

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SLF0821410005

Date In: 01/04/2021 14:57	Job description	Date & Time Completed	Done by
Ref No: NBO/C72210044911	SAS e-filing		
Veh No: SML 64038	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 30/03/2021 17:05	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: SLF476JB	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

<p>11A2102456</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref. 1:</p> <p>Ref. 2 / 3:</p>	<p>Invoice Preparation Checklist:</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$30)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile 30</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>	<p>Am (\$)</p> <p>Am (\$)</p> <p>Net Bill</p> <p>Add Bill</p>
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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	01/04/2021 14:57 (SGT)
Date of Accident	30/03/2021 17:05 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	CROSS JUNCTION OF YISHUN CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW6403G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MKM CAR LEASING PTE. LTD.
Company Reg No	2XXXXX734R
Email Address	rina@mkmcarsealing.com.sg
Mobile Phone No	(Phone) +65-96624376
Alternative Phone No	(Office) +65-67476880

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	Private hire
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00005852000
Cover Note Number	-

DRIVER

Name of Driver	EDWIN EMMANUEL JR TAMAYO BIRUNG
NRIC No	SXXXX674Z

Date Of Birth	25/12/1982
Occupation	Outdoor
Date Of Driving Pass	12/06/2013
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96624376
Alt. Phone Number	-
Email Address	rina@mkmcarleasing.com.sg
Address	BLK 301 CLEMENTI AVENUE 4 #15-547
Address complement	-
Postcode	120301
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	AFTER RAIN
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)	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

PLEASE REFER TO SKETCH PLAN

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	SLF4765B
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

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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)

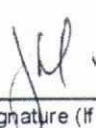
I understand, acknowledge, agree and consent that:

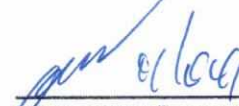
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

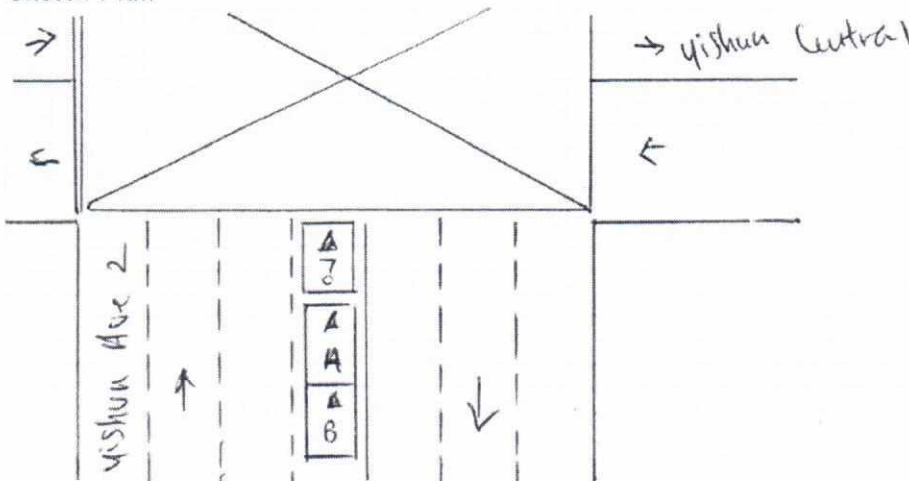

Policyholder's Signature / Date & Time




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


Witnessed by Reporting Centre Personnel

Sketch Plan



A = Smw 6403 G

B = SLF 4765 B

Describe Circumstances of the Accident

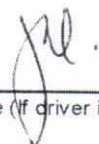
On the stated date and time, I Vehicle 'A' was stationary, Suddenly i felt an impact from my rear, So i get out of my car and realized it was Vehicle 'B' hit against my rear portion of my car.

Declaration

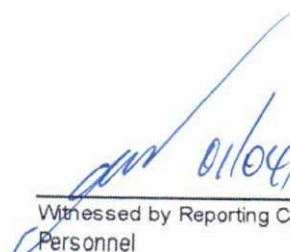
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



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

 01/04/2021

Witnessed by Reporting Centre Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30/03/2021 (dd/mm/yy) Time of Accident: 17:05 (24-HR-FORMAT)
Vehicle No.: SMW6403G Vehicle Make & Model / Engine (cc): Kia CERATO 1.6(A) 1591cc Private Hire: ☒ (N)
Exact location of Accident: YISHUN AVE 2 X YISHUN CENTRAL
Policyholder's Name / IC No.: MKM Car Leasing Pte Ltd 201224734R
Driver's Name / IC No.: EDWIN EMMANUEL JR TAMAYO BIRUNG S8287674Z (As Above) ☐
Driver's Contact No.: 96624376 Company Contact No / Owner Contact No: 67476880
Driver's Address: 176 Sin Ming Drive, #04-08 Sin Ming Auto Care, Singapore 575721
Owner Email address: rina@mkmcarleasing.com.sg Insurance Company: Liberty *China Taipei*
Driver Email address: rina@mkmcarleasing.com.sg

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Hirer

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

***No. of Passengers (Including Driver):** 1

*Passanger Name: _____

Gender: _____

*Passanger Name: _____

Gender: _____

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☒ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLF4765B

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



176 Sin Ming Drive #04-08,
Sin Ming AutoCare, Singapore 575721
Tel: 6747-6880 Fax: 6352-0443
Co. Reg. No./ GST Reg No.: 201224734R
Website: www.mkmcarleasing.com.sg
Email: enquiries@mkmcarleasing.com.sg



LEASE AGREEMENT

No. GR20120004

Date: 03 Dec 2020

VEHICLE DESCRIPTION

Vehicle No. : SMW6403G
Make : KIA
Model : CERATO 1.6(A) LX
Chassis No. : KNAF1416ML5065308
Engine No. : G4FGKH753053

HIRER PARTICULARS

Name : EDWIN EMMANUEL JR TAMAYO BIRUNG
NRIC/Passport No : S8287674Z
Address : 301 Clementi Avenue 4
#15-547 Singapore
120301
Contact No. : 96624376
Email : edwinemmanueljr@gmail.com
Driving License No. : S8287674Z
Passing Date : 12/06/2013
Date of Birth : 25/12/1982
Next of Kin : EDWARD (Brother)
Contact No. : 84348812

LEASE DETAILS

Lease Start Date & Time : 03 Dec 2020 | 1200
Lease End Date & Time : 09 Aug 2021 | 1200
Lease Period: : 249 days
Lease per Day: : S\$ 56.08
GST 7.00% : S\$ 3.93
Nett Amount per Day : S\$ 60.01
Security Deposit (No GST) : S\$ 1,000.00

IMPORTANT

It is essential that the vehicle be returned to us not later than the period stated above. On the expiration of that period, all third party or the insurance cover ceases to be effective.

ADDITIONAL DRIVER PARTICULARS

Name :
NRIC/FIN/Passport No :
Address :
Contact No. :
Driving License No. :
Passing Date :
Date of Birth :

REMARKS

2ND ACCIDENT TO OCCUR, \$3000+ 7% GST

INSURANCE

- (a) Own Excess Damage fee per claim is S\$ 2,000.00;
(b) Third Party Damage Excess fee per claim is S\$ 2,000.00;
(c) Outside Singapore Damage Excess fee per claim is S\$ 4,000.00;
(d) Addition Own Damage Excess fee per claim S\$ 3,000.00;
is applicable for any of the drivers below:
(i) Aged 24 years old or below;
(ii) Aged 66 years or above; or
(iii) Driving experience in Singapore of less than 2 years under the relevant class of driving license.
(e) Windscreen Damage Excess fee per claim is S\$ 200.00;

The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement.

IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.

Hirer's Signature
EDWIN EMMANUEL JR TAMAYO
BIRUNG



Rented out by
Leasing Consultant
MKM Car Leasing



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 Hire Car

MZ406

E SN

AN0580A

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.

DMHCSNA00005852000

Engine No.: G4FGKH753053

Cha. No.: KNAF1416ML5065308

1. Index Mark and Registration
Number of Vehicle

SMW6403G

2. Name of Policy Holder

MKM CAR LEASING PTE. LTD.

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

30/11/2020
(00:00:00)

4. Date of Expiry of Insurance

08/09/2021

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with the Policyholder's 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 *

- (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.
- (3) Use for the carriage of passengers for hire or reward by 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.

* 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

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