

# **ACTION 11: Assessment Centre Services**

SMO882210003

Date In: 21/07/2022 15:36	Job Description: SAs e-filing	Date & Time Completed:	Done by:
Ref No: 1138/C1222001649/Y	E-mail (within 2hrs. Mon-Fri):		
Veh No: GSK 8598H	i-Motor Claim Form		
DDA: 19/04/2021 09:00	i-Motor W/O (within 24 hrs. 1P-4hrs)		
DD: <input checked="" type="checkbox"/> 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: SKV 1133	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

1142200498	<b>Invoice Preparation Checklist</b>	Am't (\$) 1st Bill	Am't (\$) Add Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$10),		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100), INC (\$30)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$10		
<b>Auditors' Comments:-</b>	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:-		
	• N5: Courtesy Car / Tpt Allowance \$5		
	• N6: Repair Coordination \$10		
	• N7: Post Repair Inspection \$25		
	• N8: DV / Collect Excess Coordination \$5		
	• N11: TP (vs. INC) against INC \$20		
	9) N12: Idac Mobile \$10		
<b>Cont. 1:</b>	Invoice dated:	Fee Charged:	
<b>Cont. 2 / 3:</b>	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	21/02/2022 15:36 (SGT)
Date of Accident	19/04/2021 09:00 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	TOWARDS SLE (BKE)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK8598H
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FLUX MOTOR RENTAL PTE LTD
Company Reg No	2XXXXX858C
Email Address	yongleeong@gmail.com
Mobile Phone No	(Phone) +65-92297919
Alternative Phone No	(Office) +65-62266116

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00087012000
Cover Note Number	-

### DRIVER

Name of Driver	DEVARAJ SURESH
NRIC No	SXXXX346H



Date Of Birth	26/11/1996
Occupation	Outdoor
Date Of Driving Pass	17/02/2016
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92297919
Alt. Phone Number	-
Email Address	yongleeong@gmail.com
Address	509 SEMBAWANG ROAD #04-60
Address complement	-
Postcode	757710
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?	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

#### PLEASE REFER TO SKETCH PLAN

#### 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	SKV1133T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	.....	-
* Insurance Company Name	.....	-
Nature Of Damage	.....	-
- Details of property damaged in accident	.....	-
No. Of Passenger (Including Driver)	.....	-

## 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.

  
Policyholder's Signature / Date & Time

Sketch Plan

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

  
Witnessed by Reporting Centre Personnel

WOODBURNERS, BLK 12 Towards

SLE (BKE).



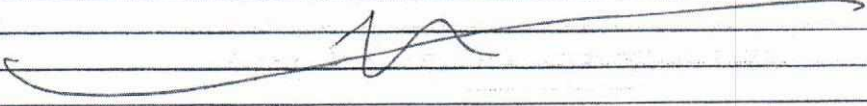
SKV 11334

GBK 8598 H



Describe Circumstances of the Accident

~~Has~~ I was travelling from wallford's ave 12 towards SLE when my brake was accidentally released causing the vehicle to inch forward & banging SKV 1133V.




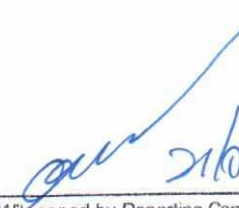
Declaration

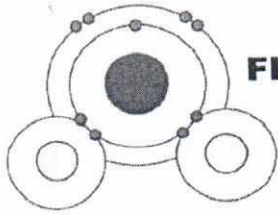
We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time



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

  
21/02/2022  
Witnessed by Reporting Centre Personnel



## FLUX MOTOR RENTAL PTE LTD

*Trusted. Reliable. Affordable.*

Business Reg No : 201925858C

Main Office: 55 Serangoon North Ave 4 #02-11 S(555859) Tel: 6226 6116 Fax: 6226 6118

Workshop: 55 Serangoon North Ave 4 #02-10 S(555859)

Lease Agreement Contract No: 20202812001

Date: 28/12/2020

This Rental Agreement made between us, **FLUX MOTOR RENTAL PTE LTD (UEN: 201925858C)** (hereinafter to be referred as "the Company", identified as the Leaser **AND YOU**, the person(s) identified as the Hirer below :

NAME OF HIRER(S) (IN FULL) : KVS LOGISTICS

IRIC/PASSPORT/RC/RB NO. : 53420505D

ADDRESS : 509 SEMBAWANG ROAD #04-60 SELETARIS SINGAPORE 757710

CONTACT NUMBER : 92297919

PERSON IN CHARGE : DEVARAJ SURESH

NAME OF DRIVER(S) (IN FULL) : DEVARAJ SURESH

NRIC/PASSPORT NO. : S9643346H

DATE OF BIRTH : 26/11/1996

DRIVING LICENSE NO. : S9643346H

LICENSE ISSUE DATE :

ADDRESS : 509 SEMBAWANG ROAD #04-60 SELETARIS SINGAPORE 757710

### 1. DESCRIPTION OF VEHICLE

REGISTRATION NO. : GBK 8598 H  
MAKE/MODEL : TOYOTA HIACE AUTO 5DR  
COLOUR : WHITE  
ENGINE NO. : 1GD8624619  
CHASSIS NO. : GDH2012014934

### 2. PERIOD OF LEASE

Monthly Basis

From 28/12/2020 ("Commencement Date") to 27/12/2022 ("End Date")

Upon the expiry of the Lease Period, unless this Agreement has already been terminated or the Hirer has served the required notice of termination pursuant to the terms herein, the lease of the vehicle under this agreement shall be renewed automatically on a monthly basis commencing the day immediately after the End date on the same terms and conditions herein.

Return Date: 27/12/2022

Hirer Signature : 

**3. LEASE CHARGES**

Amount of SGD\$ 1400 per month (collectively, "Lease Charges") payable in advance on 28 of each month ("Payment Date").

If the Payment Date falls on a non-business day, the Hirer shall make payment of the Lease Charges on the Business Day immediately prior to the Payment Date. Timely payment is to be expected.

**4. DEPOSIT**

Amount: SGD\$ 800

**5. INSURANCE, ROAD TAX AND MAINTENANCE**

The Company will be responsible for the road tax, maintenance, insurance, and servicing of the Vehicle. The insurance coverage for the Vehicle will be as follows. The Hirer is to strictly comply with the terms and conditions of the insurance policy.

Excess Amount	:	As stated in the Terms and Conditions annex
Insurance Coverage	:	Third Party Insurance Policy
		Others _____

**6. PURPOSE OF USE**

Domestic / Commercial / Others\* \_\_\_\_\_

**7. EARLY TERMINATION OF AGREEMENT**

The Hirer shall be liable to the Company for early termination as stated under the Terms and Conditions in the annex.

**8. MODE OF PAYMENT**

Cash payments are to be made over the counter at the Company's Main Office registered address as stated above.

Bank transfer account number: UOB Current Account 344-313-7244

Company Paynow account number: 201925858C

Cheque can be made payable to: FLUX MOTOR RENTAL PTE LTD

Any payments sent to the Company by post will be at your own risk.

The Agreement Contract herein comprises of the information above and the Terms and Conditions in the annex. The Hirer hereby confirms that he has read, understood, and agreed to the Agreement Contract and Terms and Conditions. I, the Hirer and/or driver(s) understand the Agreement Contract and Terms and Conditions, which were explained to us by the Company's staff. Should there be any breach of the terms of the Agreement Contract herein, all costs and expenses (including legal costs on an indemnity basis) will be borne by the Hirer and Guarantor. Once the Agreement contract has been signed, all Lease Charges and Deposits are not refundable in accordance with the terms herein.

IN WITNESS whereof the Parties hereto have agreed on the day and year above written.

Signed by the Hirer

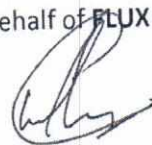


Name: DEVARAS SURESH

Designation: DIRECTOR

Company Stamp:

Signed for and on behalf of **FLUX MOTOR RENTAL PTE LTD**



Name: XAVIER CHEN

Designation: SALES

Company Stamp:

Hirer Signature: 



M

Date of Accident: 19/04/21 Accident Time: 0900 (24-HR-Format)  
Accident Place: Woodlands ave 12 towards SLE(BKE)  
Vehicle No. (Car Plate No.): GBK8598H Make/Model: Hiace Toyota.  
Insurance Company: China Taiping Policy No:  
Owner or Company Name IC No.: Flux Motor rental Pte Ltd. 201925858C  
Owner or Company Contact No.: 62266116 Owner's Hp: — Company Tel:  
DRIVER'S Name IC No.: S9643346H Devaraj Suresh -  
DRIVER'S Date Of Birth: 26-11-1996 DRIVER'S License Pass Date: 17 Feb 2016.  
Relationship of Owner & Driver: Spouse Parents Children Sibling Employee Others: Hired.  
DRIVER'S Address: 509 Sembawang Road #04-60 S(757710).  
DRIVER'S Contact No. Alt No.: 92297919  
DRIVER'S Occupation: INDOOR OUTDOOR (tick working inside or outside office)  
Email Address: YONG LEEONG @ 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): X01  
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): Personal drive.

Other Party Driver's Particular (if any)

Vehicle No: SKV1133Y	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:

*[Signature]*



18

Motor Commercial

MZ407/C

E SN

AN0650A

Cov. Type: C

**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.

DMCVSNA00087012000

Engine No.: 1GD8624619

Cha. No.: GDH2012014934

1. Index Mark and Registration  
Number of Vehicle

GBK8598H

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

FLUX MOTOR RENTAL PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment23/12/2020  
(00:00:00)

Excess Sect. I. S\$2,000.00

Excess Sect. II S\$1,500.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

26/08/2021

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 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.

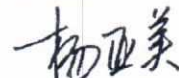
HIRE PURCHASE CO. : THINK ONE CREDIT PTE LTD

\* 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: Lim Lee Choo  
Authorised Officer

Authorised Signatory



**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: SN0822210003 Vehicle Registration No: GRBK8598H  
Name (as shown in NRIC): DEVIARAJ SURESH NRIC/FIN/Passport No: SXXXX34617  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 92297919  
Email Address: \_\_\_\_\_  
Date of Accident: 19/04/2021 Time of Accident: 09:00  
Place of Accident: WATERLOO AVE 12 TOWARDS SUE (BLACK)  
Insurance Company: CHINA TROPICAL

**(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:

DATE OF ACCIDENT TO 19/04/2021

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Joshua  
NRIC/FIN No.: UP0003  
Date: 21/05/2022