

# NATIONAL Assessment Centre Services

Date In: 05/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/ID 21011262/13	SAS e-filing		
Veh No: SMM5621C	E-mail (w/Out SLAs: A/D: 2hrs)		
DQA: 02/01/21 0920	i-Motor Claim Form		
OD: (IP) Reporting Only	i-Motor W/O (Within: Q/D: 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: SMT7898X	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

NA2104402	<b>Invoice Preparation Checklist</b>	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	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:-		
<b>QC Checked by (Engr-In-Charge):</b>	OH*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
<b>Auditors' Comments :-</b>	TP (N11): TP (N-on INC) against INC \$20		
<b>Cat. 1:</b>	9) N12: Idac Mobile 30		
<b>Cat. 2/3:</b>	Invoice date:	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	05/11/2021 09:49 (SGT)
Date of Accident	03/11/2021 09:20 (SGT)
Exact Location of Accident	Alexandra Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM5621C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CRAFT LEASING PTE LTD
Company Reg No	2XXXXX381N
Email Address	wrx49wrx49@gmail.com
Mobile Phone No	(Phone) +65-89807818
Alternative Phone No	+65-89807818

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	TERENCE TAN SHIN KUAN
NRIC No	SXXXX323D

Date Of Birth	14/04/1978
Occupation	Outdoor
Date Of Driving Pass	15/01/2004
Driving experience	17 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92701111
Alt. Phone Number	-
Email Address	wrx49wrx49@gmail.com
Address	BLK 419 BEDOK NORTH ST 1
Address complement	#11-178
Postcode	460419
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	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)	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?	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 POLICE REPORT:T/20211103/7024

#### 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	SMT7898X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
NRIC No	SXXXX329D
Contact Number	(Phone) +65-97281249
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	TERENCE TAN SHIN KUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK,JOINTS & SHOULDERS
Injured person in which vehicle?	SMM5621C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Date of Accident : 03/11/2021 Accident Time: 0920 (24-HR-Format)  
 Accident Place : Alexandra Road  
 Vehicle No. (Car Plate No.) : SMM5621C Make/Model: Honda Shuttle  
 Insurance Company : INDIA Policy No: DZIMFL0005172  
 Owner or Company Name /IC No. : Craft Leasing Pte Ltd (201718381N)  
 Owner or Company Contact No. : 6980 7818 Owner's Hp 15/01/2004 Company Tel  
 DRIVER'S Name / IC No. : Terrence Tan Shin Kuan (57809323D)  
 DRIVER'S Date Of Birth : 14104/1978 DRIVER'S License Pass Date —  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer  
 DRIVER'S Address : 49 Bedok North Street 1 #11-17f S(460419)  
 DRIVER'S Contact No./ Alt No. : 1) 9270 1111 2) —  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : WRX49WRX49@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): 01  
 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: <u>SMT 7898 X</u>	Vehicle No: _____
Vehicle Make\Model: _____	Vehicle Make\Model: _____
Name Driver: <u>Ang Me Hui Sany (58712329D)</u>	Name Driver: _____
IC No. Driver/Contact: <u>9728 1249</u>	IC No. Driver/Contact: _____

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

## 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 willful 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.



*Sym* 03/11/21

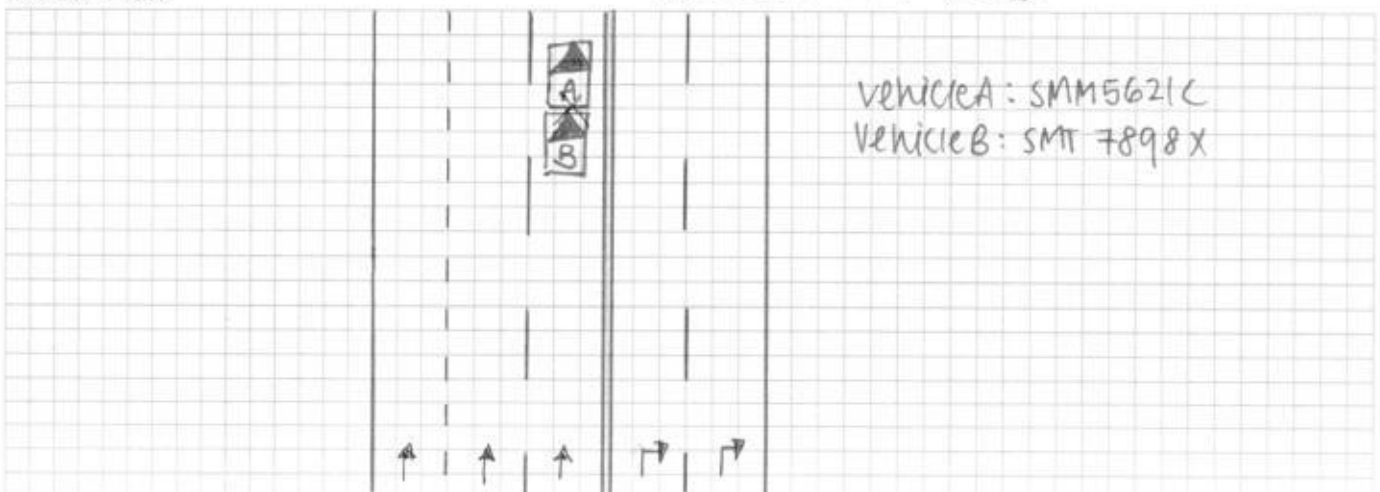
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

ALEXANDRA ROAD





**Describe Circumstances of the Accident**

Refer To Police Report  
(T/20211103/7024)

**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

shym 03/11/21

Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20211103/7024

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

1 of 3

Report No. T/20211103/7024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/11/2021 13:41		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TERENCE TAN SHIN KUAN			Address: 419 BEDOK NORTH STREET 1 #11-178 SINGAPORE 460419		
ID Type / ID No.: NRIC NO / S7809323D			Contact No.: Home/Office: Mobile: 92701111		
Nationality: SINGAPORE CITIZEN			Email: WRX49WRX49@GMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 14/04/1978	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: 03/11/2021 09:20	Type of Location: Straight Road
Location:  ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMM5621C	Car					0
SMT7898X	Car					0

**Details of Person Involved**

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





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

**CONTINUATION OF REPORT**

Driver			
Name	TERENCE TAN SHIN KUAN		ID No. S7809323D
Related Vehicle	SMM5621C (Car)		Contact No. 92701111
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	03/11/2021		Date 03/11/2021
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

ON THE STATED DATE AND TIME, I VEHICLE A (SMM 5621 C) HAS CAME TO A COMPLETE STOP DUE TO RED TRAFFIC LIGHT ON THE STATED VENUE. SUDDENLY, I FELT A HUGE IMPACT ON THE REAR PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SMT 7898 X) WHO HAVE COLLIDED ONTO MY VEHICLE.

AFTER THE ACCIDENT, I THEN WENT TO CONSULT A DOCTOR AT TAN MEDICARE CLINIC PTE LTD AS I FELT PAIN IN MY NECK, BACK, JOINTS AND SHOULDERS.  
I WAS GIVEN 3 DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20211103/7024

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

3 of 3

Report No. T/20211103/7024

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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

Date/Time:  
03/11/2021 13:41

Classification Of Case:



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

\* 05/10/2021 Start Rent  
\* Price Include CDW  
\* Deposit Paid \$300

## VEHICLE RENTAL AGREEMENT

### (Owner)

Name : Craft Leasing Pte Ltd  
Address : 210 Turf Club Road, Lot C15A Car Mall, The Grandstand, Singapore 287995  
Tel: 6484 4115 Fax: 6468 8156, Email: admin@craftleasing.com  
UEN No. : 201718381N

### (Hirer)

Name : TERENCE TAN SHIN KUAN S7809323D  
Address : BLK 419 BEDOK NORTH STREET 1 #11-178  
Singapore 460419  
Email : wrx49wrx49@gmail.com  
NRIC No. : S7809323D  
Contact No. : 9270 1111

### (Relief Driver)

Name :  
Address :  
NRIC :  
Contact No. :

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

Make/ Model : HONDA SHUTTLE  
Engine No. : LEB7106085  
Vehicle Registration No. : SMM5621C HONDA SHUTTLE  
CHASSIS No. : GP72004705  
HYBRID 1.5 A

### RENTAL PAYMENT DETAILS

Contract Date: 04-10-2021

- Commencement Date: 04-10-2021
- Period of Hire: From 04-10-2021 to 04-01-2022
- Rental Payment of SGD \$ 65.00 Per Hour ("the Rental") for period 3 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.
- Upon signing The Agreement, The Hirer shall pay The Owner a security deposit amount of SGD \$300 (hereinafter referred to as "The Deposit")

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

☐ Personal Usage



☒ Private Hire Usage

☐ Others (Please Specify):

The Owner's Signature

Date

The Hirer's Signature



04-10-2021

## 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)

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

1. Index Mark and Registration Number of Vehicle : SMM5621C  
Chassis No : GP72004705
2. Name of Policyholder : CRAFT LEASING PTE LTD
3. Effective date of Insurance : 17 Jul 2021
4. Expiry date of Insurance : 16 Jul 2022
5. Persons or Classes of Persons entitled to drive\*  
Any person who is driving on the Policyholder's order or with his/her 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

6. Limitations as to use\*

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

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.
- (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.

Excess Section I	SGD	2,000.00
Excess Section II	SGD	1,500.00
Windscreen Excess	SGD	100.00
Hire Purchase Company	HTS MOTOR CARS PTE LTD	

SUNROOF EXCESS: S\$200/-

FOR DRIVERS BELOW 20 YEARS OLD OR ABOVE 65 YEARS OLD & 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 & II (SEPARATELY) WILL BE APPLICABLE.

PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY.

FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE & WEST MALAYSIA.

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).

Agent/Broker : B000002/AON SINGAPORE PTE LTD  
Date of Issue : 21/07/2021 11:56:16  
MZ406 - Hire Car (U/G)

For India International Insurance Pte Ltd



Authorised Signatory