

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MDANW089108

Date In: 17/10/20 - 14:49	Job description	Date & Time Completed	Done by
Ref No: NAK72200987/24	SAS e-filing		
Veh No: 5JH63JR	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/10/20 - 14:49	i-Motor Claim Form		
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: 5JH63JR	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

16205451	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) 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)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac 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	12/10/2020 14:49
Date Of Accident	08/10/2020 11:55
Exact Location Of Accident	PIE TWDS TUAS AFTER TOA PAYOH FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG9280T
Insured/Policyholder	
Name Of Registered Owner	UGK RENTAL & TRANSPORT SERVICE PTE LTD
Co Reg No	2XXXXX020D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91448897
Alternative Phone No	OFFICE-91448897

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8XE A
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00004042000
Cover Note Number	

Driver

Name of Driver	NORFAIZAL BIN KAMIS
NRIC No	SXXXX245C
Date Of Birth	08/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2006
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91448897
Fax Number	
Contact Number	OFFICE-91448897
EEmail Address	NOEMAIL

Address	BLK 429B YISHUN AVENUE 11 #09-366
Postcode	762429
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201008/2137.

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	SJM6315R
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKP6291Y

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)

DETAILS OF INJURED PERSON 1

Name NORFAIZAL BIN KAMIS

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJG9280T

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:

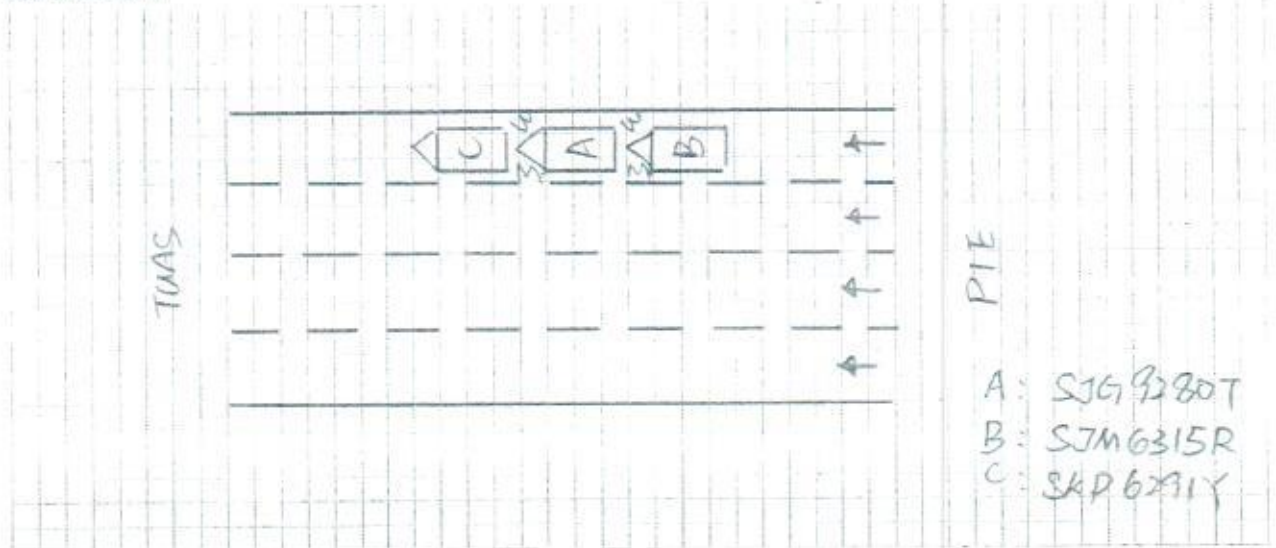
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF. TO POLICE REPORT T/2022008/2137

(A) SJG 9280T


(B) SJM 6315R

(C) SKP 6291Y

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 08-Oct-2020

ACCIDENT TIME: 1155hrs

LOCATION: PIE TWDS TUAS AFTER TOA PAYOH FLYOVER

VEHICLE NUMBER: SJG9280T

INSURED NAME: UGK RENTAL & TRANSPORT

NRIC / FIN: 201804020D

CONTACT: 91448897

MAKE: TOYOTA

MODEL: WISH 1.8XE A

Are you claiming under your own insurance policy for repair to your vehicle?

() Yes, If No, Pls Select: (☒) Third Party () Reporting Only

INSURANCE COMPANY: CHINA TAIPING

TYPE OF POLICY: Comprehensive

POLICY NUMBER: DMHCSNA0000042000

EXPIRY DATE: 17-Jun-2021

NAME DRIVER: NORFAIZAL BIN KAMIS

NRIC / FIN: S8514245C

CONTACT: 91448897

DATE OF BIRTH: 08-May-1985

DRIVING PASS DATE: 18-Apr-2006

OCCUPATION: Outdoor

GENDER: Male

EMAIL ADDRESS:

ADDRESS OF DRIVER: 429B YISHUN AVENUE 11 #09-366 ORCHID SPRING @ YISHUN SINGAPORE 762429

Relationship Of The Driver With The Insured: PHVC

Number Of Passenger Include Driver: 1 Driver

NAME	NRIC/FIN/BC	GENDER	INJURED
NORFAIZAL BIN KAMIS	S8514245C	Male	<input checked="" type="checkbox"/>

INJURY DETAILS: 1 Driver, 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? Yes

Police Report Number:

T/20201008/2137

Details Of 3rd Party	Name	NRIC	Contact	No.of Paxs(incl' driver)
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Veh B SJM6315R				Not Sure
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Veh C SKP6291Y				Not Sure
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**SINGAPORE
POLICE FORCE**



T/20201008/2137

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 4

Report No. T/20201008/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2020 22:11	Vide Report No.:	Station Diary No.: 138
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Informant's Particulars

Name of Informant: NORFAIZAL BIN KAMIS			Address: APT BLK 429B YISHUN AVENUE 11 #09-366 SINGAPORE 762429		
ID Type / ID No.: NRIC NO / S8514245C			Contact No.: Home/Office: Mobile: 91448897		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 08/05/1985	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/10/2020 11:50	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
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
SJG9280T	Car	TOYOTA	Wish	Silver	Seriously Damaged	0
SJM6315R	Car			Black		1
SKP6291Y	Car	MERCEDES BENZ		Yellow		0



**SINGAPORE
POLICE FORCE**



T/20201008/2137

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20201008/2137

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NORFAIZAL BIN KAMIS	ID No.	S8514245C
Related Vehicle	SJG9280T (Car)	Contact No.	91448897
Hospital/Clinic	COUNTRYSIDE CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/10/2020	Date Discharge	08/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Male Malay in his 30s	ID No.	NIL
Related Vehicle	SJM6315R (Car)	Contact No.	88734935
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Male Chinese in his 40s	ID No.	NIL
Related Vehicle	SKP6291Y (Car)	Contact No.	97462563
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/10/2020 at 1150hrs, I was driving my rental car, a silver Toyota Wish bearing plate number SJG9280T, along PIE Tuas after Toa Payoh Flyover. My car was rented from a car rental company - Auto Imperial Pte Ltd. Whilst I was driving on the 1st lane at the said location, the traffic was very heavy. I slowed down my speed and the car (SJM6315R - black unknown brand car) hit the rear of my car causing me to inch forward and hit the front of the car (yellow Mercedes- SKP6291Y).

Due to the accident, I sustained some discomfort on my neck area. There was no one injured during the accident. No police and ambulance were called in. We exchanged plate numbers and left the scene.

I went to seek medical treatment at Countryside Clinic & Surgery located at Blk 106 Yishun #01-189.



**SINGAPORE
POLICE FORCE**



T/20201008/2137

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20201008/2137

CONTINUATION OF REPORT

I was given 3 days of MC for neck strain. I have in-vehicle camera installed in my car but unsure if it had recorded the accident. My car is now in the workshop.



SINGAPORE
POLICE FORCE



T/20201008/2137

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20201008/2137

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

L /

Staff Sgt FRANCIS PEH JIAN HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/10/2020 22:11

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force

VEHICLE LEASE AGREEMENT

This **VEHICLE LEASE AGREEMENT** (hereinafter referred to as "The Agreement" is made on the **12 JUNE 2020** between **UGK RENTAL & TRANSPORT SERVICE PTE LTD, ROC NO: 201804020D**

Having its registered office at:
22 SIN MING LANE, #06-76 MIDVIEW CITY SINGAPORE 573969
Singapore 169075

Hereinafter referred to as "The Owner" of the one part

Name	MR NORFAIZAL BIN KAMIS
NRIC	S8514245C
ADDRESS	APT BLK 590B MONTREAL LINK #10-47 S752590
TEL	91448897
EMAIL	

Hereinafter also known as the "The Hirer" of the other part

Hereby agrees that The Owner will lease to The Hirer the vehicle with the below details, hereinafter referred to as "The Vehicle" with the terms & conditions set out in The Agreement contained herein: -

1. **DESCRIPTION OF VEHICLE**

MAKE & MODEL	TOYOTA WISH 1.8XE A
REGISTRATION NO	SJG9280T
VIN	ZNE100410122
PAINT COLOUR	GREY
PRESENT MILEAGE	

2. **LEASE PERIOD**

PERIOD	
EFFECTIVE FROM	12 JUNE to 11 DECEMBER 2020

3. **RENTAL FEE**

- a) The rental fee is hereby agreed between both parties as **S\$315 / WEEK** during the lease period stated above.
The rental fee shall include: -
- i) Unlimited mileage;
 - ii) Road Tax
 - iii) Motor Insurance Coverage (Excess applicable);
 - iv) 24-hours breakdown and emergency service (In Singapore only);
- b) Without prejudice to the Owner's other rights, the Hirer will be liable to pay an administrative fee of S\$50.00 or higher, if the Rental Fee and/or other payment(s) remain(s) unpaid for more than **seven (7) calendar days from due date on the invoice(s)**. Thereafter, the Owner at its sole discretion, will reserve all rights to re-possess The Vehicle by way of lodging a lost vehicle report with the police and/or activation of a vehicle re-possession team to retrieve the vehicle. Consequentially, the Hirer will be deemed to have breached The Agreement rendering it null & void, including the forfeiture of security deposit that has been withheld by The Owner, and will also be liable to reimburse to The Owner the cost of re-possessing the vehicle, all outstanding Amount in arrears and all other obligations to the Owner under The Agreement.

[The Owner's Initial & Stamp]



Page 1 of 5

[The Hirer's Initial & Stamp]

SECURITY DEPOSIT



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZA07

N SN

BN0007A

Cov. Type:C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1998 (Malaysia)

CERTIFICATE No.

DMHCSNA00004042000

Engine No.: 1ZZ3104379

Chs. No.: ZNE100410122

1. Index Mark and Registration
Number of Vehicle

SJQ9280T

AUTOSAFE

2. Name of Policy Holder

UGK RENTAL & TRANSPORT SERVICE PTE. LTD

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

18/06/2020
(12:03:00)

Excess Sect I . \$52,500.00

Excess Sect. I (Outside Singapore) \$35,000.00

Excess Sect. II \$52,500.00

4. Date of Expiry of Insurance

17/06/2021

Excess Sect.II (Outside Singapore). \$35,000.00

EX ON WINDSCREEN . \$5100.00

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 98 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:

Tan Jia Hwei

Authorized Officer

Authorized Signatory