

NATIONAL Assessment Centre Services

Date In: 12/01/2022	Job description	Date & Time Completed	Done by
Ref No: NA / CTI 22000456/m4	SAS e-filing		
Veh No: GBD 2765T	E-mail (within 3 hrs. A/C 2hrs)		
D.O.A: 11/01/2022 18:40	i-Motor Claim Form		
OD: (IP) 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: SMT 5110Z	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 2200122	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile \$0		
	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	12/01/2022 18:08 (SGT)
Date of Accident	11/01/2022 18:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ECP BEFORE PIE (TUAS) EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2765T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HONG CAR RENTAL SERVICES
Company Reg No	5XXXX488J
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-88201047
Alternative Phone No	+65-88201047

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMCVSNW00098402104
Cover Note Number	-

DRIVER

Name of Driver	NOORASLANTI BINTE RAMLAN
NRIC No	SXXXX990H

Date Of Birth	20/04/1975
Occupation	Outdoor
Date Of Driving Pass	10/06/2006
Driving experience	15 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88201047
Alt. Phone Number	-
Email Address	abc8627e@gmail.com
Address	BLK 348D YISHUN AVENUE 11
Address complement	#03-593
Postcode	764348
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	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	SMT5110Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SN 09221C0001 Vehicle Registration No: GBD 2765T
Name (as shown in NRIC): Noorashanti Binte Ramlan NRIC/FIN/Passport No: S7509990H
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: Blk 348D Vishva Avenue 11 #03-593 Singapore (764242)
Contact (Tel): _____ Mobile No.: 8820 1047
Email Address: nlc8627e@gmail.com
Date of Accident: 11/01/2022 Time of Accident: 18:40
Place of Accident: ECP Before PIE (Tuas) Exit
Insurance Company: CTI

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Delete TP Vehicle (unknown) x2

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Pence Sin
NRIC/FIN No.: _____
Date: 12/01/2022

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

[Handwritten signature]



[Handwritten signature]

[Handwritten signature] 12/01/2022

Policyholder's Signature / Date & Time

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

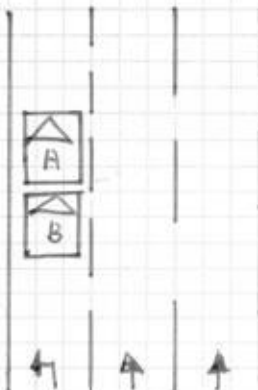
Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A: GBD 2765T

Veh B: SMT 5110Z

ECP Before PIE (Tuas) Exit



Describe Circumstances of the Accident

Attached

to

Report


Declaration

We declare the foregoing particulars are true in every respect.







 12/01/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (GBD2765T) WAS STATIONARY ON ECP BEFORE PIE(TUAS) EXIT DUE TO HEAVY TRAFFIC. SUDDENLY I HEARD A LOUD BANG AND FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SMT5110Z) THAT HAD COLLIDED ONTO MY VEHICLE.

VEHICLE A : GBD2765T

VEHICLE B : SMT5110Z



A handwritten signature in black ink, appearing to be "JL" or similar.

A handwritten signature in black ink, appearing to be a stylized "L" or "2".

HONG CAR RENTAL SERVICES

VEHICLE RENTAL AGREEMENT

Hirer's Particular (Company)

Name Nooraslanti Binte Ramlan

NRIC No. S7509990H

Address 348D Xishun Ave 11

03-593 (5) 764348

Driving Exp. _____

Driving License No. _____

Date of Birth 20/4/1975

Tel. _____ (HP) 88201047

Additional Driver's Particular

Name _____

NRIC _____

Address _____

Driving Exp. _____

Driving License No. _____

Date of Birth _____

Tel. _____ (HP) _____

Vehicle No. GBD2765T

Make / Model TOYOTA HIACE

Out Date / Time 22/12/1800

In Date / Time _____

Daily Rate _____ Weekly Rate _____

Monthly Rate 1300

Deposit S\$ 1300

Total Charges S\$ 2600

Excess (Section 1) S\$ 1500

Excess (Section 2) S\$ 1500

TERMS AND CONDITIONS

Hirer shall not use vehicle for any form of illegal means in reference to the Singapore law. If so, hirer shall be accountable for same.

Hirer shall return vehicle in gas amount as per handed over.

Hirer shall bear all traffic and parking related summons incurred by subject vehicle duration of rental.

Hirer is liable for any loss of, or further damage to the vehicle and its accessories during the duration of rental.

In case of accident, the hirer shall report to rental office immediately. If there is bodily injuries, a police report must be made within 24 hours.

Only person above 23 years of age with more than 2 years driving experience, authorised, licensed and signing this agreement may drive.

I have read and agree to the terms and condition of the agreement. All information I have given in connection with this agreement is true.

HONG CAR RENTAL SERVICES

Reg No. 537814883
20 Ang Mo Kio St. 11, Park 2A
804-24 31
Singapore
Tel: 6292 11 4 2644

Owner's Signature _____

Hirer Signature / Co. Stamp _____

Additional driver Signature _____

SINGAPORE ACCIDENT STATEMENT

Accident Date: 11/1/2022	Time: 18:40h	(hh:mm) 24 hr format
Location ECP Before PIE (Tuas) Exit		
Vehicle Number GBD2765T		
Insured Name Hong Car Rental Services		
NRIC / FIN 532814885	Contact Number -	
Make Toyota	Model Hiace	(A) (2982cc)
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (✓) Third Party () Reporting		
Insurance Company China Taiping		
Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number DMCUSN W00098402104		
Name of Driver Noorastanti Binte Ramlan	() Same as Insured	
NRIC / FIN S7509990H		
Contact Number 8820 1047		
Date of Birth 20/4/1975		
Driving Pass Date 10 Jun 2006		
Occupation () Indoor (✓) Outdoor		
Gender () Male (✓) Female		
Email Address abc8627e@gmail.com	() NO EMAIL	
Address of Driver Blk 348D Yishun Ave 11 #03-593 (S) 764348		
Was driver an employee of the Insured's Company? () Yes (✓) No		
If No, Relationship of the Driver with the Insured Rental		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (✓) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (✓) Clear () Raining () Others		
Road Surface (✓) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (✓) No		
Was anybody injured in the accident? () Yes (✓) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (✓) No		
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B SMT 5110Z		
Veh C		
Veh D		
Veh E		
Veh F		

* Driver Only

Motor Commercial

MZ407/C

R SN

AN0435A

Cov. Type:T

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.

DMCVSNW0096402104

Engine No.: 1KD2408047

Cha. No.: KDH2010141805

1. Index Mark and Registration
Number of Vehicle

GBD2765T

2. Name of Policy Holder

HONG CAR RENTAL SERVICES

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

29/09/2021
(00:00:00)

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

24/08/2022

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.
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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations (as to use):*

- (1) Use in connection with the Policyholder's business and Hirer's Business.
- (2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business.
- (3) Use for social, domestic or pleasure purpose.

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 the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 55 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: YETTA INSURANCE AGENCY PTE LTD.
Authorised Officer



Authorised Signatory