

# NATIONAL Assessment Centre Services

Date In: 15/06/20	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/C0120006204/13	E-mail (within 3hrs, AIC 2hrs):		
Veh No: SML39480	i-Motor Claim Form		
D.O.A: 13/06/20 1710	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	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: SFW140L	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 hotline: 6788/6616)	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

NA2003156	Invoice Preparation Checklist	Amnt (\$)	Amnt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tp 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	08/05/2020 09:29
Date Of Accident	06/05/2020 16:15
Exact Location Of Accident	ALONG NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SML3948D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	PEIJI@EXPRESSCAR.COM.SG
Mobile Phone No	(LOCAL) +65-91998131
Alternative Phone No	OFFICE-96253682
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	SHUTTLE
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNA00001952000
Cover Note Number	
<b>Driver</b>	
Name of Driver	WONG TECK CHUANG
NRIC No	SXXXX201E
Date Of Birth	20/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	07/11/1986
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91998131
Fax Number	
Contact Number	OTHERS-96253682
Email Address	PEIJI@EXPRESSCAR.COM.SG

Address	BLK 22 JALAN MEMBINA #09-62
Postcode	166022
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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFJ65P
Vehicle Make/Model/Colour	TOYOTA HARRIER
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

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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: 13/06/20

6.47pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/06/20

6.47pm

Reporting Centre Personnel's Signature

Name:

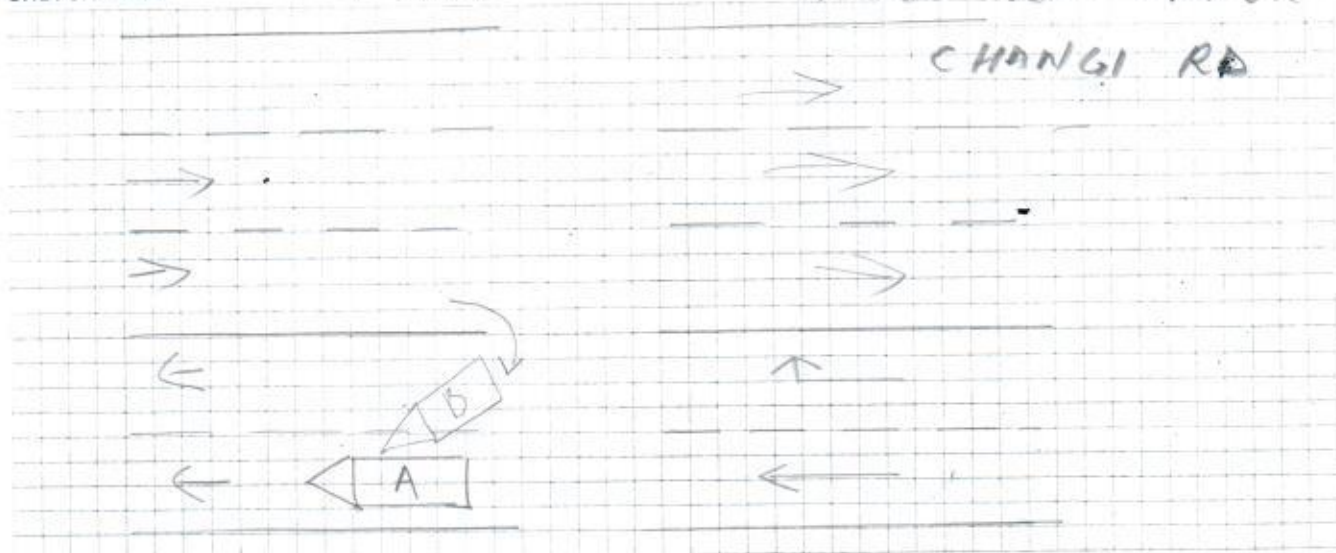
NRIC/FIN No.:

SKETCH PLAN

A 9ML3943D  
B SFH140L

ALONG NEW UPPER

CHANGI RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After green light, I proceed to move & drive straight when the vehicle B SFH140L suddenly made an U-turn and hit me from the side.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time: 13/06/20  
6:17pm

SIAARM Sketch Plan Form

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/06/20  
6:17pm

*[Signature]* 15/06/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20200614/2012

1 of 3

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20200614/2012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/06/2020 10:44	Vide Report No.:	Station Diary No.: 10
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<b>Informant's Particulars</b>			
Name of Informant: WONG TECK CHUANG		Address: APT BLK 22 JALAN MEMBINA #09-62 SINGAPORE 166022	
ID Type / ID No.: NRIC NO / S1696201E		Contact No.: Home/Office: Mobile: 93671575	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 20/11/1965	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2020 17:10	Type of Location: Straight Road
Location: Along Road 1 JURONG GATEWAY ROAD  NEAR TO TRAFFIC LIGHT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SFW140L	Car				Slightly Damaged	0
SML3948D	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200614/2012

2 of 3

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20200614/2012

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SUWANDI BIN SAID	ID No.	S7623073J
Related Vehicle	SFW140L (Car)	Contact No.	82620027
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
<b>Driver</b>			
Name	WONG TECK CHUANG	ID No.	S1696201E
Related Vehicle	SML3948D (Car)	Contact No.	93671575
Hospital/Clinic	KAO & TAN FAMILY MEDICAL CENTRE & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	14/06/2020	Date Discharge	14/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the 13/06/2020 at about 17:10hrs, I was driving (vehicle SML3948D ) along Jurong Gateway road , near to bus interchange. I was driving along the most left lane and when the traffic lights turned green to my favour, I proceeded to move and drove straight when suddenly, the vehicle SFW140L who I believe was making a U-turn on the other side of the road , hit onto my car.

The vehicle hit on the driver's side of my car, causing slight damage to both cars. We exchanged contact numbers and particulars. I wasn't feeling pain at the point of time thus did not called for the ambulance. However, on the same day at about night time, I felt pain on my neck and went to seek for medical treatment at Kao & Tan Family Medical Centre & Surgery Pte Ltd at Jln Membina #02-03. I was given a MC of 03days from 14/06/2020 to 16/06/2020.  
I was feeling pain on my neck, shoulders and back.

I have reported to my rental company - Asia Express Car rental. The car had car camera installed.



**SINGAPORE  
POLICE FORCE**



T/20200614/2012

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

3 of 3

Report No. T/20200614/2012

**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:

D /

Staff Sgt DARRICK TOH JIAN RONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

14/06/2020 10:44

Classification Of Case:



Authentication Stamp

NP168

SN 45



Raswinda

Date of Accident : 3/06/20 Accident Time: 1711 (24-HR-FORMAT)  
Accident Place : Along Jurong Gateway Road  
Vehicle Reg. No (Car plate No.) : SML39480 Vehicle Make/Model: Honda Shuttle  
Insurance Company : China Taiping Policy No. 7MHCSNA00001952000  
Name of Registered Owner : Company / Individual Asia Express Car Rental  
ID of Registered Owner : Co Reg No: 201168820 Owner's NRIC No: \_\_\_\_\_  
Co Contact No: 9199 8131 Owner's Contact No: 81696201E  
DRIVER'S Name : Wong Tek Chuang DRIVER'S NRIC No: 81696201E  
DRIVER'S Date of Birth : 20/11/1965 DRIVER'S License Pass Date 07/11/1986  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver  
DRIVER'S Address : Blk 22 Jalan Membang #09-62 (S1166022)  
DRIVER'S Contact No./ Alt No. : 1) 93671975 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : payie @ 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 Male  
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: SW1140L	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: Suwandi Bin Said	Name DRIVER: _____
IC No. DRIVER: S7623073J	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



Motor Hire Car

MZ406L/B

N SN

BR0085A

Cov. Type:F

**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.

DMHCSNA00001952000

Engine No.: LEB7105265

Cha. No.: GP72004068

1. Index Mark and Registration  
Number of Vehicle

SML3948D

2. Name of Policy Holder

ASIA EXPRESS CAR RENTAL 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. : SKYWAY CREDIT & LEASING 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

\_\_\_\_\_  
杨亚美  
Authorised Signatory



Favordrive Car Rental  
82 Geylang Lorong 23 #03-06 Atrix Singapore 388409

**Vehicle Lease Agreement -**

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

Between

**Favordrive Car Rental**  
(Business Registration No.: 53356674J)  
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: Wong Teck Chuang**  
**Nric No: S1696201E**  
Having his residential address at: Blk 22 Jalan Membina  
#09-62, Singapore 166022  
**Tel. (Residential) : 9367 1575**  
**Next of Kin Contact : 9821 9448**  
Hereinafter also known at the 'The Hirer' of the other part

Additional Driver

**Name:**  
**Nric No:**  
Having his residential address at:  
**Tel. (Residential) :**  
**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: -

**Lease Period - Renew Contract**

The rental fee is hereby agreed between both parties at **S\$434 per week.**

**Make & Model: Honda Shuttle Hybrid**  
**Registration No: SML 3948 D**  
**Effective from: 18/05/2020 – 18/08/2020**  
**Period: 03 Months Contract**

BY SIGNING THIS AGREEMENT, YOU CONSENT TO US PROCESSING ANY PERSONAL DATA YOU DISCLOSE TO US (INCLUDING SENSITIVE PERSONAL DATA).

[The Owner's Initial & Stamps]



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

A handwritten signature in black ink.