

NATIONAL Assessment Centre Services

Date In: 25/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/CR21001133/13	SAS e-filing		
Veh No: GBC21862	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 23/01/21 1155	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:	Veh No: SMJ2100	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

Claimant's Particulars:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		Int. Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	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: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*N5: Courtesy Car / Tp 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			
	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 Submission	25/01/2021 11:23 (SGT)
Date of Accident	23/01/2021 11:55 (SGT)
Exact Location of Accident	Hougang Ave 8, Singapore
Additional Location Information	SLIP RD TO HOUGANG AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2186Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EZY-1 LEASING PTE LTD
Company Reg No	2XXXXX333W
Email Address	jefftai@ezy-1.com
Mobile Phone No	(Phone) +65-68730308
Alternative Phone No	(Office) +65-68730308

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00092932000
Cover Note Number	-

DRIVER

Name of Driver	RAJESHSEKAR
NRIC No	SXXXX948B
Date Of Birth	07/07/1989
Occupation	Outdoor

Date Of Driving Pass	17/08/2016
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87521036
Alt. Phone Number	-
Email Address	skippyrajesh07@gmail.com
Address	BLK 256A SUMANG WALK
Address complement	#07-607
Postcode	821256
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	Clear
Road Surface	Dry

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GOVINDAN S/O RAJA RAJU SOLAM
Gender	Male

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

PLS REFER TO THE ATTACHED 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	SMJ210D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KUAH GUO JING
Contact Number	(Phone) +65-93637207

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 RAJESHSEKAR
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBG2186Z
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person GOVINDAN S/O RAJA RAJU SOLAM
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBG2186Z
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A: GBG2186Z
Veh B: SMJ210D


Describe Circumstances of the Accident

On above date & time, I was driving my vehicle A(GBG2186Z) ^{slip road to} traveling along Hougang Avenue 8. A Hougang Avenue 4 on most left lane of a 4-lanes, road. My vehicle was stationary before stop line to give way to oncoming vehicle. Out of sudden, vehicle B(SMT210D) came from rear and collided onto the rear portion of my vehicle.

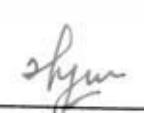
Declaration

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

Policyholder's Signature / Date & Time



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

 25/01/21

Witnessed by Reporting Centre Personnel

VEHICLE NO:	GBG 2186Z		MAKE & MODEL:	Toyota Hilux		AUTO / MANUAL
DATE OF ACCIDENT:	23 / 1 / 2021				CC:	30
TIME OF ACCIDENT:	1155 HRS					
LOCATION OF ACCIDENT:	Along Hougang Avenue 8 Slip road to Hougang Avenue 4					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	EZY-1 Leasing Pte Ltd					
TEL NO:	H/P: 68730308		OFFICE:		HOME:	
NRIC:	201726333W					
ADDRESS:	15 Yishun Industrial Street 1 #01-21 S(768091)					
EMAIL:	jefftai@ezy-1.com					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO?					
INSURANCE COMPANY:	China Taiping					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	DMCVSNA0009293200					
NAME OF DRIVER:	AS ABOVE / IF NO: Rajeshsekar					
NRIC:	S8926948B		ANY PASSENGER:		1 (m)	
DATE OF BIRTH:	7 / 7 / 1987		LICENCE PASSED DATE:		17 / 8 / 2016	
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P: 87521036		OFFICE:		HOME:	
ADDRESS:	BLK 256A Sengang Walk #07-607 S(821256)					
EMAIL:	skippyrajesh07@gmail.com					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:				INSURER:	
RELATIONSHIP:	HIRE					
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:	Rajeshsekar 87521036					
NAME & CONTACT:	Govindan s/o Raja Raju Selam 87794571					
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	SMJ210D		ANY PASSENGERS:		-	
NAME OF DRIVER:	Kuan Guo Jing		CONTACT NO:		93637207	
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?	YES / NO					
WAS THERE ANY AUDIO RECORDED?	YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	Rear portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO						
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Brandon					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

Motor Commercial

MZ407/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)

E SN

AN0676A

Cov. Type:C

CERTIFICATE No. DMCVSNA00092932000

Engine No.: 1KD2692023
Cha. No.: KDH2010217860

1. Index Mark and Registration
Number of Vehicle GBG2186Z

AUTOSAFE

2. Name of Policy Holder EZY-1 LEASING PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment 06/11/2020
(00:00:00)

Excess Sect. I. S\$1,500.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance 19/09/2021

EX ON WINDSCREEN. S\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.
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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use.*

- (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.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED

* 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: Zhong YueQiang
Authorised Officer



Authorised Signatory

Annex

Transaction ref 20201109160458062246

Please check that the owner and vehicle details are correct:

1. Name	: EZY-1 LEASING PTE. LTD.
2. Identification No. Type	: Company
3. Identification No.	: 201726333W
4. Country/Region	: -
5. Vehicle Registration No.	: GBG2186Z
6. Previous Vehicle Registration No.	: -
7. Effective Date of Ownership	: 09 Nov 2020
8. Original Registration Date	: 23 Jun 2017
9. First Registration Date	: 23 Jun 2017
10. Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
11. Vehicle Scheme	: Normal
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: TOYOTA
16. Vehicle Model	: HIACE DX 3.0 AUTO
17. Year of Manufacture	: 2017
18. Primary Colour	: White
19. Secondary Colour	: -
20. Passenger Capacity	: 2
21. Chassis/Trailer Chassis No.	: KDH2010217860 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: 1KD2692023 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 2982 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 1800
27. Maximum Laden Weight(kg)	: 3235
28. Open Market Value	: \$34,568.00
29. PARF Eligibility	: No
30. PARF Eligibility Expiry Date	: -
31. Minimum PARF Benefit	: \$0.00
32. No. of Transfers	: 1

Annex

Transaction ref 20201109160458062246

Please check that the owner and vehicle details are correct:

33. IU Label No.	: 1042890798
34. COE No.	: 2017070105000852W
35. COE Expiry Date	: 22 Jun 2027
36. COE Category	: C - Goods Vehicle & Bus
37. Quota Premium/Prevailing Quota Premium	: \$38,501.00 / -
38. Actual Quota Premium/PQP Paid	: \$38,501.00
39. Actual ARF Paid	: \$1,729.00
40. CO2 Emission(g/km)	: 215.00
41. CO Emission(g/km)	: -
42. HC Emission(g/km)	: -
43. NOx Emission(g/km)	: -
44. PM Emission(mg/km)	: -
45. Actual CEVS/VES Rebate Utilised	: -
46. CEVS/VES Surcharge Paid	: -
47. Actual Green Vehicle Rebate Utilised	: -
48. Vehicle Lifespan Expiry Date	: 22 Jun 2037
49. Road Tax Amount	: -
50. Road Tax Start Date	: -
51. Road Tax End Date	: -
52. Remarks	: -