

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MANU 065071**

Date In: <b>3/8/12 - 12/12</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/072/2007942/14</b>	SAS e-filing		
Veh No: <b>5MF137D</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>18/12 - 12/12</b>	i-Motor Claim Form		
OD: <b>TP / Reporting Only</b>	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: **5MM78457**

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


**MANU 065071**

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Date 1:

Date 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idao DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 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	03/08/2020 12:10
Date Of Accident	01/08/2020 13:20
Exact Location Of Accident	KEPPEL RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMF137D
Insured/Policyholder	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96253682
Alternative Phone No	OFFICE-96253682
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNA00001942000
Cover Note Number	
Driver	
Name of Driver	TAN KOON SAN
NRIC No	SXXXX021Z
Date Of Birth	09/02/1966
Occupation	OUTDOOR
Date Of Driving Pass	04/12/2003
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88771129
Fax Number	
Contact Number	OFFICE-88771129
Email Address	NOEMAIL

Address	BLK 445 CHOA CHU KANG AVENUE 4 #04-315
Postcode	680445
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	- - -
<b>General Information of the Accident</b>	
Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY
<b>Other Information</b>	
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE
<b>Details of Police Action</b>	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
<b>Circumstances of Accident</b>	
REFER TO POLICE REPORT - T/20200803/2009.	
<b>Attachment(s)</b>	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO
<b>DETAILS OF OTHER VEHICLE PROPERTY 1</b>	
Vehicle Registration Number	SMM7825T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93669397

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

TAN KOON SAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMF137D

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.

Policyholder's Signature  
Date & Time:

11/5/20

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

11/5/20

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

11/5/20

# SKETCH PLAN

A SM71370  
B SM71257

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight, SM71257 hit my back.

## DECLARATION

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

Policyholder's Signature

Date & Time:

18/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

18/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Date of Accident : 1/8/2020 Accident Time: 1320 (24-HR-FORMAT)  
 Accident Place : Keppel Road  
 Vehicle Reg. No (Car plate No.) : SMF1370 Vehicle Make/Model: Honda Vezel  
 Insurance Company : China Taiping Policy No. DMHCSNA00001942000  
 Name of Registered Owner : Company / Individual Asia Express Car rental Pte Ltd  
 ID of Registered Owner : Co Reg No: 2011165820 Owner's NRIC No: \_\_\_\_\_  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: 96258612  
 DRIVER'S Name : Tan Koon San DRIVER'S NRIC No: S17396212  
 DRIVER'S Date of Birth : 9/2/1966 DRIVER'S License Pass Date 4/12/2009  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver  
 DRIVER'S Address : BLK 541 Bukit Batok St 52 # 04-523 S650591  
 DRIVER'S Contact No./ Alt No. : 1) ~~88771129~~ 2) 88771129  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : peijie@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 / 1 female  
 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: <u>SMH7425T</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: <u>93669397</u>	DRIVER'S Contact & add: _____



# SINGAPORE POLICE FORCE



T/20200803/2009

1 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20200803/2009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/08/2020 10:10	Vide Report No.:	Station Diary No.: 46
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<b>Informant's Particulars</b>			
Name of Informant: TAN KOON SAN		Address: APT BLK 445 CHOA CHU KANG AVENUE 4 #04-315 SINGAPORE 680445	
ID Type / ID No.: NRIC NO / S1739021Z		Contact No.: Home/Office: Mobile: 88771129	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 09/02/1966	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/08/2020 01:20	Type of Location: Straight Road
Location: Along Road 1 KEPPEL ROAD  Keppel Road Traffic Light towards Anson Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMF137D	Car		Honda Vezel		Slightly Damaged	1
SMM7825T	Car		Hyundai		No Damage	2





**SINGAPORE  
POLICE FORCE**



T/20200803/2009

2 of 3

Report No. T/20200803/2009

Police Station Of Origin:

Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

**CONTINUATION OF REPORT**

**Brief Details.**

On 01/08/2020 at around 1320hrs, while driving Grab fetching one passenger from Pasir Panjang to Suntec City, while stopping my vehicle (Plate No: SMF137D, Model: Honda Vezel, Color: Silver) before the traffic light as it was red light at that moment. I then felt a impact at rear of my vehicle. Thereafter, I came out of my vehicle to make a check and saw another vehicle (Plate No. SMM7825T, Model: Hyundai Avante, Color: Grey) knocked onto the rear of my vehicle causing a dent on my rear bumper. Subsequently, we then exchanged particulars, opposite parties (Name: Kelvin, H/P: 93669397).

On 01/08/2020 at around 1800hrs, I then felt a sharp pain at my right shoulder, however I did not consult a doctor as I thought as it was not serious.

On 03/08/2020 at 0845hrs, I then felt an unbearable pain on my right shoulder, therefore, I then consulted a doctor at Harmony Family Clinic located Choa Chu Kang Central and Medical Certificate was issued to me from 03/08/2020 to 09/08/2020.

I would like to state that my colleague from Grab had asked me to lodge a road traffic accident report, therefore, I am making this report for my own follow-up with my grab company and my issuance company.





**SINGAPORE  
POLICE FORCE**



T/20200803/2009

3 of 3

Report No. T/20200803/2009


Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

**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: J / SC2 ONG YI REN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/08/2020 10:10
Officer In Charge Of Case: TP / AEIT /  Contact No.:	Classification Of Case:
Authentication Stamp NP168	



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

Favordrive Car Rental  
82 Geylang Lor 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: Tan Koon San**  
**Nric No: S1739021Z**  
Having his residential address at: Blk 541 Bukit Batok St 52  
#04-523, Singapore 650541  
**Tel. (Residential) : 8717 6519**  
**Next of Kin Contact : 8877 1129**  
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: -

### **VEHICLE AND LEASE PERIOD**

Make & Model: Honda Vezel
Registration No: SMF137D
Effective from : 10/02/2020 - 10/02/2021
Period : 12 Months Contract

[The Owner's Initial & Stamps]



The Hirer and/or Additional Hirer Initial & Stamps  
10-Feb-2020

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.

DMHCSNA00001942000

Engine No.: LEB5968971

Cha. No.:RU31268952

1. Index Mark and Registration  
Number of Vehicle

SMF137D

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

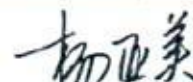
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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



Authorised Signatory