

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SN08215A0002

Date In: 10/05/2004 12:27	Job description	Date & Time Completed	Done by:
Ref No: N/A/C7710056324	SAS e-filing		
Veh No: SKC 1223X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 06/05/2004 12:50	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: SNM 7730.4

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)

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: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Am. (\$)	Am. (\$)
	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: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QD*				
*N5: Courtesy Car / Tpl 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: Idac Mobile \$0				
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	10/05/2021 12:27 (SGT)
Date of Accident	06/05/2021 12:50 (SGT)
Exact Location of Accident	MacPherson Rd, Singapore
Additional Location Information	TOWARDS AIRPORT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC1223X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	VITESSE AUTO PTE LTD
Company Reg No	2XXXXX680R
Email Address	sky11_sky11@yahoo.com.sg
Mobile Phone No	(Phone) +65-90611109
Alternative Phone No	+65-90738918

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	Commercial vehicle
Transmission	Auto
CC	1799

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00004602000
Cover Note Number	-

DRIVER

Name of Driver	WELSON SEET CHEE KEONG (XUE ZHIQIANG)
NRIC No	SXXXX856D

Date Of Birth	17/04/1977
Occupation	Outdoor
Date Of Driving Pass	23/10/1997
Driving experience	23 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90738918
Alt. Phone Number	-
Email Address	sky11_sky11@yahoo.com.sg
Address	BLK 194 RIVERVALE DRIVE #09-767
Address complement	-
Postcode	540197
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	Raining
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?	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	FRIEND
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 (TYPE OF COLLISION IS HEAD TO SIDE)

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 OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM7730H
Vehicle Manufacturer	Subaru
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WELSON SEET CHEE KEONG (XUE ZHIQIANG)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKC1223X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKC1223X
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.

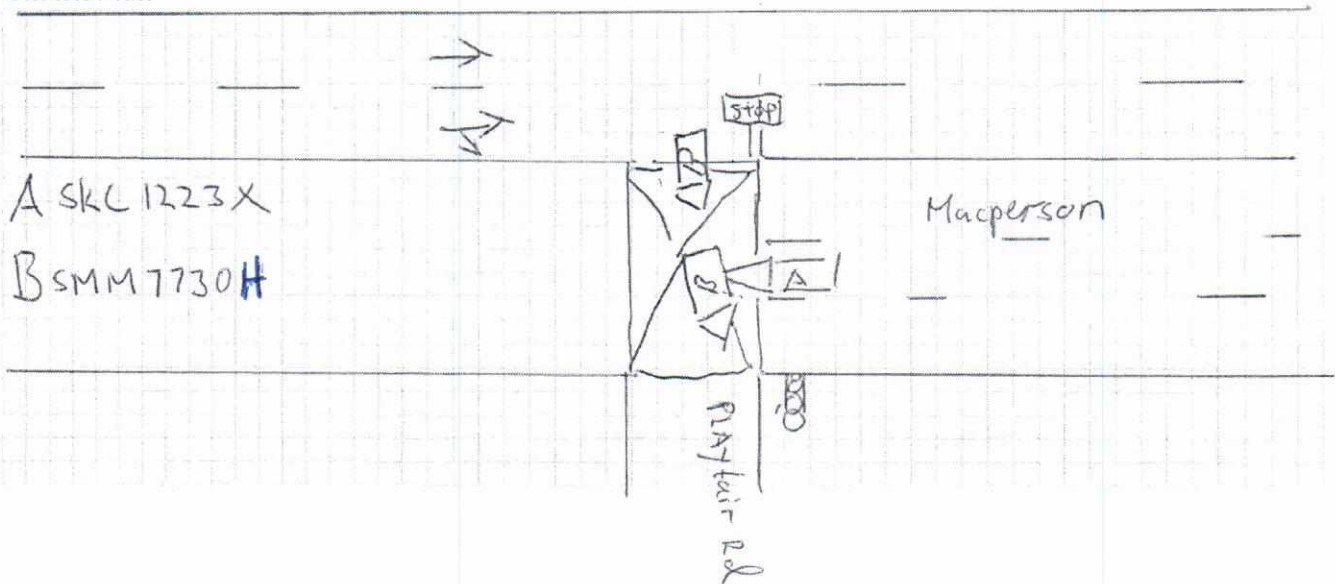


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving straight on Macperson Rd on the 3 lane traffic at the second lane the traffic light is green so I drive pass suddenly vehicle R on the other side which have to stop at the stop line but he never stop, he turn right into Playfair Rd and collided onto my car due to the straight impact my car front badly damage and my car air-bag bush.

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

10/05/2021

Date of Accident : 06 MAY 2021 Accident Time: 12.50 (24-HR-Format)
 Accident Place : Macperson Rd toward Airport Rd
 Vehicle No. (Car Plate No.) : SKC 1223X Make/Model: Honda Stream
 Insurance Company : China Taiping Policy No: DMHCSNW00004602000
 Owner or Company Name IC No. : VITESSE AUTO PTE LTD
 Owner or Company Contact No. : _____ Owner's Hp 90611109 Company Tel _____
 DRIVER'S Name IC No. : WELSON SEET CHEE KEONG (Xue zhiQiang) J57710856D
 DRIVER'S Date of Birth : 17041977 DRIVER'S License Pass Date 06 Nov 2003 23/10/1997
 Relationship of Owner & Driver : Singapore
 DRIVER'S Address : APT BLK 194 RIVERVALE DRIVE #09-767 540194
 DRIVER'S Contact No. Alt No. : _____ 90738918
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
 Email Address : sky11 - sky11@yahoo.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): 02
 Was there any video captured by our camera? YES NO
 Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose
 Any Injury (If) F.B. Passaten: 02 maxk FRUSTRATED

Other Party Driver's Particular (if any)

Vehicle No: <u>SMM 773014</u>	Vehicle No:
Vehicle Make/Model: <u>SUBARU</u>	Vehicle Make/Model:
Name Driver:	Name Driver:
IC No. Driver Contact:	IC No. Driver Contact:

? NEW - Passenger's name & gender:
man passenger

Motor Hire Car

MZ407

N GN

BR0075A

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.	DMHCGNW00004602000	Engine No.: R18A2102467	
		Chs. No.: RN63102332	
1. Index Mark and Registration Number of Vehicle	OKC1223X	AUTOCARPE	*****
2. Name of Policy Holder	VITEOSSE AUTO PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23/07/2020	Excess Sect I.	0\$1,250.00
		Excess Sect I (Outside Singapore)	0\$2,500.00
		Excess Sect II	0\$1,250.00
4. Date of Expiry of Insurance	22/07/2021	Excess Sect II (Outside Singapore)	0\$2,500.00
		EX ON WINDSCREEN	0\$100.00
5. Persons or Classes of Persons entitled to drive*	Any employee or any person who is driving with the Policyholder's order or with their 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.		
	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.: ACE FINANCIAL SERVICES PTE. LTD. 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: **FINEXIS ADVISORY PTE LTD**
Authorized Officer


Authorized Signatory

VITESSE AUTO PTE LTD

UEN No.: 201912680R
Email: vitesseauto2019@gmail.com

VEHICLE LEASE AGREEMENT

Name of Hirer :	Welson Seet Chee Keong	NRIC No./ Passport No. :	S7710856D
Address :	194 Rivervale Drive #09-767 S(540194)		

(hereinafter known as "the Hirer")

hereby agrees that the Owner shall let and the Hirer shall take the vehicle described below or a replacement vehicle provided by the Owner (hereinafter known as "the Vehicle") upon the terms and conditions hereinafter appearing.

VEHICLE DETAILS:

Make & Model :	Honda Stream 1.8
Registration No :	SKC1223X
Mileage :	170543

RENTAL PERIOD :	07 Months 22days
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Note: ½ day rental: 4 to 8hrs; 1 day rental: 8hrs and above



FIRST WEEK RENTAL START DATE :	01 Jan 2021
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DEPOSIT AMOUNT :	Nil
RENTAL FEE (S\$) :	\$70.00 per day / \$490.00 per week

- a. Rental Fee includes the following items:
- Unlimited mileage;
 - Service and maintenance;
 - Road Tax and Radio License;
 - Motor Insurance Coverage (Excess applicable)
 - 24 hours breakdown and emergency services (in Singapore only)
- b. Rental Fee is at a nett price.
- c. Agreement is based on weekly payment. All payment must be received on every Thursday before 6pm (Singapore time). Failure to do so, without prejudice to the Owner's other right* the Hirer shall be liable to an administrative fee of S\$50.00 plus 2% late interest payment (computed on a monthly basis) if the Rental Fee or other payment remain unpaid after becoming due. In the event that the Rental Fee remains unpaid for more than THREE (03) calendar days, the Owner may lodge a police report of loss of the Vehicle and activate the vehicle repossession team to retrieve the Vehicle. The cost of repossession will be charged to the Hirer.

2 of 10



	
Hirer's Initial	Owner's Initial