

NATIONAL Assessment Centre Services

Date In: 10/06/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI21006603/R3	SAS e-filing		
Veh No: SJ6 9452P	E-mail (w/Out Mins. AP: 2hrs)		
DOA: 09/06/21 2030	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within 10D 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLK1224P	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%; F: 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:-	Date & Time Completed	Done by
(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 :-	Invoice Preparation Checklist	Ant (\$)	Ant
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*N11: TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$10		
	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	10/06/2021 17:38 (SGT)
Date of Accident	09/06/2021 20:30 (SGT)
Exact Location of Accident	Tampines St. 11, Singapore
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG9452P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AVENGERS CAR RENTAL & MOTORING PTE LTD
Company Reg No	2XXXXX090Z
Email Address	RAWCUTS11@GMAIL.COM
Mobile Phone No	(Phone) +65-92222732
Alternative Phone No	+65-92222732

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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 - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	DMPCSNW00085712100
Cover Note Number	-

DRIVER

Name of Driver	WONG CASEY
NRIC No	SXXXX170J

Date Of Birth	14/07/1995
Occupation	Outdoor
Date Of Driving Pass	23/04/2014
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96947693
Alt. Phone Number	-
Email Address	CASEYWG1995@GMAIL.COM
Address	BLK 106C PUNGGOL FIELD
Address complement	#15-522
Postcode	823106
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	Side Swipe
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLK1224P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG TECK CHUAN DESMOND
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

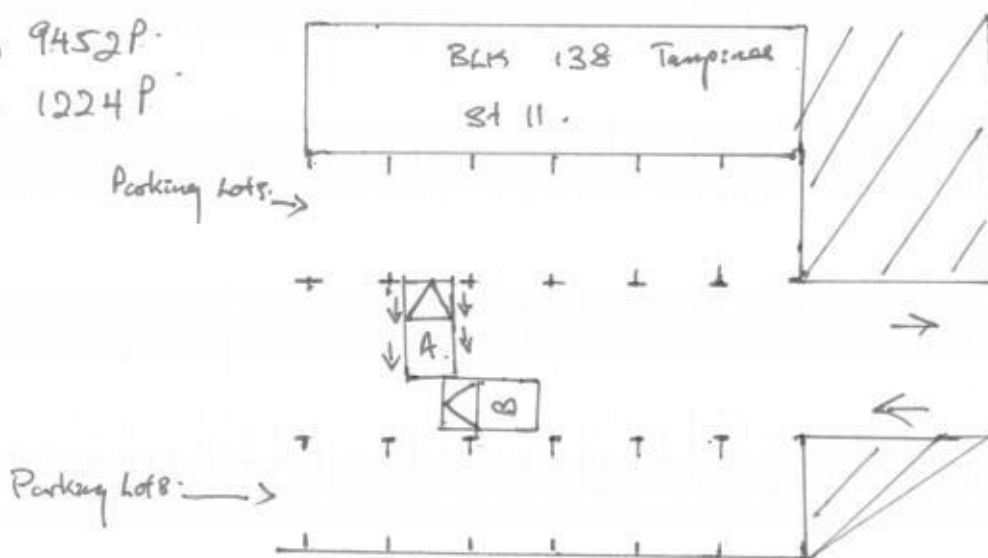
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) S7G 9452P

(B) SLK 1224P



Describe Circumstances of the Accident

On 09/06/2021 at @ 2030 hrs, I was driving in my vehicle (SJG 9452P) entering into the carpark of BLK 138 Tampines St 11. When I entered the carpark, I wanted to park into a parking lot on my left. So I drove my vehicle to the right and on my hazard light. I checked there were no oncoming vehicle and I reverse my vehicle. Suddenly, a car (SLK 1224P) entered the carpark without stopping. As a result, my vehicle rear right portion collided onto the right side of the said vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 10/06/21

Witnessed by Reporting Centre Personnel

VEHICLE NO:	SJG 9452P		MAKE & MODEL:	Toyota Vios		AUTO / MANUAL
DATE OF ACCIDENT:	09/06/2021		CC:	1.5		
TIME OF ACCIDENT:	2030 HRS					
LOCATION OF ACCIDENT:	BLK 138 Tampines St 11 (Open Carpark)					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE		PRIVATE HIRE			
NAME OF OWNER:	Avengers Car Rental & Motorizing Pte Ltd.					
TEL NO:	H/P: 9220 2732		OFFICE:	HOME:		
NRIC:	201735090Z					
ADDRESS:	BLK 682B Edgedale Plaza #17-TA1 (S) 822682					
EMAIL:	rawcuts11@guarcl.com					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO?					
INSURANCE COMPANY:	China Taiping					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	DMPCSNW00085712100					
NAME OF DRIVER:	AS ABOVE / IF NO: Wong Casey					
NRIC:	S 9524170J					
DATE OF BIRTH:	14/07/1995		LICENCE PASSED DATE:	23/04/2014		
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P: 9694 7693		OFFICE:	HOME:		
ADDRESS:	BLK 106C Punggol Field #15-52 (S) 823106					
EMAIL:	caseywg1995@guarcl.com					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Hirer					
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:						
NAME & CONTACT:						
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	SLK 1224 P		ANY PASSENGERS:	N.A.		
NAME OF DRIVER:	Ng Teck Chuan Desmond		CONTACT NO:			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	N.A.		WITNESS CONTACT:	N.A.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO					
WAS THERE ANY AUDIO RECORDED?	YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	Rear Portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO					
WORKSHOP PARTICULAR:	N-51					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	JOSEPH TAN					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					



Motor Private Car

MX1

N SN

AN0478A

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.

DMPCSNW00085712100

Engine No.: 1NZX779775

Cha. No.: MR053HY9305072670

1. Index Mark and Registration
Number of Vehicle

SJG9452P

2. Name of Policy Holder

AVENGERS CAR RENTAL & MOTORING PTE. LTD.

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

26/04/2021
(23:45:41)

4. Date of Expiry of Insurance

25/04/2022

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his 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*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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: INSURE HUB PTE LTD
Authorised Officer

Authorised Signatory