

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 22/02/2022 16:38	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22001714/m4	SAS e-filing		
Veh No: SML 8755K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/01/2022 16:00	i-Motor Claim Form		
OD / TP: 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: EX 3333J	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 2200505

Invoice Preparation Checklist

Amt (\$) Amt (\$)
1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 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:-
- 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 30

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	22/02/2022 16:38 (SGT)
Date of Accident	30/01/2022 16:00 (SGT)
Exact Location of Accident	Punggol Rd & Rivervale Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8755K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WHEELS EXPRESS RENTAL & LEASING PTE. LTD.
Company Reg No	2XXXXX594C
Email Address	yeechye@yahoo.com.sg
Mobile Phone No	(Phone) +65-90603343
Alternative Phone No	+65-90603343

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 - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	DMHCSNA00004832101
Cover Note Number	-

DRIVER

Name of Driver	LEE LENG POH
NRIC No	SXXXX336E

Date Of Birth	22/11/1964
Occupation	Outdoor
Date Of Driving Pass	06/09/1983
Driving experience	38 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81614671
Alt. Phone Number	-
Email Address	docs172@gmail.com
Address	BLK 760 PASIR RIS STREET 71
Address complement	#04-194
Postcode	510760
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

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	EX3333J
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 09222M0003 Vehicle Registration No: SML 8755K
Name (as shown in NRIC): Lee Leng Poh NRIC/FIN/Passport No: S1676336E
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: Blk 760 Pasir Ris Street 71 #04-194 Singapore (510760)
Contact (Tel): _____ Mobile No.: 8161 4671
Email Address: docs172@gmail.com
Date of Accident: 30/01/2022 Time of Accident: 16:00
Place of Accident: Punggol Road & Rivervale Drive
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:

1) Amend to Fleet Policy (Yes).

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Renee
NRIC/FIN No.: _____
Date: 22/02/2022

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.



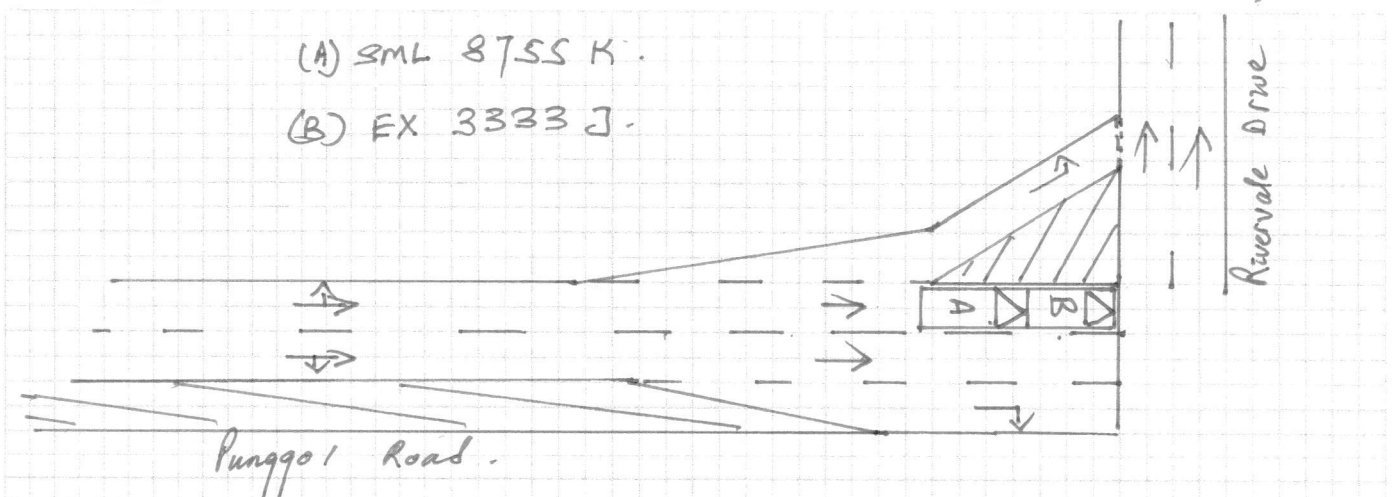
Policyholder's Signature / Date & Time

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

Dr 22/02/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 30/01/2022 at @ 1600 hrs, I stopped my vehicle (SML 8755K) along Ponggol Road junction Riverdale Drive on the extreme left lane due to red light. In front of me, there was a vehicle (EX 23337). When the traffic lights turn green, I heard the car behind me honk and I moved forward. As I ~~was about to move~~ forward, I saw the car ahead has not move and I jam on my brake. As I ~~was~~ release on my brake, my vehicle moved forward and touches the said vehicle ahead. Both of us get down and saw there were no damaged to both of our vehicle and I apologised to the driver. After that, the wife of the other party asked for my particulars and I gave it to her and we left the accident scene. On 22/02/2022, my rental company called and informed me that there was an accident claims made against me and informed me to lodge an accident report.

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

R 22/02/2022

Witnessed by Reporting Centre Personnel

VEHICLE NO:	SML 8755K		MAKE & MODEL:	Honda Shuttle		AUTO / MANUAL
DATE OF ACCIDENT:	30/01/2022		CC:	1-5 (1496cc)		
TIME OF ACCIDENT:	1600 HRS					
LOCATION OF ACCIDENT:	Punggol Road Junction Reservoir Drive					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>					
NAME OF OWNER:	Wheels Express Rental & Leasing Pte Ltd.					
TEL NO:	H/P: 9060 3343		OFFICE:	HOME:		
NRIC:	201810594C					
ADDRESS:	2, Sims Close #01-08, Gemini @ Sims (S) 387298					
EMAIL:	yeechye@yahoo.com.sg					
CLAIM TYPE:	OD / THIRD PARTY / <u>REPORTING ONLY</u>					
FLEET POLICY:	<u>YES</u> / NO ?					
INSURANCE COMPANY:	China Taiping					
TYPE OF COVERAGE:	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft					
POLICY NO:	DMHCSNA 00004832101					
NAME OF DRIVER:	AS ABOVE / IF NO: LEE LENG POH					
NRIC:	S 1676336E		ANY PASSENGER:	N.A.		
DATE OF BIRTH:	22/11/1964		LICENCE PASSED DATE:	06/09/1983		
OCCUPATION:	<u>OUTDOOR</u> / INDOOR					
GENDER:	<u>MALE</u> / FEMALE					
CONTACT NO:	H/P: 8161 4671		OFFICE:	HOME:		
ADDRESS:	BLK 760 Pasir Ris Street 71 #04-194 (S) 510760					
EMAIL:	docs172@gmail.com					
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Driver					
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:					
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:					
ANY INJURIES:	<u>NO</u> / IF YES, WHO?					
NAME & CONTACT:						
NAME & CONTACT:						
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?					
VEHICLE B REG NO:	EX 3333J		ANY PASSENGERS: 01 (F)			
NAME OF DRIVER:			CONTACT NO:			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>					
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>					
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO					
ACCIDENT PORTION:	No Damaged					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / <u>NO</u>						
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd.					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	JOSEPH TAN					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

Motor Hire Car

MZ406L/B

R SN

AN0721A

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.

DMHCSNA00004832101

Engine No.: LEB7104036

Cha. No.:GP72003051

1. Index Mark and Registration
Number of Vehicle

SML8755K

AUTOSAFE
=====

2. Name of Policy Holder

WHEELS EXPRESS RENTAL & LEASING PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment22/05/2021
(00:00:00)

Excess Sect I. S\$2,000.00

Excess Sect. II S\$2,000.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

21/05/2022

5. Persons or Classes of Persons entitled to drive*

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.

6. Limitations as to use:-

- (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.

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.

HIRE PURCHASE CO. : BENEFIT AUTO ENTERPRISE PTE LTD AS HP OWNER

* 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: Chua Suat Lay Sally
Authorised Officer
Authorised Signatory