

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **NA 200437**

Date In: 12/1/05-18:22	Job description	Date & Time Completed	Done by
Ref No: NA 200437	SAS e-filing		
Veh No: SR 2543	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/1/05-18:05	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: NA 200437	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

NA 200437	Invoice Preparation Checklist	Am't (\$) In 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	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:-		
	ON*		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Pat. 1:			
Pat. 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 Submission	12/01/2021 18:20 (SGT)
Date of Accident	11/01/2021 18:05 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7254B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ALLSWELL MOTOR TRADERS
Company Reg No	5XXXX889J
Email Address	jeremiels@hotmail.com
Mobile Phone No	(Phone) +65-89999999
Alternative Phone No	+-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
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 - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00005792000
Cover Note Number	-

DRIVER

Name of Driver	SOH MING GUANG, JEREMIEL
NRIC No	SXXXX466A
Date Of Birth	07/06/1997
Occupation	Indoor

Date Of Driving Pass	18/07/2016
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93254409
Alt. Phone Number	-
Email Address	jeremielsoh@hotmail.com
Address	BLK 322 ANG MO KIO AVENUE 3
Address complement	#04-1916
Postcode	560322
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	GBJ2783J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

SOH MING GUANG, JEREMIEL

-

-

-

-

BODY

SLR7254B

Yes

No

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

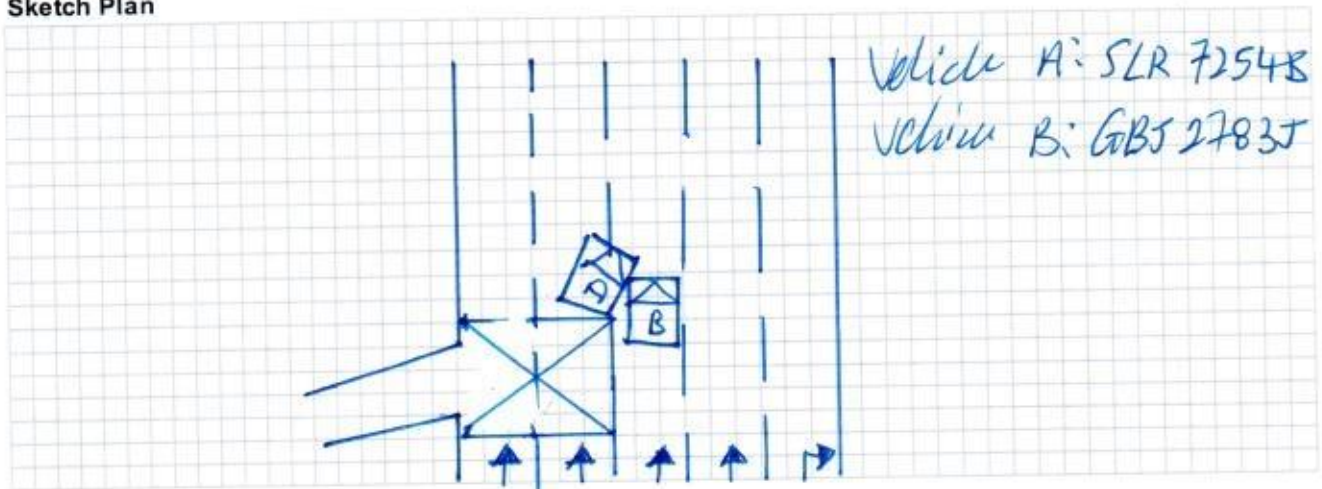


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date & time. I, vehicle A was stationary on Tavistock Ave. when every car was stationary due to the traffic light was red. I then move off to lane 4 and I signal and inch out in stationary position my car to lane 3, and I wave to the vehicle B to give way. When the traffic light turns green vehicle B did not notice my ^{vehicle} and collided onto my vehicle right portion. Vehicle B driver then alighted and say sorry that he did see my car.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

James

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

[Signature]

Witnessed by Reporting Centre Personnel

VEHICLE NO: SLR72548

MAKE & MODEL: Toyota Prius

AUTO / MANUAL

DATE OF ACCIDENT	11 / 01 / 2021	*C.C.
TIME OF ACCIDENT	18:05 AM / PM	
LOCATION OF ACCIDENT	Ang mo kio Ave 3	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Allswell Motor Traders	Email:
TELP NO	Mobile:	Office:
NRIC	531928895	Home:
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY,	YES / NO ?	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMHCSNA00005792000	
NAME OF DRIVER	AS ABOVE / IF NO: Soh ming Guang Jeremiel	
NRIC	S9719466A	
DATE OF BIRTH	07 / 06 / 1997	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	18 / 01 / 2016	
GENDER	Male / Female	
CONTACT NO.	Mobile: 9325 4409	Office:
EMAIL	Jeremiel Soh @ hotmail.com	Home:
ADDRESS	Blk 322 Ang mo kio Ave 3 #04-1916 (S) 560322	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No, Customer	
WEATHER CONDITION	Clear / Raining / Other	
ROAD SURFACE	Dry / Wet / Other	
ANY INJURIES	No / If yes, Who? Driver	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?		NO/IF YES, WHO?
VEHICLE B NO.	GBJ2783J	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?		YES / NO
WAS THERE ANY AUDIO RECORDED?		YES / NO
SCENE ACCIDENT PHOTOS TAKEN?		YES / NO
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO

EMAIL:rico60autoservices@gmail.com

**ALLSWELL MOTOR TRADERS**

100 Jalan Sultan #02-41 Sultan Plaza Singapore 199001

Tel: +65 6261 5545 | Fax: +65 6266 5545

Co. Reg. No. / GST No. Reg. No.: 53192889J

Website: <http://www.car2rent.com.sg> | Email: sales@allswellmotor.com.sg**RENTAL AGREEMENT****No. R20060003**

Date: 03 Jun 2020

SCHEDULE

This is a lease agreement made between us, **Allswell Motor Traders** (hereinafter referred to as "**THE COMPANY**") which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address 100 Jalan Sultan #02-41 Sultan Plaza Singapore 199001 **AND YOU**, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL) : SOH MING GUANG JEREMIEL (S9719466A)
ADDRESS : APT BLK 322 ANG MO KIO AVENUE 3 #04-1916
: SINGAPORE 560322
TELEPHONE : TEL: (R): 93254409 (HP): +6593254409 (F):

NAME OF DRIVER(S) (IN FULL) : SOH MING GUANG JEREMIEL
NRIC/PASSPORT NO. : S9719466A
DATE OF BIRTH : 07/06/1997
DRIVING LICENSE NO. : S9719466A
PASSING DATE : 18/07/2016
EXPIRY DATE :
NATIONALITY : SINGAPOREAN

1. **DESCRIPTION OF VEHICLE ("THE VEHICLE")**

REGISTRATION NO : SLR7254B (25/08/2017)
MAKE/MODEL : TOYOTA PRIUS HYBRID 1.8S A
COLOUR : SILVER
ENGINE NO : 2ZR8170137
CHASSIS NO : ZVW508068759
TYPE : TOYOTA PRIUS 1.8A HYBRID

2. **PERIOD OF LEASE**

For 35 weeks from 03/06/2020 15:04 ("Commencement Date") to 01/02/2021 15:00 ("Lease Period").

3. **LEASE CHARGES**

Amount S\$420.00 per week plus Goods and Services Tax ("GST") (if applicable) ("Weekly Lease Charges"). This Lease Agreement is only in respect of the lease of the Vehicle, and does not include the hire or engagement of the drivers.

4. **DEPOSIT**

Amount S\$300.00 (exclusive of GST)

5. **INSURANCE**

The Company will arrange for comprehensive insurance coverage against third part liability, and fire and theft damage to the Vehicle during the Lease Period up to the limits as stated below. Please refer to the insurance policy for the coverage terms and conditions. You shall be liable for the Excess Amount as stated below. Additional charges will apply for additional insurance coverage.

a. Amount for Damage : S\$2,000.00 (per accident per claim)
: Msia Usage x2 = S\$4,000.00
b. Amount for Fire & Theft : S\$4,000.00 (per accident per claim)
: Msia Usage x2 = S\$8,000.00
c. Additional Insurance Coverage : S\$ _____
Others _____ (specify)

6. **MAXIMUM MILEAGE**

Maximum Mileage : _____ KM
Additional charges : S\$ _____ as per additional 10,000 KM of part thereof

The agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement. IN WITNESS



ALLSWELL MOTOR TRADERS

100 Jalan Sultan #02-41 Sultan Plaza Singapore 199001

Tel: +65 6261 5545 | Fax: +65 6266 5545

Co. Reg. No. / GST No. Reg. No.: 53192889J

Website: <http://www.car2rent.com.sg> | Email: sales@allswellmotor.com.sg

RENTAL AGREEMENT

No. R20060003

Date: 03 Jun 2020

Signed by the Hirer

Name:

Designation:

Company Stamp:

Signed by

Allswell Motor Traders

Name:

Designation:

Company Stamp:



Motor Hire Car

MZ406L/B

N SN

AN0600A

Cov. Type:C

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)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMHCSNA00005792000	Engine No.: 2ZR8170137	Cha. No.: ZVW508068759
1. Index Mark and Registration Number of Vehicle	SLR7254B	AUTOSAFE	=====
2. Name of Policy Holder	ALLSWELL MOTOR TRADERS		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26/08/2020 (00:00:00)	Excess Sect. I -	S\$2,000.00
		Excess Sect. I (Outside Singapore)	S\$3,000.00
		Excess Sect. II	S\$2,000.00
4. Date of Expiry of Insurance	25/08/2021	Excess Sect. II (Outside Singapore)	S\$3,000.00
		EX ON WINDSCREEN	S\$100.00
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.: LAKE VIEW CREDIT 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: Irene Hor
Authorised Officer


Authorised Signatory