

NATIONAL Assessment Centre Services.

Part 1 Jan 2021

SN0921220002

Date Inc: 02/02/2021 09:56	Job description	Date & Time Completed	Done by
Ref No NA/INC21001535/h4	SAS e-filing		
Veh No SKD 3478J	E-mail (within 3hrs, AIC 2hrs)		
IP A 01/02/2021 07:54	I-Motor Claim Form	MT/1119662-001	02/02/2021 11:36
(IP) (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/VK32		

Preferred Wksp / INC Assign Wksp / QW: (

Tel: *

Fax: *

TP Particulars: Veh No: YN 4851P 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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolter.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Comments	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

MA2101306

Comments	Amount	Unit
Driver/Owner:	1) AL: Accident Reporting (\$30)	30
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$40)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
	9) NI2: Idao Mobile	30
	*NS: Courtesy Car / Tpt Allowance	\$3
	*NG: Repair Co-ordination	\$10
	*NJ: Post Repair Inspection	\$25
	*NB: DV / Collect Excess Coordination	\$3
	TE (N11): TP (K-in INC) against INC	\$20
	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	02/02/2021 09:56 (SGT)
Date of Accident	01/02/2021 07:54 (SGT)
Exact Location of Accident	Finlayson Green, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD3478J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VROOMMM
Company Reg No	5XXXX645A
Email Address	VROOMMM23@GMAIL.COM
Mobile Phone No	(Phone) +65-97990331
Alternative Phone No	+65-97990331

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Scirocco
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 car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5119049950
Cover Note Number	-

DRIVER

Name of Driver	HENG YONG QIN
NRIC No	SXXXX736A
Date Of Birth	02/05/1989
Occupation	Outdoor

Date Of Driving Pass	29/04/2014
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86685209
Alt. Phone Number	-
Email Address	VROOMMM23@GMAIL.COM
Address	BLK 337 ANG MO KIO AVENUE 1 #07-2039
Address complement	-
Postcode	560337
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN4851P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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) -

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.

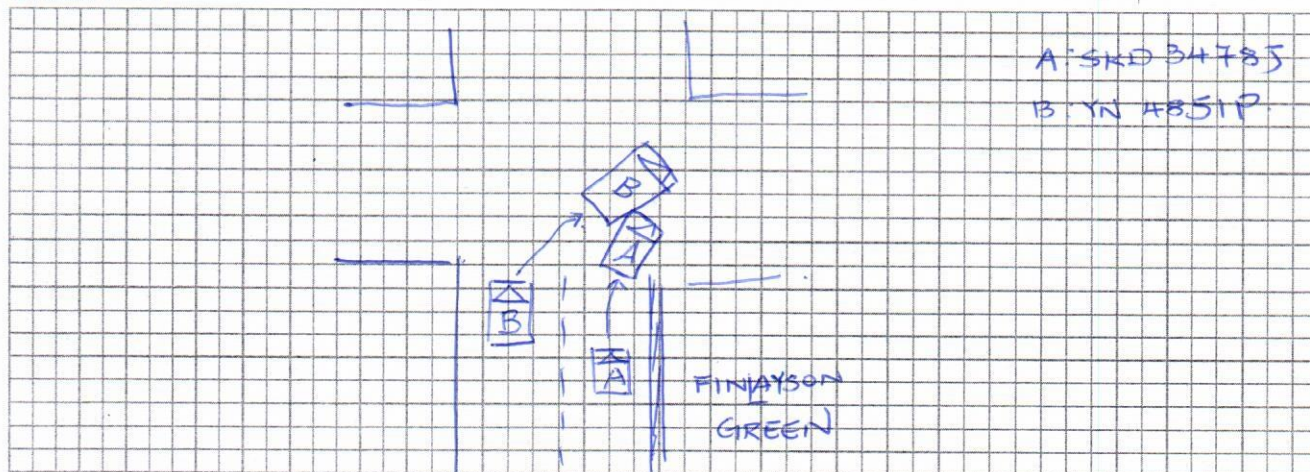


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On stated date 3 time, my vehicle (SKD 3478J) was travelling on
Finlayson Green. turning right to Shenton Way. Vehicle B (YN4851P)
was on my left and making a right turn as well. Vehicle B's right
turn ~~was~~ cut into my lane and hit the left front portion of my
vehicle.

Declaration

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

Witnessed by Reporting Centre
Personnel

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="01/02/2021 09:36"/>
Vehicle No.(For Motor)	<input type="text" value="SKD3478J"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5119049950		VROOMMM	53413645A	GPC	Third Party	SKD3478J	SKD3478J	12/09/2020	21/11/2021



152 PAYA LEBAR ROAD #02-03 CITIPOINT@PAYALEBAR
SINGAPORE 409020

Contact: 97990331 (Bryan) / 88283870 (Darren)

Email: vroommm23@gmail.com

VEHICLE RENTAL AGREEMENT

Hirer's Details

Hirer's Full Name	Heng Yong Qin
Hirer's Full Address	Blk 337 Ang Mo Kio Ave 1 # 07-2039
Hirer's Contact No.	86685209
NRIC/Passport No.	S8916736A
Hirer's Email	-
Purpose of Rental	Personal

Additional Hirer's Details (if applicable)

Hirer's Full Name	
Hirer's Full Address	
Hirer's Contact No.	N/A
NRIC/Passport No.	
Hirer's Email	
Purpose of Rental	



Rental Vehicle Details

Make/Model	VW Scirocco / Golf	License Plate No.	SKD3478J / SKA4724H
¹ Type of Fuel	Ron.95	Payment mode	Cash / PayNow / Bank Trf
Proposed Collection Date/Time	18/1/2021 3pm	Proposed Return Date/Time	22/3/2021 3pm
Actual Collection Date/Time	18/1/2021 2:50pm	Actual return Date/Time	
Mileage (at collection)		Mileage (at return)	
Fuel level (at collection)	As given. (Photo Proof)	² Fuel level (at return)	
Agreed Rental Rate	SGD\$ 500/- per day/week/month	Security Deposit	SGD\$ 500/-
Repayment frequency (if applicable)	Every Monday before 2359 Hours between 18/1/2021 to 22/3/2021	Total Amount collected (at start of contract)	SGD\$ 1000/-

¹Hirer is required to produce receipt(s) to proof the specified type of petrol was used to refuel the rented vehicle. Should the Hirer fail to do so, a penalty of SGD\$300 will be imposed.

²Rental rates **DO NOT** include petrol. Hirer must return the vehicle with the **SAME** given fuel level. Should the Hirer fail to do so, VROOMMM has the rights to charge the Hirer at a rate of SGD\$3 for every litre unfilled.

3.

17. Hirer shall be solely responsible for and hold VROOMMM fully indemnified against all claims, demands, liabilities, losses, damages, proceedings costs, expenses, fines, penalties and liabilities imposed on VROOMMM or arising in respect of any non-compliance or contravention of any transport, traffic or other law or regulation. This is tied together with the cost and expense including but without limitation costs on a full indemnity basis relating thereto incurred by VROOMMM. The Hirer shall bear the cost of the repair, loss of use or rectification of any damages caused to the vehicle while in the Hirer's possession.
18. If the agreed rental vehicle is damaged to the extent that it is deemed by VROOMMM to be a total loss, The Hirer shall pay VROOMMM the cost of obtaining a replacement for the vehicle and shall also compensate VROOMMM the loss of use of the vehicle during the period of reinstatement or repairs. The Hirer shall also compensate VROOMMM all towing, storage and administrative charges. If the vehicle is stolen or otherwise lost whilst it is in the possession of the Hirer, the Hirer shall compensate VROOMMM the cost of obtaining a replacement vehicle and for loss of use for the period required to obtain the replacement.

19. Insurance Coverage

18.1 3rd Party Insurance Coverage

Category	Full Liability: 3rd party excess per accident
SINGAPORE	SGD\$3,500
MALAYSIA	SGD\$5,000
For Hirers who meet any of the following conditions: a) 22 years old and below b) 65 years old and above c) Has less than 2 years driving experience in Singapore regardless of age	SGD\$3,000 (additional)

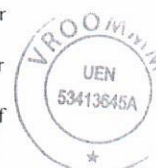
19.2 Hirer or the authorized driver shall report to VROOMMM any accident, whether severe or minor, within 24 hours, after which the agreed excess will be paid in full to VROOMMM. If the Hirer fails to report any accident, the insurer may repudiate the case and all claims will be reported directly against the Hirer.

19.3 The hirer shall be held entirely responsible for any damage to the rental vehicle, as it is not covered under the 3rd party insurance scheme.

20. The hirer has been given an opportunity to examine the rental vehicle in advance of taking possession of it, and upon such inspection, verifies that the car is in good working condition. The hirer hereby agrees to release VROOMMM from all liabilities in respect thereof.
21. VROOMMM will not be responsible for any of the Hirer's loss or damage to personal belongings and contents. The Hirer will therefore, release VROOMMM of any liability in respect thereof.
22. Smoking, food consumption or transportation of pets is not allowed in the rented vehicle. The hirer will bear full costs for any cleaning service required, if the returned vehicle is found to be of unsatisfactory standards to VROOMMM.
23. The rented vehicle is handed over to the Hirer clean, and he/she must return the vehicle in the same state of cleanliness. If found to be of unsatisfactory standards to VROOMMM, a flat rate of SGD\$20 will be imposed on the Hirer.
24. The Hirer agrees that the following does not constitute as a breakdown: punctured tyres, empty fuel tank, discharged/flat battery, steering wheel locked, loss of keys, keys locked in vehicle or any other breakdown not due to vehicle maintenance or wear and tear. In the event that the breakdown is not due to the vehicle maintenance or wear and tear, the Hirer must immediately seek advice/permission from VROOMMM before proceeding to fix the issue. If necessary, a fee for on-site assistance will be imposed and the Hirer shall agree to pay for the full cost.
25. In the event that the Hirer decided to **terminate** the rental contract prematurely, The Hirer is liable to pay in FULL for the remaining agreed contract (Number of days remaining in contract x Agreed daily rate).
26. VROOMMM reserve the rights to terminate the rental without any liability should the Hirer fail to make the daily/weekly/monthly rental prepayment at least 2 hours before the next agreed rental period. VROOMMM can forfeit the security deposit placed for the rented vehicle and upon termination of the Rental Agreement, the Hirer shall return the vehicle to VROOMMM. The returned vehicle shall be repaired to its original condition before returning to VROOMMM and full costs will be borne by the Hirer. VROOMMM reserve the rights to repair the vehicle to its original condition and offset the repair fees from the security deposit before refunding (if any), the balance amount to the Hirer.
27. The Hirer is REQUIRED to return the vehicle key in the same condition when he / she rented from VROOMMM. Loss or damage of the key will be chargeable at SGD\$500. Any damage to the vehicle will be charged to the Hirer accordingly to the repair costs to rectify the vehicle to the same condition as it was at the start of the rental.
28. In the event that the vehicle is returned later than the stipulated timing, the following charges will apply:

Category	Rate
LATE by 15 minutes or less	Free (for benefit of doubt)
LATE by 30 minutes or less	SGD\$10
LATE by 1 hour or less	SGD\$30

29. In the event that the rented vehicle is not returned within an hour of the stipulated time, a FULL DAY rate will be imposed, together with any transport costs and any miscellaneous costs involved in retrieving the vehicle back from the Hirer.
30. Delivery/Pickup of vehicle to/from Hirer's location is chargeable at a rate ranging from SGD\$20-\$100 depending on location. (Subject to VROOMMM's availability and approval)
31. Hirer can make advanced bookings with a deposit of SGD\$30 to SGD\$200 depending on the number of rental days required by Hirer. The advanced booking deposit can be used to offset the security deposit (if any). Otherwise, the advanced booking deposit will be refunded to the Hirer upon full payment as per Rental Agreement.
32. VROOMMM reserves the rights to repossess the vehicle-along with any personal belongings at any point of time should there be any breaches to contract. There will be no refund for the rental and/or security deposit in the repossession. The Hirer shall also be liable to compensate VROOMMM a fee of SGD\$3,000.



I, _____ (Hirer's Full Name), have read and understood fully the above terms and conditions. I completely agree to the above-mentioned terms and conditions and is aware of my responsibilities and liabilities involved in renting this vehicle. Thereby, upon possession of this vehicle, I will not hold VROOMMM liable for any incidents related to the use of this vehicle and will bear full responsibility.



VROOMMM

[Handwritten Signature]

DATE: 18/1/2021

TIME: 2:45pm

[Handwritten Signature]
Hirer's Signature

NRIC: 58916736A

CONTACT NO: 86685 209

DATE: 26/01/21

TIME: 15:26

[Handwritten Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 2 / 2021) (DD/MM/YYYY), TIME: (07 : 54) (HH:MM)

LOCATION: FINLAYSON GREEN

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKD 3478J
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: VW SCIROCCO
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HENG YONG QIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 868 8668 5209
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: YN 4851P MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Rspu@lkkauto.com

Email = lv00mm22@gmail.com

Fax =

Video = Yes

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()