

# NATIONAL Assessment Centre Services.

[wef 1 Jan'09]

MHAD-097196

Date In: 4/11/20-11:26	Job description	Date & Time Completed	Done by
Ref No: NA/INC 201249/24	SAS e-filing		
Veh No: SUR7048E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/10/20 15:00	i-Motor Claim Form	4/11/20 11:39	
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: JK8269SR	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 20612	Invoice Preparation Checklist	Amr (\$)	Amr (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	fit Bill	Add Bill
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
Pat 1:	9) N12: Idao Mobile 30		
Pat 2 / 3:	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	04/11/2020 11:26
Date Of Accident	31/10/2020 15:00
Exact Location Of Accident	PIE TWDS CHANGI BEFORE KPE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7048E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BENEFIT AUTO
Co Reg No	5XXXX670E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110923222-01
Cover Note Number	

### Driver

Name of Driver	TAN MENG HUI
NRIC No	SXXXX412G
Date Of Birth	29/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	04/10/2010
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88131328
Fax Number	
Contact Number	OFFICE-88131328
Email Address	NOEMAIL

Address	BLK 156 MEI LING STREET #08-261
Postcode	140156
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	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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPROT - T/20201031/7030.

#### 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	SKB2695R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHANG MEIQI
NRIC/Passport Number	
Contact Number	88268262
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

**DETAILS OF INJURED PERSON 1**

Name

TAN MENG HUI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLR7048E

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.

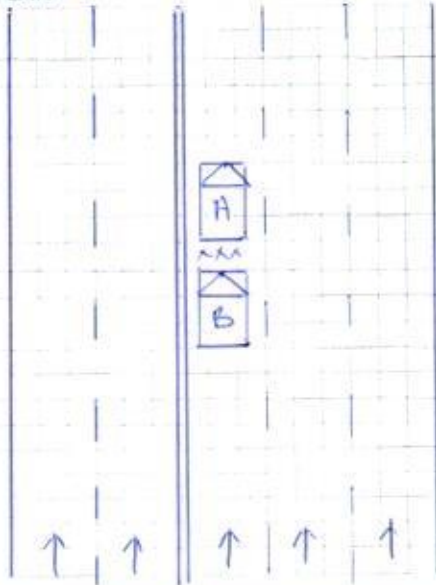


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



PIE Tnds Chngi

Veh A: SLR7048E  
Veh B: SKD269SR

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report NO: T/20201031/7030

## DECLARATION

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

2

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>	SLR7048E	Model / Make	Honda Vezel
Date of Accident	31/10/2020		
Time of Accident	1500	HRS	
Location of Accident	Along PIE towards Changi before KPE exit		
Exact purpose use during accident	Private use		
<b>Name of Owner</b>	Benefit Auto		
Telephone No.	H/P :	Home :	Office :
NRIC	53121670E		
Address	2 Sims Close #01-08 S(387298)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5110923222-01-000019		
<b>Name of Driver</b>	As Above If No, Tan Meng Hui		
NRIC	S8438412G	Any Passengers : -	
Date of birth	29/11/1984		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	4/10/2010		
Gender	Male	/	Female
Contact No.	H/P : 88131328	Home :	Office :
Address	BLK 156 Mei Ling Street #08-261 S(140156)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state Hirer	
Weather condition	Clear	Raining	Other Drizzling
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Tan Meng Hui	88131328	
Name And Contact No.			
Police Report	No,	If Yes, Where? Traffic police	
<b>Vehicle B No.</b>	SK82695R	Any Passengers : 1	
Name of Driver	Zhang Mei Qi	Contact No. : 88268262	
<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		Witness Contact :	
<b>Accident Portion</b>	Rear portion		
Camera Recorder	Yes / No		
Email Address	mingming.ming2911@gmail.com		
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Brandon		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		





# SINGAPORE POLICE FORCE



T/20201031/7030

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20201031/7030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/10/2020 17:48		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN MENG HUI			Address: 156 MEI LING STREET #08-261 SINGAPORE 140156		
ID Type / ID No.: NRIC NO / S8438412G			Contact No.: Home/Office: Mobile: 88131328		
Nationality: SINGAPORE CITIZEN			Email: mingmingming2911@gmail.com		
Sex: Male	Age: 35	Date of Birth: 29/11/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/10/2020 15:00	Type of Location: Flyover
Location:  PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKB2695R	Car					0
SLR7048E	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





# SINGAPORE POLICE FORCE



T/20201031/7030

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201031/7030

**CONTINUATION OF REPORT**

Driver			
Name	TAN MENG HUI	ID No.	S8438412G
Related Vehicle	SLR7048E (Car)	Contact No.	88131328
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	31/10/2020	Date	31/10/2020
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

towards PIE changi airport and a car SKB2695R collided onto the rear of the car i am driving le brake along the road towards east. It happened on the 3rd lane of the road of the expressway. I came down after the collision. I took photos as well for the damages of the car caused. We both drivers exchange particulars and agreed to insurance claim. I felt unwell and visited 24 hrs clinic for my pain on my back and neck. The doctor gave me 3 days of medical leave.



**SINGAPORE  
POLICE FORCE**



T/20201031/7030

3 of 3

Report No. T/20201031/7030

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
31/10/2020 17:48

Classification Of Case:



**BENEFIT AUTO**

ROC: 53121670E

OCBC CURRENT : 588-000604-001

PAY NOW UEN : 53121670E

61 Ubi Ave 2, Automobile Megamart, #05-04 Singapore 408898  
CHEW 9060 3343 / MARK 9832 5030 / TEO 9107 6963**VEHICLE RENTAL & LEASING AGREEMENT**

Hirer's Name: <b>TAN MENG HUI</b>	
NRIC No: <b>884384126</b>	Hirer's Contact No: <b>88131328</b>
License Pass Date: <b>04 OCT 2010</b>	Next of Kin Name & Contact No (In Case of Emergency): <b>MOTHER 8823 2355</b>
Address: <b>BLK 156 MEI LING STREET #08-261</b> (Singapore <b>140156</b> )	
Occupation / Office Address (Singapore)	
Vehicle Reg No: <b>SLR 7048E</b>	Make & Model: <b>HONDA VEZEL HYBRID</b>
Start Date: <b>13 JUN 2020</b>	End Date: <b>1 MONTH</b>
Handover Time:	Handover Time:
Rental Per Day/Week/Month: <b>\$420</b>	Deposit: <b>\$300</b>
Add Driver:	NRIC No:
License Pass Date:	Contact No:
Address: (Singapore)	
Remarks: <b>PHASE 1 - \$340</b> * PAYMENT ON EVERY SUNDAY <b>PHASE 2 - \$380</b> <b>PHASE 3 - \$420</b>	

1. In the event Hirer decides to terminate the contract before the contract end date, deposit will NOT BE REFUNDED, ADDITIONAL PENALTY will be enforced upon 50% of the remaining outstanding rental.
2. In the event Hirer decided to cancel a reservation whereby a booking deposit is already been placed, there shall be NO REFUND on the deposit collected. Strictly no refund after deposit.
3. Failing to inform us of any existing scratches, dents & faults(if any) within 30 minutes after the collection of the vehicle, repair charges will incur when the vehicle is returned.
4. In the event that rental payment is not paid on expected date and result in towing of the rental or leased vehicle, charges of towing fee, lost of key charges, vehicle repair charges, admin fee etc will be borne by the Hirer. Therefore all belonging left in the vehicle will be discarded.
- Benefit Auto shall at no time be liable for the loss of belongings left in the vehicle.
5. Late payment of \$10 will be imposed per day due to any reasons if rental not received on rental due date.
6. Upon signing the contract, Hirer will be obliged to maintain the vehicle with due diligence at our respective workshop, failing to maintain the vehicle thereafter resulting in major faults, repair cost will be borne by the Hirer.
7. In the event where debts collector is involved, hirer shall bear all cost for debts collector commission and admin charges.

Hirer Bank Account Details:		CDW: Y / N (additional \$3.21/day)
1st Party Excess: \$3000	3rd Party Excess: \$3000	CDW if yes, excess @ \$1,500

  
Signature of Hirer  
Signature of Authorized PersonLOCAL TOW SERVICE (24HRS) : 91828211  
MALAYSIA TOW SERVICE (24HRS) : YONG - 016-704 7552 / 012-220 8076  
TYRE & BATTERY SERVICE (24HRS) : AH KEE 98751699BENEFIT AUTOCARE : ERIC 9489 4845 | 11 Kaki Bukit Raod 1 #01-02 Eunos Technolink (S415939)  
LUSH AUTOMOTIVE : PATRICK 94357824 | 8 Kaki Bukit Ave 4, #03-47 Premier @ Kaki Bukit (S415875)  
AIRCON : PATRICK 94357824 | Blk 3021A, Ubi Road 1, #01-39 (S408715)

## 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:** 5110923222-01-000019

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLR7048E**  
 Chassis Number : RU31252252
2. Name of Policyholder : **BENEFIT AUTO**
3. Effective Date of Insurance : **14 Jul 2020**
4. Expiry Date of Insurance : **13 Jul 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	: MAYBANK SINGAPORE LIMITED
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 : **BENEFIT AUTO INSURANCE AGENCY (00000573333)**  
 Date of Issue : **09 Jul 2020 19:16 hrs**

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



**Chief Executive**