

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MNA2010434**

Date In: 21/1/20-11:51	Job description	Date & Time Completed	Done by
Ref No: NA/C712012928/24	SAS e-filing		
Veh No: JMEJ8379	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 23/1/20 - 18:25	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: Vch No: **JM26588m** 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:	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 (\$)	Am't (\$)
			fit Bill	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			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 2 / 3:	6) TR : Re-inspection \$75			
	7) N1 : Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) N12: Idao Mobile 30			
	*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 (N-in INC) against INC \$20			
	Fee Charged			
	Invoice dated			
	Fee Charged			
	Invoice dated			

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	24/11/2020 11:51
Date Of Accident	23/11/2020 08:25
Exact Location Of Accident	ALJUNIED WALK TWDS ALJUNIED RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5837P
Insured/Policyholder	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91998131
Alternative Phone No	OFFICE-91998131

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	NG BOON HAK
NRIC No	SXXXX729B
Date Of Birth	27/02/1955
Occupation	OUTDOOR
Date Of Driving Pass	30/01/1980
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96446755
Fax Number	
Contact Number	OFFICE-96446755
E-Mail Address	NOEMAIL

Address	BLK 350 YISHUN AVENUE 11 #07-239
Postcode	760350
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	CLEAR
Road Surface	DRY

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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201123/2060.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD6508M
Vehicle Make/Model/Colour	HONDA FREED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NGAI CHER LAI
NRIC/Passport Number	SXXXX637D
Contact Number	87265846

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG BOON HAK

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SME5837P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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: 23/11/20
11:30am

Driver's Signature
(If driver is not the policyholder)

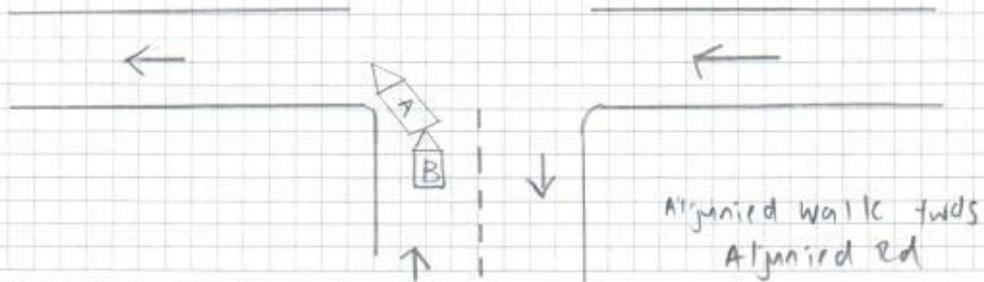
Date & Time: 23/11/20
11:30am

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

Car A SMF5837P
Car B SMD6503M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary when car B hit me from the back.

DECLARATION

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

Policyholder's Signature

Date & Time: 23/11/20

11:30am

GIA4MC SketchPlan

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/11/20

11:30am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident : 23/11/20 Accident Time: 0927 (24-HR-FORMAT)

Accident Place : Aljunied Walk towards Aljunied Road

Vehicle Reg. No (Car plate No.) : SME5337P Vehicle Make/Model: Honda Vezel

Insurance Company : China Tai Ping Policy No. DMHCINA00001942000

Name of Registered Owner : Company / Individual ASIA EXPRESS Car Rental

ID of Registered Owner : Co Reg No: 201163320 Owner's NRIC No: _____
 : Co Contact No: 91993131 Owner's Contact No: _____

DRIVER'S Name : Ng Euan Hak DRIVER'S NRIC No: S1105729B

DRIVER'S Date of Birth : 27/02/1955 DRIVER'S License Pass Date 30/01/1980

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver

DRIVER'S Address : Blk 350 Yishun Ave 11 #07-239 (S)760350

DRIVER'S Contact No./ Alt No. : 1) 9644 6755 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : pejje @ 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): 2 male

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>SMD5508M</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Honda Freed</u>	Vehicle Make/Model: _____
Name DRIVER: <u>Ngai Cher Lai</u>	Name DRIVER: _____
IC No. DRIVER: <u>517506370</u>	IC No. DRIVER: _____
DRIVER'S Contact & add: <u>87265846</u>	DRIVER'S Contact & add: _____



**SINGAPORE
POLICE FORCE**



T/20201123/2060

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20201123/2060

CONTINUATION OF REPORT

Driver			
Name	Ngai Cher Lai	ID No.	S1750637D
Related Vehicle	SMD6508M (Car)	Contact No.	87265846
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	NG BOON HAK	ID No.	S1105729B
Related Vehicle	SME5837P (Car)	Contact No.	96446755
Hospital/Clinic	SILVER CROSS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	23/11/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 23/11/2020 at about 0810hrs, I was sending a passenger as I was working as a grab driver. While making a left turn at a T-Junction from Aljunied Walk towards Aljunied Road I made a stop as there was incoming traffic. As I was waiting for the traffic to clear, my vehicle(SME5837P) was hit at the rear by a car (SMD6508M). I got down from my vehicle to made a check on the damaged, and spoke to Ngai Cher Lai who had hit my vehicle. The passenger who was also in my vehicle was not injured and subsequently he left and he informed that he will be taking another grab. We made an agreement to meet at Kallang wave to settle the accident. Subsequently we exchange particular and left. There was no ambulance or TP at the accident. My vehicle was slightly damaged at the rear.

I continued working grab. While I was driving , I felt a pain in my back and went to Silver Cross Family Clinic to make a check. I was given 3 days MC and was advised by the rental company of my vehicle to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20201123/2060

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20201123/2060

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 /
SCCPL MOHAMMAD FIRDAUS BIN MOHD ALI

Signature Of Informant:

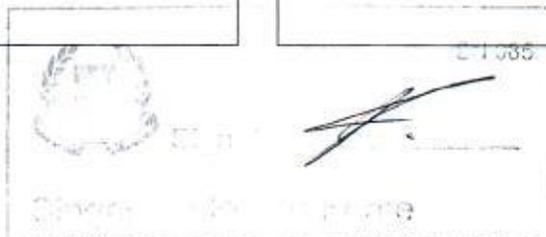
Signature Of Interpreter:
Not applicable

Date/Time:
23/11/2020 14:27

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

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: Ng Boon Hak**
Nric No: S1105729B
Having his residential address at: **Blk 350 Yishun Ave 11 #07-239, Singapore 760350**
Tel. (Residential) : 9644 6755
Next of Kin Contact : 9740 4683
Hereinafter also known at the 'The Hirer' of the other part

Additional Driver **Name: Geraldine Huang Hui Bing**
Nric No: S9051061D
Having his residential address at: **Blk 350 Yishun Ave 11 #07-239, Singapore 760350**
Tel. (Residential) : 9740 4683
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: SME 5837 P
Effective from: 15/07/2020 – 15/07/2021
Period : 12 Months Contract

[The Owner's Initial & Stamps]



The Hirer and/or Additional Hirer Initial & Stamps
19-Jun-2020

A handwritten signature in black ink, appearing to read "H. Boon Hak".

Motor Hire Car

MZ406LB

N SN

BR0085A

Cov. Type F

CERTIFICATE OF INSURANCEMotor 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. LEB5968838

Cha. No. RU31268818

1. Index Mark and Registration
Number of Vehicle

SME5837P

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.

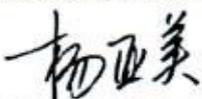
HIRE PURCHASE CO. : SKYWAY CREDIT & LEASING PTE LTD AS HP OWNER

* 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