

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

SM082140002

Date In: 01/04/2021 AC:50	Job description	Date & Time Completed	Done by
Ref No: N/A/C7210042081	SAS e-filing		
Veh No: GRK 6157K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/03/2021 0815	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: Vch No: SM 74027 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

NA2102457

Invoice Preparation Checklist

Am (\$)

Am (\$)

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

at 1:

at 2/3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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 / Tpt 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	01/04/2021 10:50 (SGT)
Date of Accident	30/03/2021 09:15 (SGT)
Exact Location of Accident	Woodlands Ave 3, Singapore
Additional Location Information	TOWARDS BKE/PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK6157K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FLUX MOTOR RENTAL PTE LTD
Company Reg No	2XXXXX858C
Email Address	yongleeong@gmail.com
Mobile Phone No	(Phone) +65-90093214
Alternative Phone No	+65-93860970

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
Transmission	Manual
CC	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00087012000
Cover Note Number	-

DRIVER

Name of Driver	AWAL DIN BIN EMBI
NRIC No	SXXXX435J

Date Of Birth	19/04/1960
Occupation	Outdoor
Date Of Driving Pass	08/02/1979
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93860970
Alt. Phone Number	-
Email Address	yongleeong@gmail.com
Address	BLK 531 HOUGANG AVENUE 8 #01-291
Address complement	-
Postcode	530531
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
Gender	Male

PASSENGER 5

Name	WORKER
Gender	Male

PASSENGER 6

Name	WORKER
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT7402T
Vehicle Manufacturer	Chevrolet
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AGILAN S/O DAVID MUNISAMY
NRIC No	-1
Contact Number	(Phone) +65-88945576
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	AWAL DIN BIN EMBI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK6157K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN WORKER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK6157K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	UNKNOWN WORKER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK6157K

Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person UNKNOWN WORKER
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? GBK6157K
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 5

Name of injured person UNKNOWN WORKER
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? GBK6157K
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 6

Name of injured person UNKNOWN WORKER
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? GBK6157K
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 7

Name of injured person UNKNOWN WORKER
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? GBK6157K
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

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:

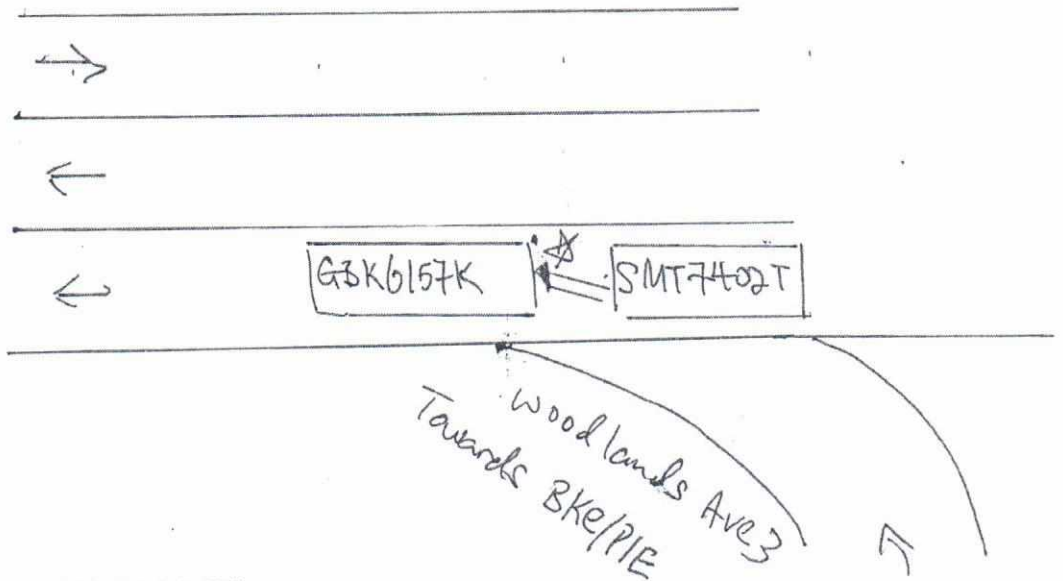
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

01/04/2021
Rosa Ho Amz

Towards BKE/PIE

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driving towards BKE/PIE from Woodlands Ave 3 exit, when motor car (SMT7402T) bang directly into the back of my Van (GBK6157K)

Traffic police was call in and together with ambulance. Total was six people in the van during the accident.

DECLARATION

I/We declare the information provided is true in every respect.

Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
(Name)

01/04/2021
Res J. Wong

Date of Accident

30/3/2021

Accident Time

0915

(24-HR-Format)

Accident Place

Woodlands Ave 3 toward BKE/PIE

Vehicle No. (Car Plate No.)

GBK 6157K

Make/Model:

Toyota Hiace

Insurance Company

China Taiping

Policy No:

DMCUSNA 000870 (2000

Owner or Company Name IC No.

~~Flux Motor~~

Flux Motor Rental Pte Ltd

Owner or Company Contact No.

90093214

Owner's Hp

Company Tel

DRIVER'S Name / IC No.

Awai Dim Bin Embi S14204353

DRIVER'S Date Of Birth

19/04/1960

DRIVER'S License Pass Date

08 Feb 1979

Relationship of Owner & Driver

Spouse / Parents / Children / Sibling / Employee / Others: Customer

DRIVER'S Address

Blk 531 Hongang Ave 8 # 01-2915530531

DRIVER'S Contact No. Alt No.

9386 0970

2)

DRIVER'S Occupation

INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address

YONGLEEONG@gmail.com

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):

X06 worker

Was there any video Captured by car camera: YES / NO

Taken by Traffic Police

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Any Injury (If YES, Pls state):

06 injury

Other Party Driver's Particular (if any)

Vehicle No:

SMT 7402T

Vehicle No:

Vehicle Make Model:

Chevrolet

Vehicle Make Model:

Name Driver:

Agilan s/o David Munsamy

Name Driver:

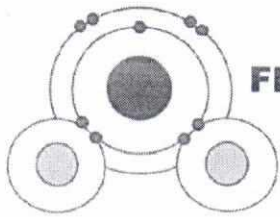
IC No, Driver Contact:

88945576

IC No, Driver Contact:

* NEW - Passenger's name & gender:





FLUX MOTOR RENTAL PTE LTD

Trusted. Reliable. Affordable.
Business Reg No : 201925858C

Main Office: 55 Serangoon North Ave 4 #02-11 S(555859)

Tel: 6226 6116 Fax: 6226 6118

Workshop: 55 Serangoon North Ave 4 #02-10 S(555859)

Lease Agreement Contract No: 20201016001

Date: 16/10/2020

This Rental Agreement made between us, **FLUX MOTOR RENTAL PTE LTD (UEN: 201925858C)** (hereinafter to be referred as "**the Company**"), identified as the Leaser **AND YOU**, the person(s) identified as the Hirer below :

NAME OF HIRER(S) (IN FULL) : ARISING CLEANING MANAGEMENT PTE LTD

NRIC/PASSPORT/RC/RB NO. : 201937036H

ADDRESS : APT BLK 717A WOODLANDS DRIVE 70 #04-14 SINGAPORE 731717

CONTACT NUMBER : 88914491/84981216

PERSON IN CHARGE : SUYADI BIN SUJAYA

NAME OF DRIVER(S) (IN FULL) : SUYADI BIN SUJAYA

NRIC/PASSPORT NO. : S9605576H

DATE OF BIRTH : 21/02/1996

DRIVING LICENSE NO. : S9605776H

LICENSE ISSUE DATE : 22/01/2019

ADDRESS : APT BLK 717A WOODLANDS DRIVE 70 #04-14 SINGAPORE 731717

1. DESCRIPTION OF VEHICLE

REGISTRATION NO. : GBK 6157 K
MAKE/MODEL : HIACE MANUAL
COLOUR : SILVER
ENGINE NO. : 1KDB048621
CHASSIS NO. : JTFHT02P400250692

2. PERIOD OF LEASE

Monthly Basis

From 16/10/2020 ("Commencement Date") to 16/10/2021 ("End Date")

Upon the expiry of the Lease Period, unless this Agreement has already been terminated or the Hirer has served the required notice of termination pursuant to the terms herein, the lease of the vehicle under this agreement shall be renewed automatically on a monthly basis commencing the day immediately after the End date on the same terms and conditions herein.

Return Date: 16/10/2021

3. LEASE CHARGES

Amount of SGD\$ 1400 per month (collectively, "Lease Charges") payable in advance on 15th of each month ("Payment Date").

If the Payment Date falls on a non-business day, the Hirer shall make payment of the Lease Charges on the Business Day immediately prior to the Payment Date. Timely payment is to be expected.

4. DEPOSIT

Amount: SGD\$ 1000

5. INSURANCE, ROAD TAX AND MAINTENANCE

The Company will be responsible for the road tax, maintenance, insurance, and servicing of the Vehicle. The insurance coverage for the Vehicle will be as follows. The Hirer is to strictly comply with the terms and conditions of the insurance policy.

Excess Amount : As stated in the Terms and Conditions annex
Insurance Coverage : Third Party Insurance Policy
Others _____

6. PURPOSE OF USE

Domestic / Commercial / Others* _____

7. EARLY TERMINATION OF AGREEMENT

The Hirer shall be liable to the Company for early termination as stated under the Terms and Conditions in the annex.

8. MODE OF PAYMENT

Cash payments are to be made over the counter at the Company's Main Office registered address as stated above.

Bank transfer account number: UOB Current Account 344-313-7244

Company Paynow account number: 201925858C

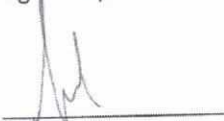
Cheque can be made payable to: FLUX MOTOR RENTAL PTE LTD

Any payments sent to the Company by post will be at your own risk.

The Agreement Contract herein comprises of the information above and the Terms and Conditions in the annex. The Hirer hereby confirms that he has read, understood, and agreed to the Agreement Contract and Terms and Conditions. I, the Hirer and/or driver(s) understand the Agreement Contract and Terms and Conditions, which were explained to us by the Company's staff. Should there be any breach of the terms of the Agreement Contract herein, all costs and expenses (including legal costs on an indemnity basis) will be borne by the Hirer and Guarantor. Once the Agreement contract has been signed, all Lease Charges and Deposits are not refundable in accordance with the terms herein.

IN WITNESS whereof the Parties hereto have agreed on the day and year above written.

Signed by the Hirer



Name:

Designation:

Company Stamp:

Page | 2

Signed for and on behalf of **FLUX MOTOR RENTAL PTE LTD**



Name: Xan

Designation:

Company Stamp:

Hirer Signature: 



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ407/C

E SN

AN0650A

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.

DMCVSNA00087012000

Engine No.: 1KDB048621

Cha. No.: JTFHT02P400250692

1. Index Mark and Registration
Number of Vehicle

GBK6157K

AUTOSAFE
=====

2. Name of Policy Holder

FLUX MOTOR RENTAL PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

29/09/2020

Excess Sect. I. S\$2,000.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

26/08/2021

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.: THINK ONE CREDIT PTE LTD

* 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

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com