

NATIONAL Assessment Centre Services.

part 1 Jan 09

SN09211M0005

Date In: 22/01/2021 12:05	Job description	Date & Time Completed	Done by
Ref No NA/INC21001051/44	SAS e-filing		
Veh No SLO38714	E-mail (within 3hrs, AIC 2hrs)		
ICIA 21/01/2021 18:55	I-Motor Claim Form	MT/1118301-001	22/01/2021 12:27
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: *	Fax: *
TP Particulars:	Veh No: XO 4595T	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 repolier.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 67084060)	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	Action

NA210634	Invoice Breakdown	30
Driver/Owner:	1) AIL: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
For claiming against INC Only (wef 10 Jan 2009)	5) PT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (wef 10 Jan 2009)	6) TR: Re-Inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON*	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: 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 \$0	
	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 Submission	22/01/2021 12:05 (SGT)
Date of Accident	21/01/2021 18:55 (SGT)
Exact Location of Accident	Defu Ave 1, Singapore
Additional Location Information	TOWARDS HOUGANG AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5871G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WJ CAR RENTAL PTE. LTD.
Company Reg No	2XXXXXX284H
Email Address	EUGENEYAPYL@GMAIL.COM
Mobile Phone No	(Phone) +65-86089649
Alternative Phone No	+65-86089649

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5114559335
Cover Note Number	-

DRIVER

Name of Driver	LEE KOK HENG
NRIC No	SXXXX730G
Date Of Birth	19/12/1961
Occupation	Outdoor

Date Of Driving Pass	14/04/1982
Driving experience	38 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98318201
Alt. Phone Number	-
Email Address	LEEKOKHENG18@YAHOO.COM.SG
Address	BLK 159 BEDOK SOUTH AVENUE 3 #04-559
Address complement	-
Postcode	460159
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 - Head to Rear
Weather Conditions	Raining
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SEAT CHOR ENG
Gender	Female

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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD4595T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SATHAIAH KARUPPIAH
Contact Number	(Phone) +65-84346205

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.



[Handwritten Signature]

[Handwritten Initials]

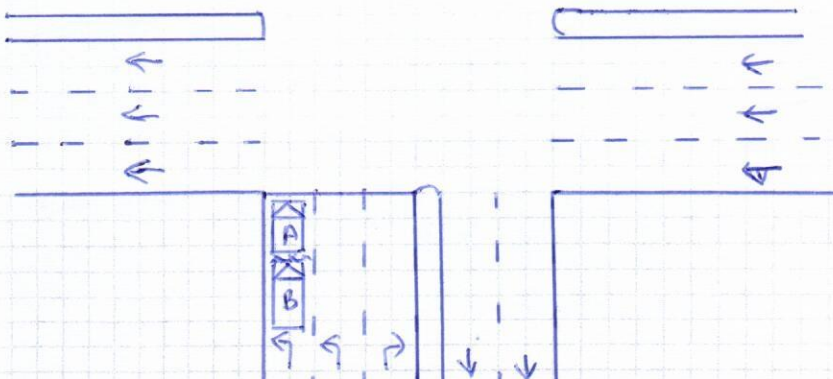
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Haigang Annex 3



Veh A: SLD5871G
Veh B: XD4595T

Describe Circumstances of the Accident

On above date & time, I was driving my vehicle AC SLD5571(G)
traveling along Delta Avenue I tooks Hougang Avenue 3 on third lane of a 3-lanes,
road. My vehicle was stationery while waiting traffic light to turn green.
Out of sudden, vehicle B (XD4595T) came from rear and collided onto
the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &

[Signature]

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

[Signature]

Witnessed by Reporting Centre

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: 5114559335-000010

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLD5871G**
Chassis Number : RU11116568
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

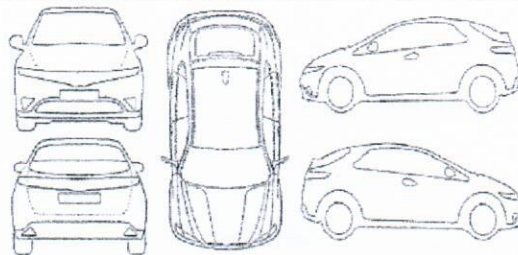
WJ Car Rental Pte Ltd
6001 Beach Road Golden mile tower #08-06 Singapore 199589

VEHICLE RENTAL AGREEMENT

(Owner)		
Name:	WJ Car Rental Pte Ltd	ROC No.: 201843284H
Address:	6001 Beach Road Golden mile tower #08-06 Singapore 199589	Executive:
(Hirer)		
Name:	LEE KOK HENG	DOB: 19-12-1961
Address:	APT BLK 159 BEDOK SOUTH AVENUE 3 #04- 559 Singapore 460159	NRIC: S1471730G
		Contact No.: 98318201
(Relief Driver)		
Name:		DOB:
Address:		NRIC:
		Contact No.:

DESCRIPTION OF VEHICLE ("The Vehicle")

Make/ Model:	HONDA VEZEL	Vehicle Registration No.:	SLD5871G
Chassis/ Engine No.:			



RENTAL PAYMENT DETAILS

Contract Date: 27-10-2020

1. Commencement Date:	<u>27-10-2020</u>
2. Period of Hirer: From	<u>27-10-2020</u> to <u>27-11-2020</u>
3. Rental Payment of SGD \$ <u>350.00</u>	("the Rental") for period <u>31 DAYS</u> 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 <u>\$300</u>	(hereinafter referred to as "The Deposit")

PURPOSE OF RENTING VEHICLE (Please tick the following :)

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

The Owner's Signature	Date	The Hirer's Signature
	27-10-2020	

VEHICLE NO:	SLP58716		MAKE & MODEL:	Honda Vezel		AUTO / MANUAL
DATE OF ACCIDENT:	21 / 01 / 2021		CC:	1.5		
TIME OF ACCIDENT:	1855 HRS					
LOCATION OF ACCIDENT:	Along Defu Avenue 1 / Hougang Avenue 3					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE					
NAME OF OWNER:	WJ Car Rental					
TEL NO:	H/P: 8608 9649		OFFICE:	HOME:		
NRIC:	201843284H					
ADDRESS:	6001 Beach Road #08-06 S(199589)					
EMAIL:	eugeneypyl@gmail.com					
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY					
FLEET POLICY:	<u>YES</u> / NO ?					
INSURANCE COMPANY:	NTUC					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	5114559335 - 000010					
NAME OF DRIVER:	AS ABOVE / IF NO: Lee Kok Heng					
NRIC:	S14717309		ANY PASSENGER:	1 (F)		
DATE OF BIRTH:	19 / 12 / 1961		LICENCE PASSED DATE:	14 / 4 / 1982		
OCCUPATION:	<u>OUTDOOR</u> / INDOOR					
GENDER:	<u>MALE</u> / FEMALE					
CONTACT NO:	H/P: 9831 8201		OFFICE:	HOME:		
ADDRESS:	BLK 159 Bedok South Avenue 3 #04-559 S(460159)					
EMAIL:	leekokheng18@yahoo.com.sg					
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Hiree					
WEATHER CONDITION:	CLEAR / <u>RAINING</u> / OTHERS:					
ROAD SURFACE:	DRY / <u>WET</u> / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:	Lee Kok Heng 9831 8201					
NAME & CONTACT:	Seat Chor Eng 91506622					
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?					
VEHICLE B REG NO:	XD4595T		ANY PASSENGERS: -			
NAME OF DRIVER:	Sathiah Karupiah		CONTACT NO: 84346205			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO					
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>					
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO					
ACCIDENT PORTION:	Rear portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?			YES / <u>NO</u>			
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Brandon					