

NATIONAL Assessment Centre Services. [wef 1 Jan 05] **NA 1200637**

Date In: <b>28/1/05-11:44</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA1200637</b>	SAS e-filing		
Veh No: <b>JKZ6638D</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>28/1/05-1635</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: **SKR 9635J** 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%. F: 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

NA 200378	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		Est Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Dat 1:	6) TR: Re-inspection \$75		
Dat 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N:in INC) against INC \$20		
	9) N12: Idac 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	28/07/2020 11:44
Date Of Accident	25/07/2020 16:35
Exact Location Of Accident	JUNC YISHUN CENTRAL & YISHUN CENTRAL SERVICE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ6638D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAMSTER CAR RENTAL PTE LTD
Co Reg No	2XXXXX175G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86089649
Alternative Phone No	OFFICE-86089649

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00004132000
Cover Note Number	

### Driver

Name of Driver	LO CHOON HONG EDDIE
NRIC No	SXXXX058A
Date Of Birth	18/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	30/01/1981
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97755612
Fax Number	
Contact Number	OFFICE-97755612
EMail Address	NOEMAIL

Address	BLK 327B SUMANG WALK #14-924
Postcode	822327
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?	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	SKR9635J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DAVION WANG SIN PHIEN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

### DETAILS OF INJURED PERSON 1

Name	LO CHOON HONG EDDIE
------	---------------------

Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKZ6638D
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.



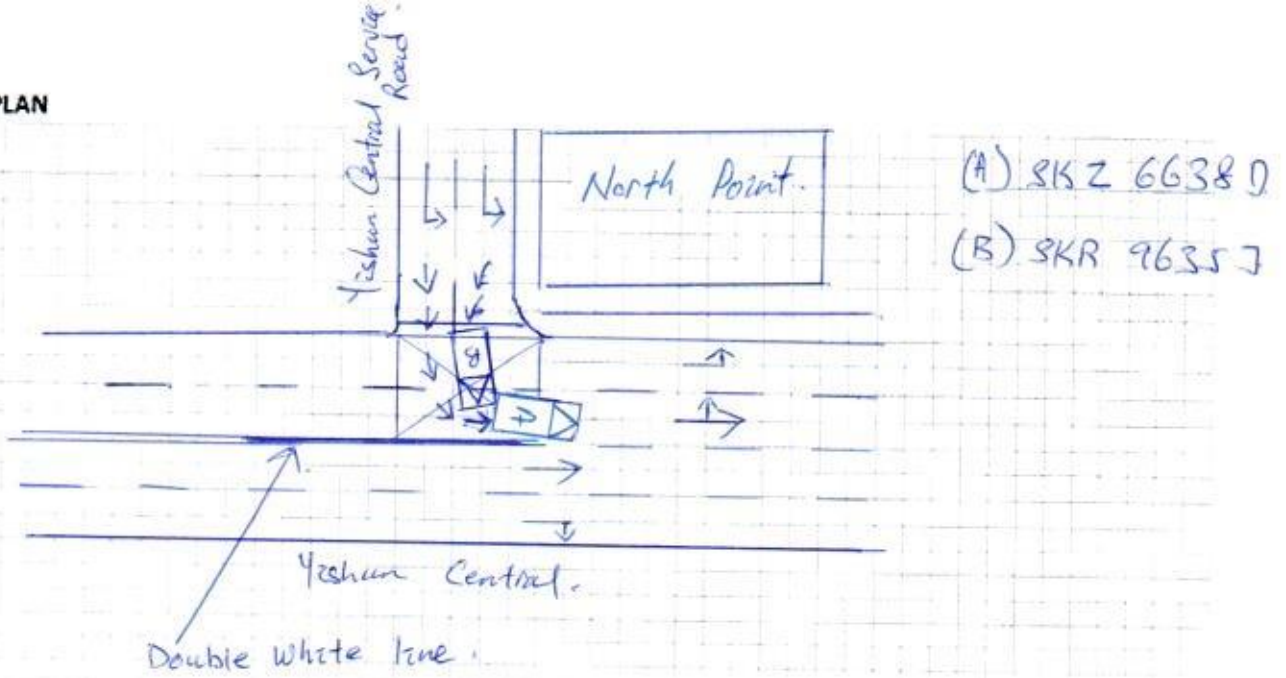
X

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**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 25/07/2020 at @ 1635 hrs. I was travelling in my vehicle along Yishun Central Service Road turning out to Yishun Central on the right lane. When the traffic light along Yishun Central turns red and the traffic filled up to the yellow box. ~~and~~ I checked clear and turn out to Yishun Central and stopped on second lane from the left. Suddenly, a car (SKR 9635 J) turning out from Yishun Central Service Road, from the left lane, collided onto the rear portion of my vehicle.

**DECLARATION**

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.:

<b>Vehicle No.</b>	SKZ 6638-D	Model / Make	Toyota Axio
Date of Accident	25/07/2020		
Time of Accident	1635 HRS		
Location of Accident	Yishun Central junction Yishun Central Service Road.		
Exact purpose use during accident	Chauffeur		
<b>Name of Owner</b>	Hamster Car Rental Pte Ltd.		
Telephone No.	H/P: 8608 9649	Home:	Office:
NRIC	2019171756		
Address	8 Burn Road #05-13 Trivex (S) 369977.		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	5110749922-000036		
<b>Name of Driver</b>	As Above If No, Lo Cheon Hong Eddie		
NRIC	S1583058A	Any Passengers:	N/A
Date of birth	18/10/1963		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	30/01/1981		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 9775 5612	Home:	Office:
Address	845 327B Sunang Walk #14-924 (S) 822327		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee, If no, state <u>owner</u>		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Lo Cheon Hong Eddie (H/P: 9775 5612)		
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
<b>Vehicle B No.</b>	SKR 9635-J	Any Passengers:	02 (1M) (1F)
Name of Driver	Daviton Wang Sin Phien		
<b>Vehicle C No.</b>		Any Passengers:	
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
Witness Name	N/A	Witness Contact:	N/A
Accident Portion	Rear Portion		
Camera Recorder	<u>Yes/No</u>		
Email Address	eddie103838@gmail.com		
<b>PARTICULAR WORKSHOP</b>	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JOSEPH TAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

Motor Hire Car

M2406UB

N SN

AN0214A

Cov. Type C

**CERTIFICATE OF INSURANCE**  
 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1990 (Malaysia)

CERTIFICATE No.	DMHCSNA00004132000	Engine No. ZNR0558293	
		Cha. No. NRE1610013571	
1. Index Mark and Registration Number of Vehicle	SKZ6638D	AUTOSAFE	*****
2. Name of Policy Holder	HAMSTER CAR RENTAL PTE. LTD.		
3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment	27/08/2020	Excess Sect. I	\$52,000.00
		Excess Sect. I (Outside Singapore)	\$51,500.00
		Excess Sect. II	\$52,000.00
4. Date of Expiry of Insurance	26/06/2021	Excess Sect. II (Outside Singapore)	\$51,500.00
		EX ON WINDSCREEN	\$5100.00

**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. - DBS BANK LTD AS HP OWNER

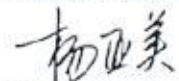
\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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: Chua Suet Lay Sally  
 Authorised Officer



Authorised Signatory