

NATIONAL Assessment Centre Services

Date In: 29/11/2021 17:47	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/III 21012095/m4	E-mail (within 5hrs. AP: 2hrs)		
Veh No: SLG 4091G	i-Motor Claim Form		
D.O.A: 26/11/2021 19:30	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
OD (TP) Reporting Only	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: PC 62015	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

NA 2104548

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$90)		
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 / Tpt 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	

Auditors' Comments :-

Cat 1:

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	29/11/2021 17:47 (SGT)
Date of Accident	26/11/2021 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MERCHANT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4091G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CRAFT LEASING PTE LTD
Company Reg No	2XXXXX381N
Email Address	KH@CRAFTLEASING.COM
Mobile Phone No	(Phone) +65-69807818
Alternative Phone No	+65-69807818

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	NUR HASLYN KHO @KHO SHU YING
NRIC No	SXXXX233D

Date Of Birth	05/04/1984
Occupation	Outdoor
Date Of Driving Pass	10/12/2005
Driving experience	15 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90290086
Alt. Phone Number	-
Email Address	lynn_kho@yahoo.com.sg
Address	BLK 908 JURONG WEST STREET 91
Address complement	#11-215
Postcode	640908
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	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	PASSENGER
Gender	Female

PASSENGER 2

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

REFER TO THE POLICE REPORT : T/20211127/7011

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	PC6201S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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	NUR HASLYN KHO @KHO SHU YING
Gender	Female
Phone No	(Phone) +65-90290086
Address	BLK 908 JURONG WEST STREET 91
Address Complement	#11-215
Post Code	640908
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLG4091G
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

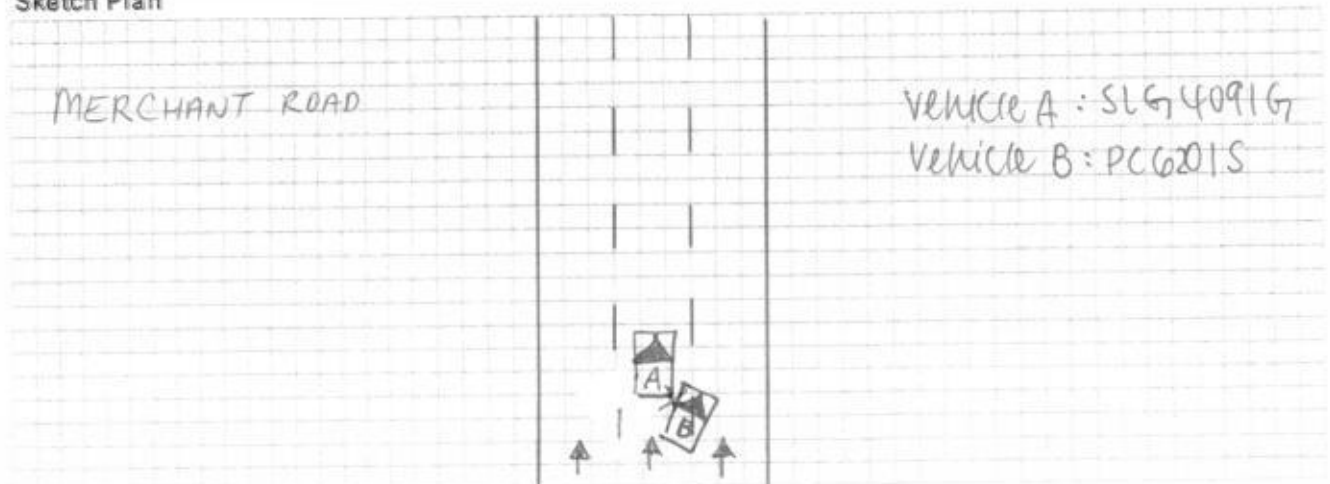


Policyholder's Signature / Date & Time

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

Renee 29/11/21
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, I vehicle A 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 who have collided onto my vehicle while switching lanes. Refer to the police report: T/20211127/7011.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

Rm 29/11/21

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20211127/7011

1 of 3

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

Report No. T/20211127/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2021 15:21	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NUR HASLYN KHO			Address: 908 JURONG WEST STREET 91 #11-215 SINGAPORE 640908		
ID Type / ID No.: NRIC NO / S8410233D			Contact No.: Home/Office: Mobile: 90290086		
Nationality: SINGAPORE CITIZEN			Email: lynn_kho@yahoo.com.sg		
Sex: Female	Age: 37	Date of Birth: 05/04/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/11/2021 19:30	Type of Location: Straight Road
Location: MERCHANT 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
PC6201S	Van					0
SLG4091G	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211127/7011

2 of 3

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

Report No. T/20211127/7011

CONTINUATION OF REPORT

Driver				
Name	NUR HASLYN KHO		ID No.	S8410233D
Related Vehicle	SLG4091G (Car)		Contact No.	90290086
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	27/11/2021		Date	27/11/2021
No. of Days granted Medical Leave	03	Degree of	Serious	

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SLG 4091 G) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY, I FELT A HUGE IMPACT ON THE RIGHT SIDE PORTION OG MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (PC 6201 S) WHO HAVE COLLIDED ONTO MY VEHICLE WHILE SWITCHING LANES.

AFTER THE ACCIDENT, I THEN WENT TO CONSULT A DOCTOR AT CENTRAL 24HR CLINIC (BEDOK) AS I FELT PAIN IN MY NECK .
I WAS GIVEN 3 DAYS MC



**SINGAPORE
POLICE FORCE**



T/20211127/7011

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

3 of 3

Report No. T/20211127/7011

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 /
BOON YEN KIAN
Contact No.: 65476172

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

Date/Time:
27/11/2021 15:21

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

VEHICLE RENTAL AGREEMENT

(Owner)			
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		
(Hirer)			
Name	: NUR HASLYN KHO S8410233D	NRIC No.	: S8410233D
Address	: 908 JURONG WEST STREET 91 #11-215 Singapore 640908	Contact No.	: 9029 0086
Email	: lynn_kho@yahoo.com.sg		
(Relief Driver)			
Name	: N.A	NRIC	: N.A
Address	: N.A	Contact No.	: N.A

DESCRIPTION OF VEHICLE ("The Vehicle")

Make/ Model	: MAZDA 3	Vehicle Registration No.	: SLG4091G MAZDA 3
Engine No.	: P520375359	Chassis No.	: JM6BM42A8G0346459



RENTAL PAYMENT DETAILS

Contract Date: 07-09-2021

1. Commencement Date: 07-09-2021
2. Period of Hire: From 07-09-2021 to 30-11-2021
3. Rental Payment of SGD \$ 53.00 Per Day ("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.
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):

The Owner's Signature	Date	The Hirer's Signature
	07-09-2021	

SN0921BT 0008

Date of Accident : 26/11/2021 Accident Time: 1930 (24-HR-Format)
Accident Place : Merchant Road
Vehicle No. (Car Plate No.) : SLG 4091G Make/Model: Mazda 3
Insurance Company : India Policy No: DZ1MFL0005172
Owner or Company Name /IC No. : Craft Leasing Pte Ltd (201718381N)
Owner or Company Contact No. : 6980 7818 Owner's Hp — Company Tel
DRIVER'S Name / IC No. : Nur Hasyah Khoo (S8410233D)
DRIVER'S Date Of Birth : 05/04/1984 DRIVER'S License Pass Date 10/12/2005
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other Hirer
DRIVER'S Address : Blk 908 Jurong West Street 91 #11-215 S(640908)
DRIVER'S Contact No./ Alt No. : 1) 9029 0086 2) —
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : KH@CRAFTLEASING.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): 03
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): yes, Driver

Other Party Driver's Particular (if any)

Vehicle No: <u>PL 62015</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

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

1. Golek Female Passenger
2. Golek Female Passenger

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	: SLG4091G	
Chassis No	: JM6BM42A8G0346459	
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*	<p>Any person who is driving on the Policyholder's order or with his/their permission. The Hirer.</p> <p>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>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</p> <p>The Policy does not cover</p> <p>(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.</p> <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.</p>	
Excess Section I	: SGD	2,000.00
Excess Section II	: SGD	1,500.00
Windscreens Excess	: SGD	100.00
Hire Purchase Company	: GENIE FINANCIAL SERVICES 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 S\$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	For India International Insurance Pte Ltd	
Date of Issue : 21/07/2021 11:56:16	 _____ Authorised Signatory	
MZ406 – Hire Car (U/G)		