

NATIONAL Assessment Centre Services, Inc. **SMR 4909D**

Date In: 19/10/2021 14:32	Job description	Date & Time Completed	Done by
Ref No: N/A/C/T/210107414	SAS e-thing		
Val No: SMR 75902	E-mail (by date time, A/S slurs)		
P.O.A: 17/10/2021 19:15	1-Motor Claim Form		
(1) Reporting Only	1-Motor W/O (with/without 00 sheet, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/VV/Ins		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Insurer:	Val No: SMR 4909D	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () %	[Note- Est Slurs (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: ()	Warranty YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer; Customer's information strictly confidential & strictly NO Ref of rep/lon.
 () Total Loss Case; to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QO Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Driver/Owner:	1) All Accident Work Done (30)	
Contract No:	2) DA Survey Allowance (\$100)	INC (H)
Damaged Part(s):	3) P1 Towing Fee	\$120
QC Checked by (Engr-in-Charge):	4) P1 Follow Through Survey	\$30
	5) P1 Follow Through Survey (Resurvey)	\$30
	6) P1 Follow Through Survey (W/O 10/1/200)	\$75
	7) P1 Inspection	\$160
	8) P1 IDA + SMR Survey	
	9) P1 Additional Services	
	OR	
	10) Courtesy Car / Tol Allowance	\$5
	11) Repair Coordination	\$10
	12) Post Repair Inspection	\$5
	13) IDA / Collul / Coord / Coord / Coord	\$5
	14) P1 (H) / TP / W / INC / INC / INC	\$5
	15) P1 IDA Mobile	
	Invoice dated	
	Invoice dated	

N/A/10/132

Fax Charged
 P1 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	19/10/2021 14:32 (SGT)
Date of Accident	17/10/2021 19:15 (SGT)
Exact Location of Accident	Pasir Ris Dr 8, Singapore
Additional Location Information	JUNCTION WITH PASIR RIS DRIVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ7590Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FRESH CARS PTE LTD
Company Reg No	2XXXXX540Z
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-97391774
Alternative Phone No	+65-97391774

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00009842101
Cover Note Number	-

DRIVER

Name of Driver	TAN BOON KHEANG
NRIC No	SXXXX861C

Date Of Birth	07/12/1951
Occupation	Outdoor
Date Of Driving Pass	14/08/1972
Driving experience	49 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97391774
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	BLK 642 ANG MO KIO AVENUE 5 #07-3037
Address complement	-
Postcode	560642
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 - Cross Junction
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GRAB PASSANGER
Gender	Male

PASSENGER 2

Name	GRAB PASSANGER
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

PLEASE REFER TO POLICE REPORT T/20211018/2084

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR4909D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO AIK HUI
NRIC No	SXXXX096B
Contact Number	(Phone) +65-85008353
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	TAN BOON KHEANG
Gender	Male
Phone No	(Phone) +65-97391774
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMQ7590Z
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 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.



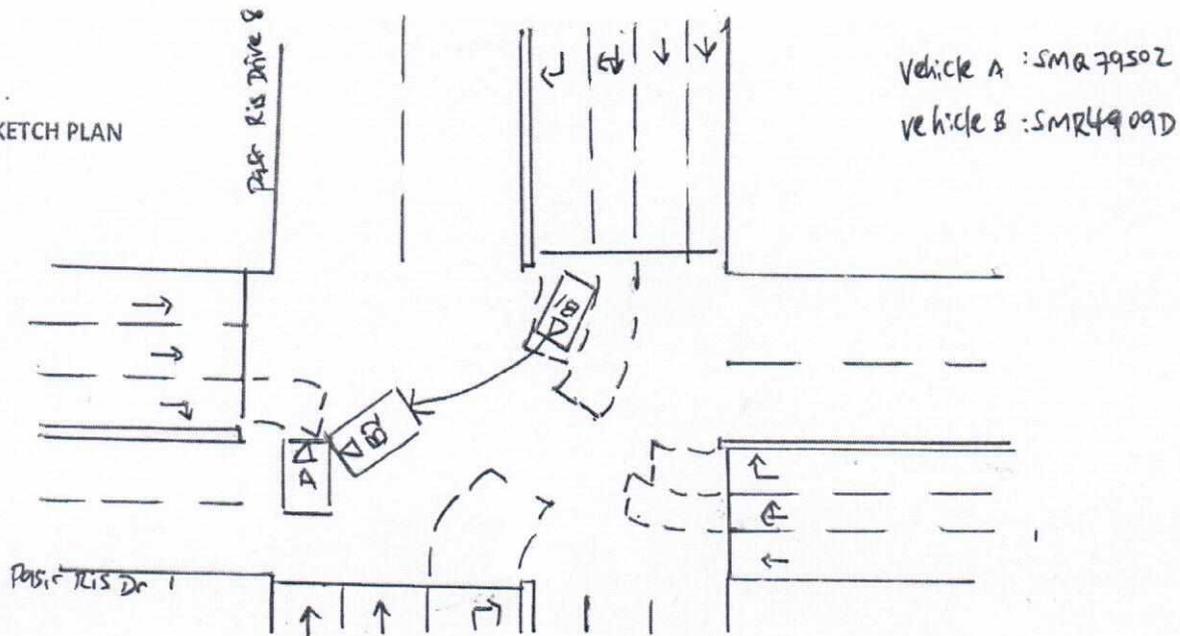
Policyholder's Signature
Date & Time:

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

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

19/10/2021

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. T/20211018/2084

DECLARATION

I/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:

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

[Handwritten signature]
19/10/2021

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 17 / 10 / 2021 (dd/mm/yy) Time of Accident: 19 : 15 (24-HR-FORMAT)

Vehicle No.: SMQ7590Z Vehicle Make & Model: TOYOTA PRIUS

*Transmission : Manual Auto *C.c : 1798

Exact location of Accident: PASIR RIS DRIVE 8 JUNCTION WITH PASIR RIS DRIVE 1

Policyholder's Name: FRESH CARS PTE LTD NRIC/FIN/REG No.: 201608540Z

*Policyholder's email address : REPORTING@MYCAR.SG

Driver's Name: TAN BOON KHEANG NRIC/FIN/REG No.: S0169861C

*Driver's email address : REPORTING@MYCAR.SG

Driver's Contact No.: 97391774 Company Contact No (If any): _____

Date of birth: 07/12/1951 Driving Pass Date: 14/08/1973

Driver's Address: BLK 642 ANG MO KIO AVENUE 5, #07-3037, SINGAPORE (560642)

Insurance Company: CHINA TAIPING

Policy No.: DMHCSNA00009842101 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

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

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

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)

Type of Accident

Chain Collision Head To Rear Side Swipe Other CROSS JUNCTION

Occupation (nature job) Indoor / Outdoor *No. of Passengers / Including Driver): 3

*Passenger Name: GRAB PASSENGER Gender: Male / Female

*Passenger Name: GRAB PASSENGER Gender: Male / Female

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 Car camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person' Name: TAN BOON KHEANG

Injuries Sustain : BODY Injured Person in Which Vehicle: SMQ7590Z

Police Report filed: Yes / No (If YES) Which Police Station: TAMPINES NORTH NPP

The Other Party (S) Details:

1. Driver's Name / IC No: TEO AIK HUI S8736096B Vehicle No: SMR4909D

Driver's Contact No: 85008353 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: MY CAR CONSULTANT PTE LTD Contact No: 83447681



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

CONTINUATION OF REPORT

Driver			
Name	TAN BOON KHEANG	ID No.	S0169861C
Related Vehicle	SMQ7590Z (Car)	Contact No.	97391774
Hospital/Clinic	INTEMEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/10/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	TEO AIK HUI	ID No.	S8736096B
Related Vehicle	SMR4909D (Car)	Contact No.	85008353
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 17/10/2021, I WAS DRIVING ALONG PASIR RIS DRIVE 8, THROUGH A T JUNCTION. THE TRAFFIC LIGHT WAS ON MY FAVOR, I WAS DRIVING STRAIGHT THROUGH THE JUNCTION WITH GREEN LIGHT ON MY SIDE. HOWEVER, A CAR 'SMR4909D' PROCEEDED TO MAKE A RIGHT TURN FROM HIS SIDE AND CRASHED ONTO THE SIDE OF MY VEHICLE. AFTER THE ACCIDENT, 1 OF PASSENGER CLAIMED THAT SHE WAS INJURED, THEREFORE THEY TOOK A SIT AT THE BUS STOP. HOWEVER, AFTER I HAVE SETTLED THE ACCIDENT 30 MINUTES LATER, THEY WERE GONE. THE RENTAL COMPANY WHERE I RENTED MY CAR FROM ADVISED ME TO SEE A DOCTOR WHICH I DID, AND I WAS ISSUED A 5 DAYS MC, FROM 18/10/2021 TO 22/10/2021 INCLUSIVE. I HAVE CONTACTED GRAB TO SEEK FOR ASSISTANCE IN RECOVERING THE DETAILS OF MY PASSENGERS FOR WITNESSING PURPOSES.

THAT'S ALL



**SINGAPORE
POLICE FORCE**



T/20211018/2084

3 of 3

Report No. T/20211018/2084

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report
TP /
SC TOH CHIN XIONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No : 65476104

Signature Of Informant:

Date/Time:
18/10/2021 18:35

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____

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NOTICE OF REPORTING

This is to confirm that Tan Boon Kheang, NRIC/FIN: S0169861C, residing at Block 642 Ang Mo Kio Avenue 5 #07-3037, HP: 97391774 has reported to the Police a non-injury traffic accident which occurred at the cross junction of Pasir Ris Drive 8 and Pasir Ris Drive 1, on 17/10/21 at 7.15pm involving the following vehicles: SMQ7590Z (V1) & SMR4909D (V2)

On the above mentioned date, time and location, I was driving along Pasir Ris Drive 8 towards Tampines. While approaching the cross junction, as the traffic light was green in my favour, I continued driving straight. All of a sudden, V2 turned right from Pasir Ris Drive 8 towards Pasir Ris Drive 1. As a result, V2 collided with the right front side of my vehicle.

After the accident, we alighted from our vehicles to exchange particulars. There was no traffic police or ambulance at scene. I have 2 passengers at the point of accident, but they left while I was settling with the other driver. Thus, I do not have any particulars. Particulars of the driver for V2: Teo Aik Hui, S8736096B, 85008353

I am lodging this report for record purposes.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(3) Jonathan Lim

Date: 17/10/21 Time: 2027hrs

S/D Ref: 20

Police Post/Unit : Tampines North NPP

Tampines North NPP
Block 461 Tampines St 44
#01-56 Singapore 520461
Tel: 1800-7818999

*Will give you
new police report
after customer
see doctor*

[Signature]
50169861/C

FRESH CARS PTE LTD

VEHICLE RENTAL AGREEMENT

UEN No: 201608540Z
 105 Kaki Bukit Ave 1, #03-03
 Shun Li Industrial Park S(415987)

Hotline 1: 9822 6730
 Hotline 2: 9619 2819
 Hotline 3: 9829 6686
 Hotline 4: 8612 0068
 Hotline 5: 8611 8566
 v3.57

VEHICLE RENTAL AGREEMENT		
This vehicle agreement is made on 05-Aug-21 between FRESH CARS PTE LTD, 105 Kaki Bukit Ave 1, #03-03 Shun Li Industrial Park S(415987) (hereinafter referred to as "THE OWNER") and Tan Boon Kheang, S0169861C located at Blk 642 Ang Mo Kio Avenue 5 #07-3037 Singapore 560642 (hereinafter referred to as "THE HIRER"), and will take effect starting from the time of vehicle handover.		
Start Date	5-Aug-21 <i>Thurs</i>	
End Date	5-Feb-22 (184 days)	
Start Time	10:30 AM	
Agreement Number	GB21080581	
Customer Type	GB	
HIRER DETAILS		
Hirer Identification Number	S0169861C	
Hirer Name	Tan Boon Kheang	
Hirer Address	Blk 642 Ang Mo Kio Avenue 5 #07-3037 Singapore 560642	
Hirer Birthdate	7-Dec-51	
Hirer License Pass Date	14-Aug-73	
Hirer Phone Number	9739 1774	
Hirer E-Mail	tanboonkheang007@gmail.com	
VEHICLE DETAILS		
Vehicle Registration Number	SMQ7590Z	
Make/Model (Color)	Toyota Prius+ Hybrid (Black)	
DEPOSIT DETAILS		
Deposit Amount	\$500.00	
CHARGES		
Rental Rate	\$434.00 per week for 26.3 week(s)	
Malaysia Surcharge	\$0.00	
Additional Driver Surcharge	\$0.00	
Collision Damage Waiver (CDW)	\$42.00 per week for 26.3 week(s)	
Others	\$0.00	
Total Charged	\$500.00	
PAYMENTS		
Payment Amount	\$860.00	Total Payment
Date of Payment	26-Jul-21	\$860.00
Payment Method	201608540Z	
Only the following payment methods are accepted: Cash, PayNow to 201608540Z, Bank Transfer to DBS 0179050731		
Rental extension is allowed past the end date (subject to availability). 1 week advance notice is required to end the contract.		
REMARKS		
Renew 6 months contract. \$500 deposit to be transferred over from old agreement number GB210205B1. Free one day (5 Aug 2021) on the day taking the car, free 3 days upon completion of contract with accident free and punctual payment. X03 until and incl. Sun 1 Aug 2-1		

Signed by Name: *CHEN*
 for and on behalf of
 THE OWNER



Signed by THE HIRER

Motor Hire Car

MZ406LB

R SN

AN0586A

Cov. Type:T

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)

CERTIFICATE No.	DMHCSNA00009842101	Engine No.: 2ZR2F70690	Cha. No.: JTDZS3EU30J051629
1. Index Mark and Registration Number of Vehicle	SMQ7580Z		
2. Name of Policy Holder	FRESH CARS PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations Ordinance or Enactment	07/09/2021 (12:27:20)	Excess Sect. II	S\$1,500.00
		Excess Sect. II (Outside Singapore)	S\$3,000.00
4. Date of Expiry of Insurance	06/09/2022		
5. Persons or Classes of Persons entitled to drive*	<p>As per Named Driver(s) stated below. 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.</p>		
6. Limitations as to use.*	<p>(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.</p> <p>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.</p>		

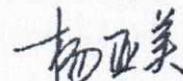
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: Tan Xin Yi Josephine
Authorised Officer



Authorised Signatory