

NATIONAL Assessment Centre Services. [Part 1 Jan 09] MMA 120050219

Date In: 8/6/20 14:20	Job description	Date & Time Completed	Done by
Ref No: MA/CTZ 20006434/64	SAS e-filing		
Veh No: SGM 8578 X	E-mail (within 3hrs, ATC 2hrs)		
IP: 7/6/20 17:50	I-Motor Claim Form		
QD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SGT 2434 H	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 repolier.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Reminders: (INC 1000000 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

MA2003195	Invoice Registration Checklist	Am (\$)	Am (\$)
Client's Particulars:	1) AK: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claimant's use only: INC Only (waif 10 Jan 2009)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Inc INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	08/06/2020 14:20
Date Of Accident	07/06/2020 17:50
Exact Location Of Accident	ALONG BEDOK RESERVOIR ROAD SLIP ROAD TO JLN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM8578X
Insured/Policyholder	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD
Co Reg No	2XXXXX185K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94355585

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMHCSNA00003462000
Cover Note Number	

Driver

Name of Driver	TOH WEE MENG (ZHUO WEIMING)
NRIC No	SXXXXX618G
Date Of Birth	21/09/1982
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2004
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94355585
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 38 CIRCULT ROAD #03-481 SINGAPORE 370038
Postcode	370038
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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	SGJ2434H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOO YONG LIANG
NRIC/Passport Number	
Contact Number	92479321
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TOH WEE MENG (ZHUO WEIMING)
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGM8578X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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.

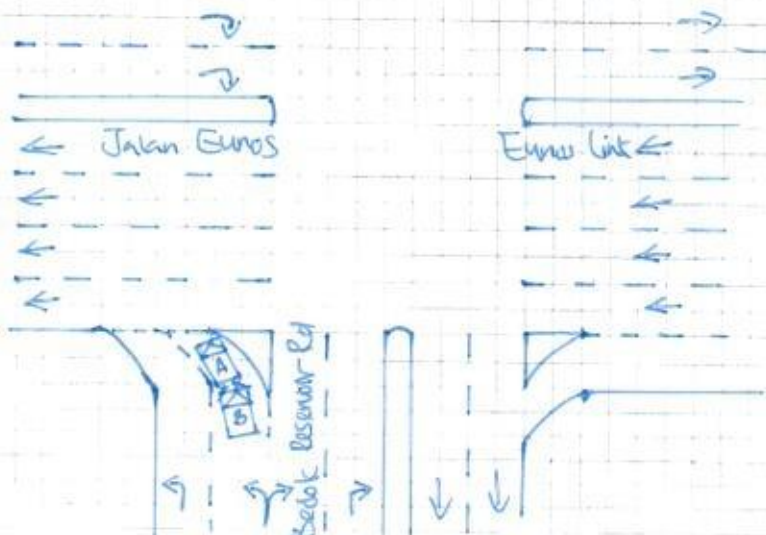


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Veh A: SGM8578X
Veh B: SEJ2434H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SGM8578X) traveling along Bedok Reservoir Road slip road to Jalan Eunos on right lane of a 2-lanes, road. Somewhere before stop line, I slowed down and stopped my vehicle for give way for the oncoming vehicle. Out of sudden, vehicle B (SEJ2434H) came from rear and collided onto the rear portion of my vehicle.

DECLARATION

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

2

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.:

Aurora Car Rental & Leasing Singapore Pte. Ltd.

10 Ubi Crescent #05-60 Ubi TechPark Lobby D Singapore 408564
Tel: 9022 9995 Fax: 6742 0221 UEN Registration No.: 201914185K

DATE: 01/06/2020

Vehicle Rental Agreement No : _____

Car Rental Agreement

Hirer Particulars

Name (as per NRIC) : TOH WEE MENG Driving Pass Date : 06/03/2004

NRIC : S82286186 Date of Birth : 21-09-1982 (DD/MM/YYYY)

Address : BLK 113 YISHUN ENG ROAD #09-469 3 (760113)

Tel Number : _____ Mobile Number : _____

Vehicle Description

Make / Model : TOTOTA VIOS 1.5 E (A) Vehicle Number : SGN 8578X
03/06/2020

Date of Collection : 01/06/2020 Date of Return : _____

Time of Collection : 1510hrs Time of Return : _____
1421hrs

Contract Period : 6 mths Insurance Excess \$3,000 + \$3,000 (SG) \$3,500 + \$3,500 (Malaysia)

Fuel % : _____



Payment

Rental Amount: \$1,050.00 (Per Week) Start From _____ To _____

Deposit : \$300.00 Total payment : \$1,350

Return Of Deposit To Hirer : _____ (Hirer Signature & Date)

Payment for the subsequent week rental is to be made on every _____ before 2359 hours and penalty of SGD \$20 will be imposed for every day of late payment, we will repossess the vehicles after 5days of default payment.

** Driver are responsible for return the car in the same condition (or better) than they received it. Please do not leave any trash, **excessive** dirt, sand, pet hair and pet odour smell etc in the vehicle. If the vehicle is excessively dirty upon return, you will be charged a **\$90.00 Cleaning Fee.**

AURORA CAR RENTAL & LEASING SINGAPORE PTE. LTD.

DBS Current Account: 072-009680-0.

Simon
Hirer Signature

Authorised Staff Signature

Motor Hire Car

MZ407

E SN

AN0008A

Cov. Type: T

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.

DMHCSNA00003462000

Engine No.: 1NZX489551

Cha. No.: MR053HY4204208074

1. Index Mark and Registration
Number of Vehicle

SGM8578X

2. Name of Policy Holder

AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD.

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

30/05/2020

Excess Sect. II

S\$2,000.00

Excess Sect. II (Outside Singapore).

S\$4,000.00

4. Date of Expiry of Insurance

29/05/2021

5. Persons or Classes of Persons entitled to drive*

Any employee or any person who is driving with the Policyholder's order or with their 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.*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(2) Use for social domestic pleasure purposes.

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 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: Ho Li Hwa Irene
Authorised Officer

Authorised Signatory

Vehicle No.	SGM8578X	Model / Make	Toyota Vios
Date of Accident	7/6/2020		
Time of Accident	1750	HRS	
Location of Accident	Along Bedok Reservoir Road Slip road to Jalan Eunos		
Exact purpose use during accident	Work		
Name of Owner	Aurora Car Rental & Leasing Singapore Pte Ltd		
Telephone No.	H/P :	Home :	Office :
NRIC	20914185K		
Address	10 Ubi Crescent Ubi Tech Park Lobby D #05-60 S (408564)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	Chua Taping		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMHCSNA 00003462000		
Name of Driver	As Above If No, Toh Wee Meng		
NRIC	S 822 8618G	Any Passengers :	-
Date of birth	21/9/1982		
Occupation	Outdoor	/	Indoor
Driving License Pass Date			
Gender	Male / Female		
Contact No.	H/P : 9435 5585	Home :	Office :
Address	BLK 38 Circuit Road #03-481 S (370028)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state HIRER	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Toh Wee Meng	94355585	
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SGJ 2434H	Any Passengers :	1
Name of Driver	Soo Yong Liang	Contact No. :	9247 9321
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Rear portion		
Camera Recorder	Yes / No		
Email Address	Dave 96156388 @ yahoo.com.sg		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Brandon		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales @ n51.com.sg		