

NATIONAL Assessment Centre Services. SN09212F000H

Date Inc: 15/02/2021 17:01	Job description	Date & Time Completed	Done by
Ref No: NA/CTI21002088/h4	SAS e-filing		
Veh No: SMK 6533 C	E-mail (within 3hrs, AIC 2hrs)		
ICIA: 14/02/2021 16:15	I-Motor Claim Form		
OT: (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		

Professed Wksp / INC Assign Wksp / QW: (Tel: Fax:	
TP Particulars:	Veh No: EY 862 M	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	Done by
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date	Action

<p>NA 2101637</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Bngr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Tel:</p> <p>2/3</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Invoice Item</th> <th>Amount</th> <th>Remarks</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td>30</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100);</td> <td>INC (\$30)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$43</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2021)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td> QN:</td> <td></td> <td></td> </tr> <tr> <td> *NS: Courtesy Car / Tpt Allowance</td> <td>\$3</td> <td></td> </tr> <tr> <td> *NG: Repair Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td> *NI: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td> *NB: DV / Collect Excess Coordination</td> <td>\$3</td> <td></td> </tr> <tr> <td> TP (NI): TP (Non INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile</td> <td>\$0</td> <td></td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	Invoice Item	Amount	Remarks	1) AR: Accident Reporting (\$30);	30		2) DA: Damage Assessment (\$100);	INC (\$30)		3) TP: Towing Fee	\$40/\$43		4) FT: Follow-Through Survey	\$120		5) PT: Follow-Through Survey (Resurvey)	\$30		For claiming against INC Only (wef 10 Jan 2021)			6) TR: Re-inspection	\$75		7) NI: Idao DA + SMRT Survey	\$160		8) NTUC Additional Services:-			QN:			*NS: Courtesy Car / Tpt Allowance	\$3		*NG: Repair Co-ordination	\$10		*NI: Post Repair Inspection	\$25		*NB: DV / Collect Excess Coordination	\$3		TP (NI): TP (Non INC) against INC	\$20		9) N12: Idao Mobile	\$0	
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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	15/02/2021 17:01 (SGT)
Date of Accident	14/02/2021 16:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK6533C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Company Reg No	2XXXXX882D
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Mobile Phone No	(Phone) +65-91998131
Alternative Phone No	+65-91998131

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	DMHCSNA00001952000
Cover Note Number	-

DRIVER

Name of Driver	LIU SAU MING
NRIC No	SXXXX163H
Date Of Birth	25/10/1974
Occupation	Outdoor

Date Of Driving Pass	07/09/2016
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81574842
Alt. Phone Number	-
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Address	BLK 284 CHOA CHU KANG AVE 3 #11-340
Address complement	-
Postcode	680284
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210215/2059

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	EY862M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMF9053C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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. 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:

15/02/21

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A : SMK 6533C
 B : SMF 9053C
 C : EY 862M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20210215/2059

(The remaining lines of this section are crossed out with a diagonal line.)

DECLARATION

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

Policyholder's Signature

Date & Time: 15/02/21

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20210215/2059

1 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20210215/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2021 14:04	Vide Report No.: T/20210214/2070	Station Diary No.: 16
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Informant's Particulars

Name of Informant: LIU SAU MING		Address: APT BLK 284 CHOA CHU KANG AVENUE 3 #11-340 SINGAPORE 680284	
ID Type / ID No.: NRIC NO / S7435163H		Contact No.: Home/Office: Mobile: 81574842	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 25/10/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/02/2021 16:15	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EY862M	Car				Slightly Damaged	0
SMF9053C	Car				Slightly Damaged	1
SMK6533C	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210215/2059

2 of 4

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20210215/2059

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Name	SHERLYN	ID No.	NIL
Related Vehicle	EY862M (Car)	Contact No.	91476306
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	ATAN BIN WAHID	ID No.	S7208132C
Related Vehicle	SMF9053C (Car)	Contact No.	91815122
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	LIU SAU MING	ID No.	S7435163H
Related Vehicle	SMK6533C (Car)	Contact No.	81574842
Hospital/Clinic	CCK FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	14/02/2021	Date Discharge	14/02/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

I am making amendments on the traffic accident report that I have lodged on the 14/2/2021 report number T/20210214/2070. The amendments are as follows:

While I was travelling along PIE towards Tuas before Eng Neo avenue exit, I was travelling on the second lane when suddenly a car in front bearing plate number SMF9053C suddenly braked. I managed to brake in time however a car behind me bearing plate number EY862M was unable to stop in time thus collided on to my rear thus my vehicle surge forward which resulted in me colliding with the car in front. I believe this is true as I had received a call from my passenger who was in the car during the incident. The



**SINGAPORE
POLICE FORCE**



T/20210215/2059

3 of 4

Report No. T/20210215/205

Police Station Of Origin:

unos NPP

29 Bedok Reservoir Road #01-1620

SINGAPORE 470629

tel No: 1800-4439999

CONTINUATION OF REPORT

passenger informed me that she had felt an impact behind before feeling the impact from the front.



**SINGAPORE
POLICE FORCE**



T/20210215/2059

4 of 4

Report No. T/20210215/2059

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

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:

G /

Sgt 3 MUHAMMAD FIKRI BIN MOHD FADIL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Signature Of Informant:

Date/Time:

15/02/2021 14:04

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Motor Hire Car

MZ406L/B

N SN

BR0085A

Cov. Type:F

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.

DMHCSNA00001952000

Engine No.: LEB5631917

Cha. No.:GB71092764

1. Index Mark and Registration
Number of Vehicle

SMK6533C

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. : CING DIEN CREDIT 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

Date of Accident : 14/02/21 Accident Time: 1615 (24-HR-FORMAT)
Accident Place : PIE
Vehicle Reg. No (Car plate No.) : SUK 6533C Vehicle Make/Model: Honda Freed
Insurance Company : China Taiping Policy No. DMHCSNA 00001952000
Name of Registered Owner : Company / Individual Asia Express Car Rental Pte Ltd
ID of Registered Owner : Co Reg No: 20116882D Owner's NRIC No: _____
: Co Contact No: 91998131 Owner's Contact No: _____
DRIVER'S Name : Lin Sau Ming DRIVER'S NRIC No: S7435763H
DRIVER'S Date of Birth : 25/10/1974 DRIVER'S License Pass Date 07/09/2016
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver
DRIVER'S Address : Blk 284 Choa Chu Kang Ave 3 #11-340 S(680284)
DRIVER'S Contact No./ Alt No. : 1) 8157 4842 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : peijie @ 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 males
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>EY 862M</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____