

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA120052167

Date In: 2/6/05 - 15:06	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2005284/24	SAS e-filing		
Veh No: JFJ603L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/02-17:15	i-Motor Claim Form	M/1094643-001	M/16/02 15:49
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: JMK 47219	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

1A 2003245	Invoice Preparation Checklist	Amf (\$) 1st Bill	Amf (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20		
Auditors' Comments:-	9) N12: Idac Mobile 30		
Ref 1:	Invoice dated	Fee Charged	
Ref 2 / 3:	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	17/06/2020 15:06
Date Of Accident	15/06/2020 17:15
Exact Location Of Accident	SLIP RD PUNGGOL FIELD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFJ6035L
Insured/Policyholder	
Name Of Registered Owner	CARCHOPE
Co Reg No	5XXXX915X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66512600

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L A
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5115199191
Cover Note Number	

Driver

Name of Driver	ROSLAN BIN SAMHON
NRIC No	SXXXX474E
Date Of Birth	30/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	30/05/2014
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85991943
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 621B EDGEFIELD WALK #02-63
Postcode	822621
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	SMK4704P
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)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

CARHOPE
REG.NO. 53358915X
316 TANGLIN ROAD #02-01
SINGAPORE 247978

Policyholder's Signature
Date & Time:

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

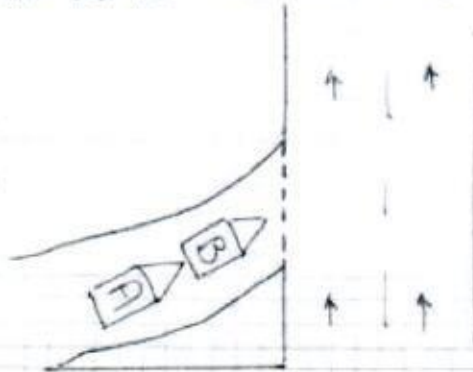
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN PUNGGOL FIELD SLIP RD - PUNGGOL ROAD.

VEH A = SFJ6035 L

VEH B = SMK4704 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time. I was driving vehicle A along the stated venue. Vehicle B suddenly brake and I did not stop in time, and hit onto vehicle B.

DECLARATION

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

CARCHOPE

REG NO. 53358915X

316 TANGLIN ROAD #02-01

SINGAPORE 247978

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.:

Jackson

ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 06 / 2020 (DD/MM/YYYY), TIME: 17:15 (HH:MM)

LOCATION: PUNGGOL FIELD SLIP RD - PUNGGOL ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFJ 6035 L
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5115199191
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA STREAM
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: CAR CHOP (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53358915X CONTACT: 6651 2600
c) ADDRESS: 316 TANGLIN RD #02-01
S247978

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ROSLAN BIN SAMHON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: ST349474E CONTACT: 85991943
c) ADDRESS: BLK 621B EDGEFIELD WALK #02-63
S822621

*d) DATE OF BIRTH: 30 / 01 / 1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7 yrs

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

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMK4704P 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 passengers
(Including driver)
(1)

* No of passengers
(Including driver)
()

* No of passenger
(Including driver)
()

Email = ricob6044toservices@gmail.com

fax = 6286 7060

Email: chakforever17@gmail.com

CARCHOPE

316 Tanglin Road, #02-01 S247978

Tel: 6651 2600

www.carchope.com

Co Reg No: 53358915X



CAR RENTAL AGREEMENT

Hirer Details	
Name	ROSLAN BIN SAMHON
NRIC	S7349474E
Contact1/Contact2	85991943
Address	BLK 621B EDGEFIELD WALK #02-63 S822621
Vehicle Details	
Make/ Model	HONDA STREAM
Carplate	SFJ6035L
Current Mileage	
Security Deposit	
Rental Amount \$	\$1500 monthly
Rental Duration	
Payment due date	
Start Date & Time	15 May 2020
End Date & Time	On going
Remark	Owner had the right to change to similar car with hirer or cancel the agreement at any point of time

Terms & Conditions

1. Hirer / Authorized Rider ('Hirer')

Hirer must produce a valid Singapore NRIC and Class 3 Driving License. Hirer guarantees that he / she is not under any suspension order on his/her Driving License. Minimum 2 years of driving experience and age 22 and above.

2. Payment & Security Deposit

Hire charges and Security Deposit for the hire period is payable by The Hirer at the time of taking over the vehicle. The Hirer is to pay a security deposit. It will be refunded back to The Hirer by cheque/bank transfer/cash at the end of the hiring period. Security deposit to offset any repairs, late payment, fines or summons incurred by The Hirer during the rental period. All rental charges paid in advance is non-refundable. Late payment will incur an additional fee of \$20 per day.

3. Liabilities / Fines / Damage to vehicle / 3rd Party Claim Excess

Hirer shall be solely responsible for and hold the fully indemnified against all claims, damages, traffic fines/offences during the hiring period. If there is an accident that results or possibly results in any Third Party claim and the Owner Third Party insurance is involved, the Hirer is responsible to pay the Owner an excess amount of \$2,000 for 1st party and \$1500 for 3rd party claim. Total excess \$3500. Min 22 years old and 2 year driving experience. Only the above Hirer is allowed to drive the car.

4. If for any reason the Hirer fails to return the goods at the time when the goods are due or payment is due, the Owner shall at its option and without prejudice to its rights herein, immediately take legal action against the Hirer. This provision shall be in addition to and in substitution of any other payment for which the buyer may become liable in respect of this failure to return or make payment at the appropriate time.

5. If in the event of repossession, Hirer agree to make payment for the repossession fee of \$500, towing fee of \$100 and all others related fees. If Vehicle is repossessed in another counter other than Singapore, repossession fee will be from \$10,000 onwards.

6. The Owner further reserve the right to claim for all losses arising from any breach of this agreement

7. Insurance, roadtax, maintenance, wear and tear parts are covered by the Owner. Hirer Must go to our authorised workshop for periodic servicing. For Hirer safety tyres and wiper need to be change at his/her own discretion. Hirer to pay for punctured/damaged tyres. Hirer must follow servicing schedule and report faults, Hirer is liable to pay for repair cost for mishandling.

Hirer's Signature

Owner's Signature

CARCHOPE
REG.NO. 53358915X
316 TANGLIN ROAD #02-01
SINGAPORE 247978

Workshop

CS MOTORWERKZ PTE LTD

25 KAKI BUKIT ROAD 4 #06-58, SYNERGY @ KAKI BUKIT SINGAPORE 417800

Contact: 93726030

24 Hour TOW

TNT SPEEDY RECOVERY PTE LTD

Contact: 91090729

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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: S115199191

Cover : Third Party

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SFJ6035L |
| Chassis Number | : JHMRN684085204838 |
| 2. Name of Policyholder | : CARCHOPE |
| 3. Effective Date of Insurance | : 10 Jan 2020 |
| 4. Expiry Date of Insurance | : 09 Oct 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| 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# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for the carriage of passengers for reward purposes.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
 Date of Issue : 10 Jan 2020 09:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1094643

Policy No.	5115199191	Vehicle No.	SF1603SL	GST Registration No.	
Certificate No.					
Policyholder Name	CARCHOPE	Cover Type	Third Party	Policyholder NRIC	S3358915X
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	66512600	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	A
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	17/06/2020 15:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/06/2020	Time of Accident hh:mm	17:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD PUNGGOL FIELD				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	17/06/2020 15:46:09 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	316 TANGLIN ROAD	Address 2	#02-01	Address 3	SINGAPORE 247978
Address 4		Address Type	Singapore address	Post Code	247978
Unit No.	02-01	Related Policy Number	5117457203		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/01/1973
Unnamed driver Name	ROSAN BIN SAMHON	Driver NRIC	SXXXXX474E	Driving Experience	6
Register Date of Driver License	30/05/2014	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	85991943	Contact No.(Office)	0	Address 3	SINGAPORE 822621
Address 1	BLK 621B	Address 2	EDGEFIELD WALK	Post Code	822621
Address 4		Address Type	Singapore address		
Unit No.	02-63				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CARCHOPE	Insured NRIC	S3358915X
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		Vehicle Number	SF1603SL	Vehicle Number	SMK4704P
Claim Description	SF1603SL / SMK4704P ON 15 Jun 2020			Name of Preferred Workshop	
Preferred Workshop	<input checked="" type="radio"/> Yes	Insured Repairs Option	Full at Fault	GIA report	Received
Date Registered	17/06/2020 15:47	Claim Close Date		Date Received	17/06/2020
Report Taken By	Jackson				

☒ Print AK letter

Attachment

Accident No.	MT/1094643	Claim No.	001
Last Doc Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/06/2020 15:42