

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MNA120092612

Date In: 22/10/22-14:54	Job description	Date & Time Completed	Done by
Ref No: 10/11/12011494/24	SAS e-filing		
Veh No: 5604135E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 22/10/22-07:40	i-Motor Claim Form	27/11/24-02	22/10/22-15:06
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: SMS 762X	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

1A205799	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) 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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*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 (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
at 1:	Invoice dated	Fee Charged	
at 2/3:	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	22/10/2020 14:54
Date Of Accident	22/10/2020 07:40
Exact Location Of Accident	AYE TWDS TUAS AFTER SOUTH BUONA VISTA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD4135E
Insured/Policyholder	
Name Of Registered Owner	WJ CAR RENTAL PTE LTD
Co Reg No	2XXXXX284H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114559335
Cover Note Number	

Driver

Name of Driver	TEH SWEE HONG
NRIC No	SXXXX578F
Date Of Birth	20/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2002
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93878982
Fax Number	
Contact Number	OFFICE-93878982
EEmail Address	NOEMAIL

Address	BLK 987B BUANGKOK GREEN #09-23
Postcode	532987
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	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	7
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	SMS7062X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FAM POH FOONG
NRIC/Passport Number	
Contact Number	96722015
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLK9807E
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 3

Vehicle Registration Number SMC5032E
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 4

Vehicle Registration Number SKK3591C
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 5

Vehicle Registration Number SJW5494U
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 6

Vehicle Registration Number

SJQ9642E

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

TEH SWEE HONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLD4135E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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.

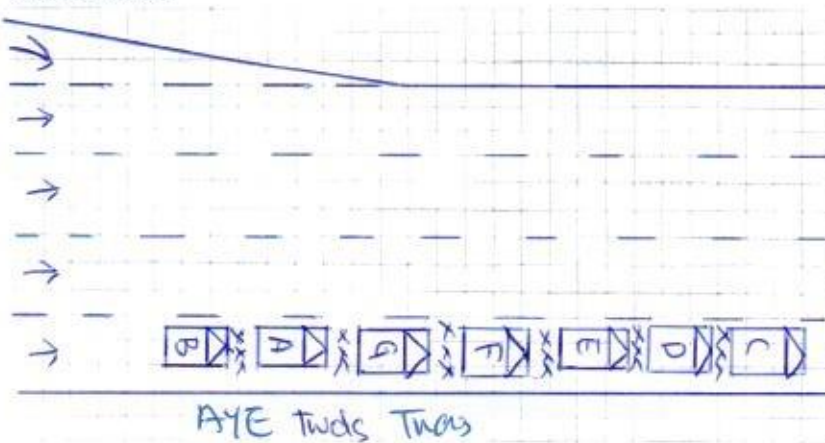


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Veh A: SLD4135E
 Veh B: SMS7062X
 Veh C: SLK9807E
 Veh D: SMC5032E
 Veh E: SKK3591C
 Veh F: SJW5494U
 Veh G: SJQ9642E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle AC SLD4135E traveling along AYE twds Tuas on lane 1 of 4-lanes, Expressway. Somewhere after South Bona Vista Road exit, Vehicle G (SJQ9642E) ahead slowed down & stopped due to the heavy traffic flow. As such, I applied brake and stopped completely behind vehicle G. Out of sudden, vehicle B (SMS7062X) came from and collided onto the rear portion of my vehicle. Due to the impact, my vehicle surged forward and collided onto the rear portion of vehicle G. After accident, I alighted and realised I was involved in a 7 car chain accident. The first vehicle SLK9807E, following SMC5032E, SKK3591C, SJW5494U

DECLARATION

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

8

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.:

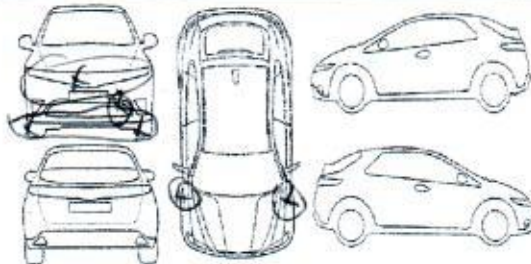
Vehicle No.	SLD4135E	Model / Make	Honda Vezel
Date of Accident	22/10/2020		
Time of Accident	0740	HRS	
Location of Accident	Along AYE towards Tuas after South Buona Vista Road		
Exact purpose use during accident	Work		
Name of Owner	WJ Car Rental Pte Ltd		
Telephone No.	H/P :	Home :	Office :
NRIC	2016079702		
Address	6001 Beach Road #08-06 S(199599)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTAC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5114559335-000008		
Name of Driver	As Above If No, Teh Swee Hong		
NRIC	87309578F	Any Passengers :	1 (m)
Date of birth	20/3/1973		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	11/4/2002		
Gender	Male	/	Female
Contact No.	H/P : 9387 8982	Home :	Office :
Address	BLK 987 B Bangkok Green #09-23 S(532987)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Hiree	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Teh Swee Hong 93878982		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	8MS7062X	Any Passengers :	
Name of Driver	Fam Poh Poang	Contact No. :	96722015
Vehicle C No.	SLK 9807E	Any Passengers :	
Vehicle D No.	SMC 5032B	Any Passengers :	
Vehicle E no.	SKK 3591C	Any Passengers :	
Vehicle F No.	SJW 5494U	Any Passengers :	
Vehicle G No.	SJQ 9642E	Any Passengers :	
Witness Name	Witness Contact :		
Accident Portion	Front & rear portion		
Camera Recorder	Yes / (No)		
Email Address	kelvinteh0923@gmail.com		
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		

VEHICLE RENTAL AGREEMENT

(Owner)	Name: WJ Car Rental Pte Ltd Address: 6001 Beach Road Golden Mile Tower #08-06 Singapore 199589	ROC No.: 201607970Z
(Hirer)	Name: TEH SWEE HONG Address: APT BLK 987B BUANGKOK GREEN #09-23 Singapore 532987	DOB: 23-03-1973 NRIC: S7309578F Contact No.: 93878982
(Relief Driver)	Name: Address:	DOB: NRIC: Contact No.:

DESCRIPTION OF VEHICLE ("The Vehicle")

Make/ Model: HONDA VEZEL Chassis/ Engine No.:	Vehicle Registration No.: SLD4135E
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RENTAL PAYMENT DETAILS

Contract Date: 26-06-2020

1. Commencement Date: 26-06-2020	
2. Period of Hirer: From 26-06-2020 to 26-09-2020	<i>Taken car at 16:30 mduw</i>
3. Rental Payment of SGD \$ 310.00 \$350 (The Rental) for period 92 DAYS due on the Monday of Each Week (payable in advance) ("Due Date"). Late Payment will be charged at \$50 for each and every payment due.	
4. The Hirer shall upon signing The Agreement, pay to the owner a security deposit amount of \$300 (hereinafter referred to as "The Deposit")	

PURPOSE OF RENTING VEHICLE (Please tick the following :)

<input type="checkbox"/>	Personal Usage
<input checked="" type="checkbox"/>	Private Hire Usage
<input type="checkbox"/>	Leasing & Others (Please Specify):

The Owner's Signature	Date	The Hirer's Signature
	26-06-2020	

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: 5114559335-000008

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLD4135E**
Chassis Number : RU11112970
2. Name of Policyholder : WJ CAR RENTAL PTE. LTD.
3. Effective Date of Insurance : 22 Jan 2020
4. Expiry Date of Insurance : 21 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS




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 : HAMILTON AUTOHUB PTE. LTD. (00000573281)

Date of Issue : 10 Jan 2020 16:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive