

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA 12071301

Date In: 24/8/2-14:36	Job description	Date & Time Completed	Done by
Ref No: HA/14C2009148724	SAS e-filing		
Veh No: SKA 1424E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/8/2-11:15	i-Motor Claim Form	M7/110168-001	24/8/2 14:46
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: SKA 1424E	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:-	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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	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 : Idno 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		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idno Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Sat. 1:

Sat. 2 / 3:



## 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	29/08/2020 14:36
Date Of Accident	29/08/2020 11:15
Exact Location Of Accident	PIE TWDS CHANGI BEFORE LORNIE RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA1429E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KS LEASING
Co Reg No	5XXXX173J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97908632
Alternative Phone No	OFFICE-97908632

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5116909182
Cover Note Number	

### Driver

Name of Driver	OO ER MENG
NRIC No	SXXXX453I
Date Of Birth	09/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1989
Driving Experience	31 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91819657
Fax Number	
Contact Number	OFFICE-91819657
Email Address	NOEMAIL

Address	BLK 642 JURONG WEST STREET 61 #02-62
Postcode	640642
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	RAINING
Road Surface	WET

#### 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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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	SLL4303U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TANG WEI PING
NRIC/Passport Number	SXXXX851B
Contact Number	94879904
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

OO ER MENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKA1429E

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:

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

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

# SKETCH PLAN

A = SKA1429E

B = SL 4303U



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE twds Changi before Lornie Rd after Speed camera on 29.08.2020 @ 1115 hours. Vehicle in front of me brake and I brake in time. Out of sudden, vehicle B hit on to 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.:



VEHICLE NO SKA 1429E MAKE & MODEL Toyota Altis  
DATE OF ACCIDENT 29/08/2020 TIME OF ACCIDENT 1115 AM / PM  
LOCATION OF ACCIDENT PIE twds Changi before Lornie Rd Exit After Speed camera

### OWNER DETAILS

NAME OF OWNER KS Leasing  
NRIC / ROC 53367173J  
CONTACT NO. 9790 8632  
CLAIM TYPE OD / THIRD PARTY / REPORTING ONLY  
INSURANCE CO. NTUC  
TYPE OF COVERAGE COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
POLICY NO. 5116909182

### DRIVER DETAIL

NAME OF DRIVER Oo Er meng ANY PASSENGERS: 1 pax  
NRIC S1350453I Grab passenger  
DATE OF BIRTH 09/02/1959  
OCCUPATION OUTDOOR / INDOOR / BOTH  
DATE OF DRIVING PASS 29/06/1989  
GENDER MALE / FEMALE  
CONTACT NO. 91819657 OFFICE HOME  
ADDRESS Blk 642 Jurong West Street 61 #02-62 S (640642)  
DRIVER HAVE ANY OWN VEHICLE NO / IF YES: REG NO.  
RELATIONSHIP EMPLOYEE / IF NO: Hirer  
WEATHER CONDITION CLEAR / RAINING / OTHER:  
ROAD SURFACE DRY / WET / OTHER:

ANY INJURY NO / IF YES: WHO? 1. Oo Er meng  
2.  
3.  
4.

POLICE REPORT NO / IF YES: WHERE?

VEHICLE B SLL 4303U ANY PASSENGER: Unknown  
NAME Tang Wei Ping (S 7101851B)  
CONTACT 9487 9904  
VEHICLE C ANY PASSENGER:  
VEHICLE D ANY PASSENGER:  
VEHICLE E ANY PASSENGER:  
VEHICLE F ANY PASSENGER:

ANY WITNESS

CONTACT NO

Have you been approach by unknown person(s) soliciting/offering accident claims assistance YES / NO

PARTICULAR WORKSHOP

huameng@live.com.sg

CONTACT PERSON

TEL

FAX





ROB No: 53367173J  
Contact: 9387 4964  
Email: kelvinsimbs@gmail.com

## RENTAL AGREEMENT

This Car Rental Agreement ("Agreement") is made and entered into as of 01 Apr 2020, between KS Leasing, with an address of Blk 470A UPPER SERANGOON CRESCENT #08-310 S'PORE 531470 ("Owner"), and OO ER MENG with an address of BLK 642 JURONG WEST STREET 61 #02-62 S'PORE 640642 ("Hirer"). Owner and Hirer may also be referred to as "Party" in the singular and "Parties" in the plural.

**This Agreement is subject to the following terms and conditions:**

### **Hirer**

The Hirer holds a valid Singapore driver license (License No. S1350453I) for at least One (1) year. The Hirer has entered into a service agreement with Grab to provide certain services, including picking up Grab's customers and driving them to their specified destinations ("**Services**")

### **Rental Vehicle**

Owner hereby agrees to rent to Hirer the following vehicle ("Vehicle"):

Make: Toyota                      Model: COROLLA ALTIS 1.6 A  
Vehicle No: SKA 1429E        Date of Reg: 25 JAN 2011

### **Rental Period**

Owner agrees to rent Vehicle to Hirer for the following period:

Start Date: 01 APR 2020    End Date: 31 MAR 2021

The Parties agrees that this Agreement terminates upon the End Date specified above. Notwithstanding anything to the contrary in this Agreement or any Exhibits, either Party may terminate this Agreement prior to the End Date with at least thirty (30) day notice. If this Agreement is terminated prior to the End Date, the Parties will work together to determine whether a refund of Rental Fees is necessary.

### **Rental Fees**

The Hirer hereby agrees to pay the Owner for use of the Vehicle as follows:

Fees: \$50 per day.

Deposit: \$500. Owner shall retain this deposit to be used, in the event of loss of or damage to the Vehicle during the term of this Agreement, to defray fully or partially the cost of necessary repairs or replacement. In the absence of damage or loss, said deposit shall be credited toward payment of the rental fee and any excess shall be returned to the Hirer.

IN WITNESS WHEREOF, the Parties have signed this Agreement as of the day and year first above written.

### **THE COMPANY**



Signed by on behalf of KS LEASING  
Name: SIM BOON SIONG  
NRIC No. S7641762H

### **Hirer**

Sign by Hirer  
Name: OO ER MENG  
NRIC No: S1350453I



## 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:** 5116909182

**Cover :** Third Party

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SKA1429E          |
| Chassis Number  | : MR053REE104111145 |
| 2. Name of Policyholder   | : KS LEASING        |
| 3. Effective Date of Insurance  | : 24 Mar 2020       |
| 4. Expiry Date of Insurance   | : 24 Jan 2021       |
| 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 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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)  
 Date of Issue : 25 Mar 2020 12:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive