

# NATIONAL Assessment Centre Services

Date In: 01/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/11121009212/13	SAs e-filing		
Veh No: SLF84724	E-mail (w/then 8hrs. AP, 2hrs)		
DOA 31/08/21 1030	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: SLF7954C	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:- (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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) RT : 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:-		
	ON*		
	*N5: Courtesy Car / TP Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:			

## 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	01/09/2021 17:25 (SGT)
Date of Accident	31/08/2021 10:30 (SGT)
Exact Location of Accident	9 Claymore Rd, Singapore 229539
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8472U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CRAFT LEASING PTE LTD
Company Reg No	2XXXXX381N
Email Address	admin@craftleasing.com
Mobile Phone No	(Phone) +65-64844115
Alternative Phone No	(Office) +65-64844115

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MFL0005172
Cover Note Number	-

### DRIVER

Name of Driver	LIM HENG LEONG
NRIC No	SXXXX248E

Date Of Birth	17/02/1984
Occupation	Outdoor
Date Of Driving Pass	08/12/2005
Driving experience	15 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88143510
Alt. Phone Number	-
Email Address	limhl1984@gmail.com
Address	102 BUKIT PURMEI RD
Address complement	#10-70
Postcode	090102
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	PASSENGER
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	SLF7954C
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JODY KOH GEOK ENG
Contact Number	(Phone) +65-97772721
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	LIM HENG LEONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLF8472U
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.
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 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.



*Jim*

*Jim 01/09/21*

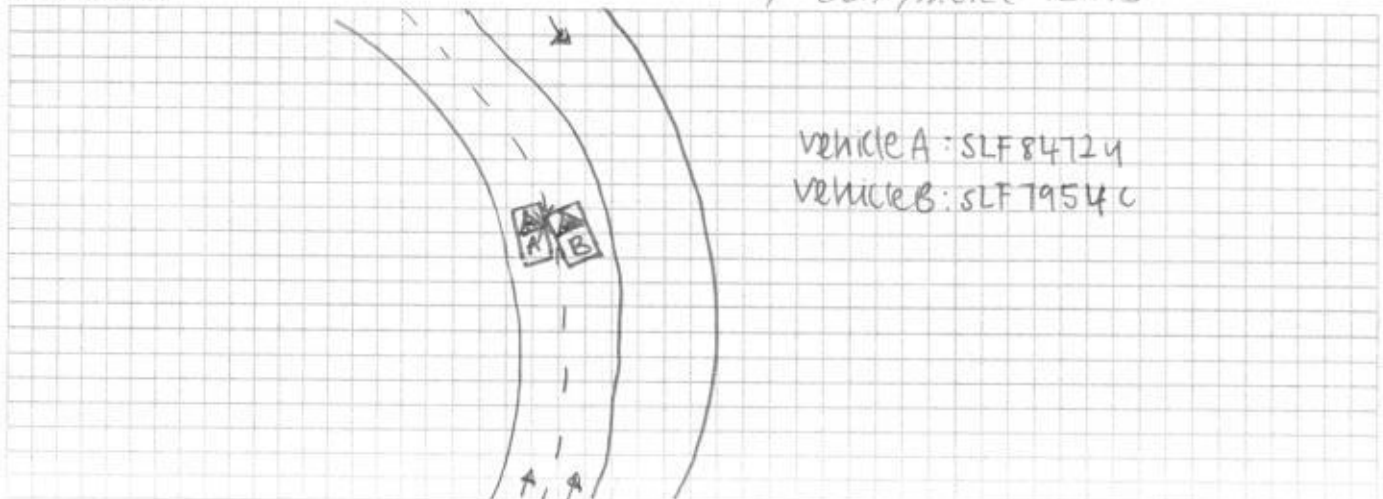
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

*9 CLAYMORE ROAD*



Describe Circumstances of the Accident

Refer TO  
police Report

T/20210901/7014

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





# SINGAPORE POLICE FORCE



T/20210901/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20210901/7014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/09/2021 13:19		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM HENG LEONG			Address: 102 BUKIT PURMEI ROAD #10-70 SINGAPORE 090102		
ID Type / ID No.: NRIC NO / S8405248E			Contact No.: Home/Office: Mobile: 88143510		
Nationality: SINGAPORE CITIZEN			Email: LIMHL1984@GMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 17/02/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/08/2021 10:30	Type of Location: Bend
Location:  CLAYMORE ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLF7954C	Car					0
SLF8472U	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210901/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20210901/7014

**CONTINUATION OF REPORT**

Driver			
Name	LIM HENG LEONG	ID No.	S8405248E
Related Vehicle	SLF8472U (Car)	Contact No.	88143510
Hospital/Clinic	LUM CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	01/09/2021	Date	01/09/2021
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SLF 8472 U) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY, I FELT A HUGE IMPACT ON THE RIGHT SIDE PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SLF 7954 C) WHO HAVE COLLIDED ONTO MY VEHICLE WHILE SWITCHING LANE AS THERE WAS A STATIONARY VEHICLE INFRONT OF VEHICLE B.

AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AT LUM CLINIC & SURGERY AS I FELT PAIN IN MY NECK.  
I WAS GIVEN 4 DAYS MC





**SINGAPORE  
POLICE FORCE**



T/20210901/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210901/7014

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
01/09/2021 13:19

Classification Of Case:

Date of Accident : 31/08/2021 Accident Time: 1030 (24-HR-Format)  
Accident Place : 9 claymore Road  
Vehicle No. (Car Plate No.) : SLF84724 Make/Model: Toyota Sienta  
Insurance Company : INDIA Policy No: D21MFL0005172  
Owner or Company Name /IC No. : Craft Leasing Pte Ltd (201718381N)  
Owner or Company Contact No. : 6484 4115 Owner's Hp — Company Tel —  
DRIVER'S Name / IC No. : Lim Heng Leong (S8405248E)  
DRIVER'S Date Of Birth : 17/02/1984 DRIVER'S License Pass Date 08/12/2005  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: hirer  
DRIVER'S Address : 102 Bukit Purmei Rd #10-70 S(090102)  
DRIVER'S Contact No./ Alt No. : 1) 8814 3510 2) —  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : LIMHL1984 @ 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): 2  
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  
Any Injury (If YES, Pls state): Driver

**Other Party Driver's Particular (if any)**

Vehicle No: SLF7954C  
Vehicle Make/Model: Honda  
Name Driver: Jody Koh Geok eng  
IC No. Driver/Contact: 97772721

Vehicle No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver/Contact: \_\_\_\_\_

**\* NEW - Passenger's name & gender:**

1. Grace Female passenger


## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

**All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.**

**CERTIFICATE NO.: D21MFL0005172**

**COVER: Comprehensive**

<b>1. Index Mark and Registration Number of Vehicle</b>	:	<b>SLF8472U</b>
<b>Chassis No</b>	:	<b>NSP1707045519</b>
<b>2. Name of Policyholder</b>	:	<b>CRAFT LEASING PTE LTD</b>
<b>3. Effective date of Insurance</b>	:	<b>17 Jul 2021</b>
<b>4. Expiry date of Insurance</b>	:	<b>16 Jul 2022</b>
<b>5. Persons or Classes of Persons entitled to drive*</b>		
Any person who is driving on the Policyholder's order or with his/their permission. The Hirer.		
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		
<b>6. Limitations as to use*</b>		
Use for the carriage of passengers in connection with the Policyholder's business or the hirer's business. Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired		
<b>The Policy does not cover</b>		
(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 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.		
<b>Excess Section I</b>	:	<b>SGD 2,000.00</b>
<b>Excess Section II</b>	:	<b>SGD 1,500.00</b>
<b>Windscreen Excess</b>	:	<b>SGD 100.00</b>
<b>Hire Purchase Company</b>	:	<b>N.A</b>
<b>SUNROOF EXCESS: S\$200/-</b>		
<b>FOR DRIVERS BELOW 20 YEARS OLD OR ABOVE 65 YEARS OLD &amp; WITH LESS THAN 2 YEARS DRIVING EXPERIENCE IN SINGAPORE ON THE RELEVANT CLASSES OF DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$2,500/- ON SECTION I &amp; II (SEPARATELY) WILL BE APPLICABLE.</b>		
<b>PRIVATE HIRE SERVICE (USE FOR HIRE &amp; REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY.</b>		
<b>FOR SOCIAL, DOMESTIC &amp; LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE &amp; WEST MALAYSIA.</b>		
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).		
<b>Agent/Broker</b>	:	<b>B000002/AON SINGAPORE PTE LTD</b>
<b>Date of Issue</b>	:	<b>21/07/2021 11:56:16</b>
<b>MZ406 - Hire Car (U/G)</b>	:	
		<b>For India International Insurance Pte Ltd</b>
		
		<b>Authorised Signatory</b>



210 Turf Club Road, Lot C15A Car Mall  
The Grandstand, Singapore 287995  
Tel: 6484 4115 Fax: 6468 8156  
Email: admin@craftleasing.com  
UEN: 201718381N

\*16/3/2021 - start Rent

### VEHICLE RENTAL AGREEMENT

<b>(Owner)</b>			
Name	: Craft Leasing Pte Ltd	UEN No.	: 201718381N
Address	: 210 Turf Club Road, Lot C15A Car Mall, The Grandstand, Singapore 287995 Tel: 6484 4115 Fax: 6468 8156, Email: admin@craftleasing.com		
<b>(Hirer)</b>			
Name	: LIM HENG LEONG S8405248E	NRIC No.	: S8405248E
Address	: BLK 102 BUKIT PURMEI ROAD #10-70 Singapore 090102	Contact No.	: 8814 3510
Email	: limhl1984@gmail.com		
<b>(Relief Driver)</b>			
Name	: N.A	NRIC	: N.A
Address	: N.A	Contact No.	: N.A

### DESCRIPTION OF VEHICLE ("The Vehicle")

Make/ Model	: TOYOTA SIENTA	Vehicle Registration No.	: SLF8472U TOYOTA SIENTA 1.5X A
Engine No.	: 2NR8653324	Chassis No.	: NSP1707045519


### RENTAL PAYMENT DETAILS

Contract Date: 15-03-2021

1. Commencement Date:	15-03-2021
2. Period of Hire: From	15-03-2021 to 15-12-2021
3. Rental Payment of SGD \$ 55.00 Per Day	("the Rental") for period 9 MONTHS due on the Friday of Each Week (payable in advance) ("Due Date"). Late Payment will be charged at \$50 for each and every payment due.
4. Upon signing The Agreement, The Hirer shall pay The Owner a security deposit amount of SGD \$500	(hereinafter referred to as "The Deposit")

### PURPOSE OF RENTING VEHICLE (Please tick the following :)

<input type="checkbox"/>	Personal Usage
<input checked="" type="checkbox"/>	Private Hire Usage
<input type="checkbox"/>	Others (Please Specify):

<b>The Owner's Signature</b>	<b>Date</b>	<b>The Hirer's Signature</b>
 CRAFT LEASING PTE LTD Co. Reg. No. 201718381N	15-03-2021	