by (Bug-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$10
	For claiming against INC Duty (over 10 Jan 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: 1 Day DA + SMRT Survey	
	8) NIUC: Additional Services:	
	9) NI: 1 Day Mobile	\$3
	10) NI: Courtesy Car / Tpl Allowance	\$10
	11) NI: Repair Coordination	\$25
	12) NI: Post Repair Inspection	\$3
	13) NI: DV / Collect Excess Coordination	\$10
	14) NI: 1 Day Mobile	\$3
	15) NI: 1 Day Mobile	\$3
	16) NI: 1 Day Mobile	\$3
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	100) NI: 1 Day Mobile	\$3

21/4

2/2

Fee Charged

Fee Charged

21/4

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	21/04/2020 12:18
Date Of Accident	17/04/2020 19:10
Exact Location Of Accident	PUNGGOL CENTRAL TURN RIGHT TO EDGEFIELD PLAINS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD4485M
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	2XXXX700L
Email Address	WLOH9@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91817477
Alternative Phone No	OFFICE-91817477

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-135CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109280207
Cover Note Number	

Driver

Name of Driver	LOH TIAN HUAT
NRIC No	SXXXX063E
Date Of Birth	24/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	02/11/1987
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91817477
Fax Number	
Contact Number	OTHERS-91817477
Email Address	WLOH9@HOTMAIL.COM

Address	BLK 664A PUNGGOL DRIVE #12-204
Postcode	821664
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 ON COLLISION
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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO. - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200418/2011

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	SMS2037C
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)

DETAILS OF INJURED PERSON 1

Name LOH TIAN HUAT

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBD4485M

Were seat belts worn?

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:

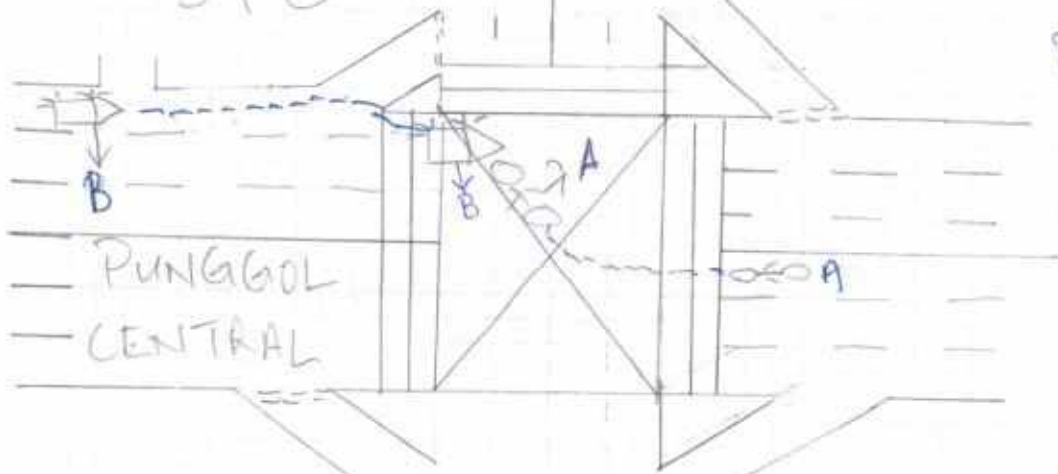
Driver's Signature
(If driver is not the policyholder) 10.20am
Date & Time:

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

EDGEFIELD PLAINS

SPL

B) SMS 2037C



REFER POLICE REPORT 7/2025418/2011

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: Reda
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 17/04/2020 (DD/MM/YYYY), TIME: 19:10 (HH:MM)

LOCATION: Along Road 1 Punggol Central, Edgedale Plains in front of SPC station

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 4485m
 b) INSURANCE COMPANY: Income
 c) POLICY NUMBER: 453010043
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Loh Han Hwat (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7042063F CONTACT: 91817477
 c) ADDRESS: Blk 664A Punggol Drive #12-204
3821664

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Southern Motor (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 24/11/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WIFE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Punggol

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMS 2037 C MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
 (including driver)
(1)

No of passenger
 (including driver)
()

No of passenger
 (including driver)
()

email = wloh9@hotmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20200418/2011

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 1

Report No. T/20200418/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2020 10:27	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: LOH TIAN HUAT			Address: APT BLK 664A PUNGGOL DRIVE #12-204 SINGAPORE 821664	
ID Type / ID No.: NRIC NO / S7042063E			Contact No.: Home/Office: Mobile: 91817477	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 49	Date of Birth: 24/11/1970	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/04/2020 19:00	Type of Location: X-Junction
Location: Along Road 1 PUNGGOL CENTRAL EDGEDALE PLAINS Infront of SPC petrol station				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
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
FBD4485M	Motorcycle	YAMAHA	X-1R	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD4485M	NTUC Income Insurance Co-Operative Limited	5109280207- 000013	07/05/2019	07/05/2020



**SINGAPORE
POLICE FORCE**



T/20200418/2011

2 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No: T/20200418/2011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LOH TIAN HUAT	ID No.	S7042063E
Related Vehicle	FBD4485M (Motorcycle)	Contact No.	91817477
Hospital/Clinic	PUNGGOL POLYCLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/04/2020	Date Discharge	18/04/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	CLARENCE TAN WEE YET	ID No.	S7435267G
Related Vehicle	NIL	Contact No.	98582051
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 the 17/04/2020 at about 1900hrs, I was riding along Punggol Central towards Punggol East. When I reached the cross junction of Punggol Central and Edgedale Plains, I signal right as my intention was to turn right into Edgedale Plains. The road was clear and there was a car in the opposite directions who had signal left and driving into the slip road towards Edgedale Plains. I then proceeded to turn right. However when I entered the junction, the said car was in the junction. There was no time for me to react and I hit onto the driver side door. I suspect that the driver changed his intention of turning left and came out of the slip road and drove straight instead.

The Traffic Police was at scene. I suffered injury on both hand, left leg, stomach area and whole body aching. My motorcycle damage are the front area and handle bar could not be turn.



**SINGAPORE
POLICE FORCE**



T/20200418/2011

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No. 1800-6049999

3 of 3

Report No. T/20200418/2011

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:
F /
Sr Staff Sgt MOHAMED FAZLY SHAH BIN
HUSSAINSAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/04/2020 10:27

Classification Of Case:

SN 003

Signature:

Singapore Police Force



Polyclinics
SingHealth

Reg No 52928775K

ORIGINAL

MEDICAL CERTIFICATE

GEM2020164485

Name LOH TIAN HUAT		NRIC No. S7042063E
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>18-Apr-2020</u> to <u>22-Apr-2020</u> inclusive.		
Type of medical leave granted:		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on: <u>N.A.</u>	<input type="checkbox"/> Maternity Leave	Delivered on: _____
Discharged on: <u>N.A.</u>	<input type="checkbox"/> Sterilization Leave	Operated on: _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u>		
Diagnosis: <u>N.A.</u>	Surgical Operation (if applicable) <u>N.A.</u>	
Comments: <u>N.A.</u>		
NOT VALID WITHOUT CLINIC STAMP SingHealth Polyclinics 681 Punggol Drive Oasis Terraces #02-01 Singapore 820681 For enquiries please call 66436959.	Ward No. Punggol Polyclinic	Signature, Name (In BLOCK LETTERS) and Designation/MCR No. LORAIN YEO 8148Z
	Date 18-Apr-2020	



SOUTHERN MOTOR

Business Reg. No. 234147/001

Blk 1006, Bukit Merah Lane 2 #01-10, Singapore 159762

Tel: 6273-0369 (3 Lines) Fax: 6274-6614

RENTAL AGREEMENT

Agreement No. 2020/0497/AW

Dated

6.4.2020

Renter's Name	Leh Tian Huan		
Renter's Address	Blk 64A Punggol Drive #12-24 SE 8 21664		
NRIC/ FIN/ PP	S7042063E	Start Date	6.4.2020
Licence No.	11	Return Date	5.5.2020
Contact No.	91817477 / 97168833	Security Deposit \$	100 (O/R: 67913)
Vehicle No.	FBD 4485M	<input type="checkbox"/> Transfer of S.D	Fr Agt:
Make/ Model	FBD 4485M	Accessories	

☐ Cash Rental: Rental Amount: \$ 350 (Cash) Rental Days: 30

☐ Rental Package:

Installment Plan: Monthly Rental Amount Payable: \$ No. Of Installments:

And Last Installment Amount Payable: \$

Your installments under the Rental Agreement will be paid every day of every month commencing on the day

This Rental is by and between Southern Motor, Block 1006, Bukit Merah Lane 2, #01-10, Singapore 159762 (hereinafter referred to as the 'Owner') and the Renter as stated above. Renter must produce a valid Singapore NRIC / FIN/ Passport card and a valid Driving License / International Driving License / Foreign Driving Licence. Renter guarantees that he / she is not under any suspension order on his/her Driving License.

Rental Payment / Security Deposit

Rental charges and Security Deposit are payable by the Renter upon taking possession of the vehicle. The security deposit will be refunded to the Renter, 14 days after the end of the rental period. The Owner will use the security deposit to offset any repairs, fines or summons (if any) incurred by the Renter during the rental period. Rental charges paid is non-refundable and non-transferable. In the event that the Security Deposit is not claimed within 3 months starting 14 days after the end of the rental period, it will be wholly forfeited.

Rental Rates / Rental Extension / Replacement Vehicle

Rates quoted are in Singapore Currency and include insurance, maintenance and unlimited mileage. Minimum rental charge is one-day's rate. Each excess hour is charged at one-fifth of the daily rate. For Vehicle returned after office hours, the Renter will be charged till 10am of the next working day. Any extension of rental period is subject to the Owner's approval and payment of the rental amount for the extended rental period. If the rental vehicle becomes unavailable, the Owner reserves the right to replace the vehicle with an alternative vehicle or refund the Renter the balance of the rental amount.

Probation Plate

The Renter needs to inform the Owner that he / she is still under the probation period. A probation plate will be provided by the Owner upon rental with fees payable by the Renter. The Renter must display the probation plate at all time when riding.

Maintenance / Replacement of vehicle / Towing

The Owner shall provide preventive and corrective maintenance of the rented vehicle which may include replacement of tyres and replacement of battery at the Owner's discretion. The Renter must bring the vehicle back to the Owner for monthly servicing when informed by the Owner. Alternatively, the Renter can arrange for the towing service back to the Owner at the Renter's own expense. The Renter must bring the vehicle to the Owner's workshop for any form of repairs. The Owner may issue a replacement vehicle at the Owner's discretion and availability of a replacement vehicle for repair of more than 1 working day. In the event of punctured tyres or breakdown of rented vehicle due to Renter's negligence and self-skid, whilst in the Renter's care, the Renter is liable for the towing fees and all costs of repairs thereafter.

Repair Operation hours from Monday to Saturday are from 9am to 6pm, excluding Sundays and Public Holidays.

Initial	Renter's initial

Claim Handling

Accident HT/1091643

Policy No.	5104280207	Vehicle No.	FB04483M	GST Registration No.	23414700L	
Certificate No.	5104280307-000013					
Policyholder Name	SOUTHERN MOTOR					
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Policyholder NRIC	23414700L	
Contact No.(Mobile)	NA	Contact No.(Office)		Leading	C	
Email Address		Special Remarks		Contact No.(Home)		
EPF	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="button" value="No"/>	
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason		
▼ Accident Details			Private Hire			Not available

Report Date	21/04/2020 08:38	Accident Report Within 34 hrs	Yes	Accident Type	Crashed into Parked Vehicle
Date of Accident	17/04/2020	Time of Accident hh:mm	13:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF PUNGGOL CENTRAL / EDGEFIELD PLAZES				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver Is Covered?	Not Applicable
GD Standard Excess		TP Standard Excess	1,500.00		
YIED GD Excess		YIED TP Excess			
Additional Excess					
Total GD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Data	18/06/2001
GST Registration No.	23414700L	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 108A #01-10	Address 2	BUKIT MERSAH LAKE 3	Address 3	SINGAPORE 158762
Address 4		Address Type	Singapore address	Post Code	158762
Unit No.		Related Policy Number	5109280207-01		

▼ GI Driver Info

Driver Name	Unnamed driver Name	Driver Type	Driver NRIC	Driver GDR	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

Claim Type *	GO-MK	Insured Name	SOUTHERN MOTOR	Insured NRIC	23414700L
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	87730368
Email Address	summor@stgnet.com.sg	GI	FB04483M	TP	SHS2037C
Claim Description	FB04483M / SHS2037C ON 17 Apr 2020				
Preferred Workshop		Insured Liability	Not at Fault	Preferred Workshop	
Repair No. Finalisation	<input type="button" value="Yes"/>	Insured Repair Option	Preferred Workshop Name unknown	GIA report	Received
Date Registered	21/04/2020 12:47	Claim Close Date		Date Received	21/04/2020 08:38
Report Taken By	ROSU2 WAHAB				

Attachment

Accident No.	HT/1091643	Claim No.	002
Last Doc Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	21/04/2020 12:49
Join *			
Choose File	No file chosen	Category *	Normal
Choose File	No file chosen	Confidential	<input type="button" value="No"/>
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Board			

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)
	NAC_PATA_UBI_R00603(NATIONAL ASSESSMENT CENTRE SERVICES) - H 21 Apr 2020 12:49	Photos	Normal	Photos 2020-4-21	
	NAC_PATA_UBI_R00601(NATIONAL ASSESSMENT CENTRE SERVICES) - H 21 Apr 2020 12:48	Photos	Normal	Photos 2020-4-21	

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Apr 2020 12:49	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Apr 2020 12:49	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Apr 2020 12:49	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Apr 2020 12:49	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Apr 2020 12:48	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Apr 2020 12:48	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Apr 2020 12:48	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Apr 2020 12:48	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Apr 2020 12:48	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Apr 2020 12:47	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Apr 2020 12:47	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Apr 2020 12:47	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Apr 2020 12:47	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Apr 2020 12:47	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Apr 2020 12:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Apr 2020 12:47	SAS		Normal	SAS 2020-4-21

Video List

Uploaded By/Date	Folder Date	File Name	Source
Display in New Window Scan and uploading			

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5109280207	5109280207-000013	SOUTHERN MOTDR	23414700L	GFM	Third Party	FBD4485M	FBD4485M	07/05/2019	06/05/2020