

NATIONAL Assessment Centre Services

| | | | |
|------------------------------------|--|-----------------------|---------|
| Date In: 04/03/22 | Job description | Date & Time Completed | Done by |
| Ref No: NA/CTI2002033/13 | SAS e-filing | | |
| Veh No: SMJ9278A | E-mail (within 3hrs. AP: 2hrs) | | |
| D.O.A: 03/03/22 0800 | i-Motor Claim Form | | |
| OD: (1P) Reporting Only | i-Motor W/O (Within 12hrs. 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: FB L67544 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 200582 | Invoice Preparation Checklist | Ant (\$) | Ant (\$) |
| | | 1st Bill | 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) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD: | | |
| 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 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 | 04/03/2022 12:30 (SGT) |
| Date of Accident | 03/03/2022 08:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | YISHUN EXIT TWDS CTE(ANG MO KIO) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SMJ9278A |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | ONESTO LEASING PTE LTD |
| Company Reg No | 2XXXXX843R |
| Email Address | stevenkoh17@hotmail.com |
| Mobile Phone No | (Phone) +65-84890969 |
| Alternative Phone No | +65-84890969 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Sienta |
| 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 | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMHCSNA00003712200 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|------------------------|
| Name of Driver | KOH HWEI SZE(XU HUISI) |
| NRIC No | SXXXX328J |

| | |
|--|--------------------------|
| Date Of Birth | 15/01/1980 |
| Occupation | Outdoor |
| Date Of Driving Pass | 26/03/2003 |
| Driving experience | 19 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-81130170 |
| Alt. Phone Number | - |
| Email Address | stevenkoh17@hotmail.com |
| Address | BLK 148 YISHUN STREET 11 |
| Address complement | #04-115 |
| Postcode | 760148 |
| 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 | Side Swipe |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|--------|
| Name | ASHLEY |
| Gender | Female |

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 | FBL6754G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |

| | |
|---|----------------------|
| Name of Driver | LIM SU WEI |
| Contact Number | (Phone) +65-91181993 |
| 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' 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

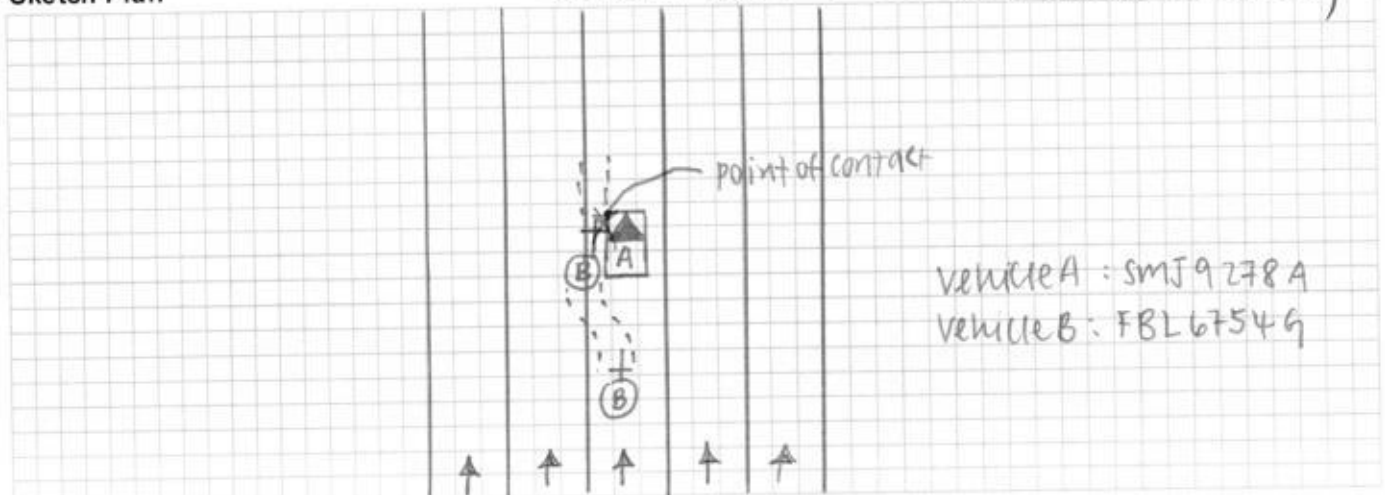
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

shym 04/03/22

Sketch Plan

YISHUN EXIT TWO'S CTE (ANG MO KIO)



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 left side portion of my vehicle. I then came down to check and realised that vehicle B (biko) has collided onto my vehicle while attempting to overtake me from the left.

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 04/03/22

Witnessed by Reporting Centre Personnel

Date of Accident : 03/03/2022 Accident Time: 0800 (24-HR-Format)
 Accident Place : Yishun Exit twos CTE Ang Mo Kio.
 Vehicle. No. (Car Plate No.) : SMJ9278A Make/Model: Toyota Sienta
 Insurance Company : China Taiping Policy No: _____
 Owner or Company Name /IC No. : One80 Leasing Pte Ltd (201814843R)
 Owner or Company Contact No. : 84890969 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Koh Hwei Sze (S8001328J)
 DRIVER'S Date Of Birth : 15/01/1980 DRIVER'S License Pass Date 26/03/2003
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
 DRIVER'S Address : 148 Yishun Street 11 #04-115 S(760148)
 DRIVER'S Contact No./ Alt No. : 1) 81130170 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : STEVENKOH17@HOTMAIL.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): NIL

Other Party Driver's Particular (if any)

| | |
|--|------------------------------|
| Vehicle. No: <u>FBL 67546</u> | Vehicle. No: _____ |
| Vehicle Make/Model: <u>Bike</u> | Vehicle Make/Model: _____ |
| Name Driver: <u>LIM SU WEI</u> | Name Driver: _____ |
| IC No. Driver/Contact: <u>91181993</u> | IC No. Driver/Contact: _____ |

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

1. Ashley / Female (91887711)

Motor Hire Car

MZ406L/B

N SN

AN0695A

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. DMHCSNA00003712200

Engine No.: 1NZR467469

Cha. No.: NHP1707070680

1. Index Mark and Registration
Number of Vehicle

SMJ9278A

AUTOSAFE

2. Name of Policy Holder

ONESTO LEASING PTE LTD

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

22/02/2022
(00:00:00)

Excess Sect. I.

Excess Sect. I (Outside Singapore) S\$4,000.00

Excess Sect. II

Excess Sect. II (Outside Singapore) S\$3,000.00

4. Date of Expiry of Insurance

21/02/2023

EX ON WINDSCREEN S\$100.00

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.: TECK WEI 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: Tan Xin Yi Josephine
Authorised Officer


Authorised Signatory

ONESTO LEASING PTE. LTD.

NO. 210 TURF CLUB ROAD, THE GRANDSTAND CAR MALL, LOT A8, SINGAPORE 287995
Tel: 6465 0020 Fax: 6465 0017

HIRER PARTICULARS

ID/NRIC No./ROC : S8001328J
Name/Company : KOH HWEI SZE
Address : BLK 148 #04-115
YISHUN STREET 11

Person in charge : KOH HWEI SZE
Tel: 81130170 HP: 81130170
Email : STEVENKOH17@HOTMAIL.COM

RENTAL AGREEMENT

HA202012-0018

Agreement Date: 31/12/2020
Rental Term: Weekly
Rental Rate: 440.00 Weekly
Agreed End Date: 30/06/2022
Agreed Period:
Contract Ref:

Excess for vehicle damage S\$

2000 / 2000

RENTAL VEHICLE/ACCESSORIES

| S/N | Rental Item ID | Reg.No | Make | Model | Capacity | Rental Quantity |
|-----|----------------|----------|--------|-------------------------|----------|-----------------|
| 1 | SMJ9278A-001 | SMJ9278A | TOYOTA | SIENTA HYBRID 1.5G AUTO | 1496 | 1.00 |

DRIVER PARTICULARS (IF NOT STATED)

| No. | Name | NRIC No. | D.O.B | Nationality | Contact No. | Address | Lic. Pass Date |
|-----|--------------|-----------|------------|-------------|-------------|----------------------------------|----------------|
| 1 | KOH HWEI SZE | S8001328J | 15/01/1980 | SINGAPORE | 81130170 | BLK 148 #04-115 YISHUN STREET 11 | 16/03/2010 |

DELIVERY OF VEHICLE

| | | |
|---|------|-------------|
| Check Out By: | | |
| Date | Time | Mileage Out |
| 04012021 | 1712 | |
| Petrol Out: Empty 1/8 1/4 3/8 1/2 5/8 3/4 7/8 Full | | |
| Estimated date of return: | | |
| <div><div>FRONT</div><div>LEFT</div><div>RIGHT</div><div>REAR</div></div> | | |
| Check In By: | | |
| Date | Time | Mileage In |
| | | |
| Petrol In: Empty 1/8 1/4 3/8 1/2 5/8 3/4 7/8 Full | | |
| Petrol used: | | |
| (Note: Petrol Level to be Return as it was Rented out) | | |
| Return Note: | | |
| Computation Check By | | |



CO's STAMP

| Mode Of Payment | | | |
|-----------------|--------------------------|--------------|--------------------------|
| Credit card | <input type="checkbox"/> | Cash | <input type="checkbox"/> |
| Cheque | <input type="checkbox"/> | Company bill | <input type="checkbox"/> |
| Rental Due | | 411.21 | |
| Delivery Charge | | | |
| GST Due | | 28.79 | |
| Total Due | | 440.00 | |
| Total Paid | | | |
| Damage Recovery | | | |
| Others | | | |
| Deposit | | 0.00 | |
| Amount Refund | | | |

NO REFUND OF DEPOSIT ON - PUBLIC HOLIDAYS -
SUNDAY AND AFTER 5.00 p.m DAILY

PAYMENTS FOR DEPOSIT WILL BE REFUNDED BY
CHEQUE AFTER 7 DAYS

Remarks:

SIGNATURE