

# NATIONAL Assessment Centre Services

Date In: 07/03/22	Job description	Date & Time Completed	Done by
Ref No: NA/III 22002065/r3	SAS e-filing		
Veh No: SLK 8634T	E-mail (within 8hrs, MP 2hrs)		
D.O.A: 04/03/22 0630	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: FX8265C	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

NA2200645	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 date / 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	07/03/2022 13:27 (SGT)
Date of Accident	04/03/2022 06:30 (SGT)
Exact Location of Accident	Yio Chu Kang, Singapore
Additional Location Information	ANG MO KIO AVENUE 5
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8634T
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CARZ HAVEN PTE. LTD.
Company Reg No	2XXXXX429D
Email Address	cleavontan@gmail.com
Mobile Phone No	(Phone) +65-87824933
Alternative Phone No	+65-87824933

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1797

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MFL0005038
Cover Note Number	-

#### DRIVER

Name of Driver	CLEAVON TAN MING FU
NRIC No	SXXXX059B

Date Of Birth	22/07/1996
Occupation	Outdoor
Date Of Driving Pass	02/03/2015
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-90483848
Alt. Phone Number	-
Email Address	cleavontan@gmail.com
Address	BLK 402A FERNVALE LANE
Address complement	#16-215
Postcode	791402
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	3
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)	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?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: F/20220304/7046.

#### 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	FX8265C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JRC3776
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	CLEAVON TAN MING FU
Gender	Male
Phone No	(Phone) +65-90483848
Address	-
Address-Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, BACK, SHOULDER, AND KNEE.
Injured person in which vehicle?	SLK8634T
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' 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.

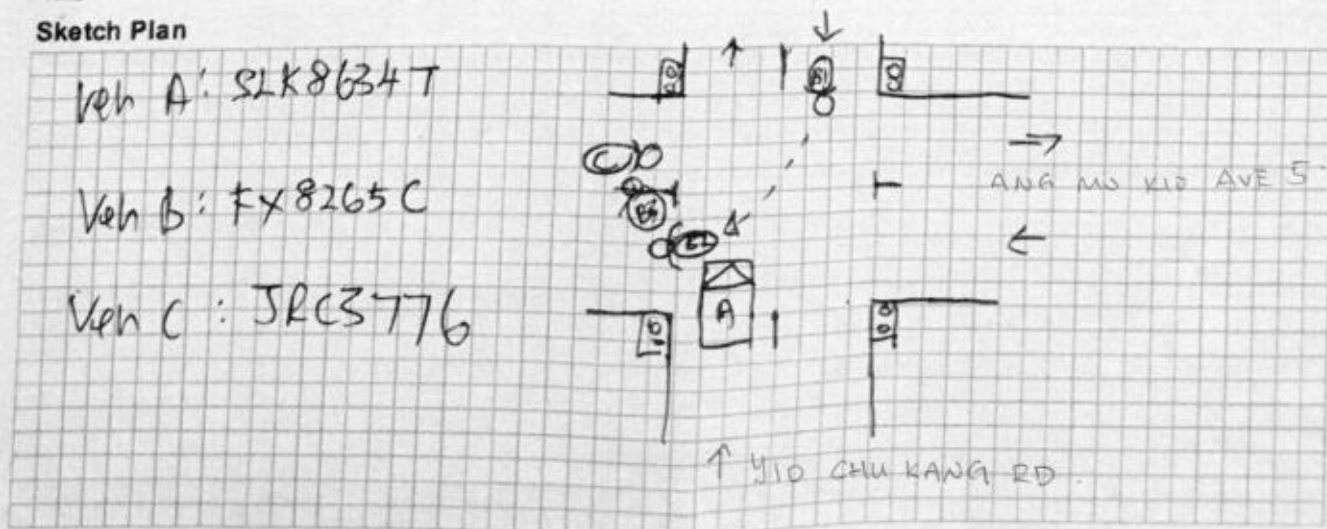


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan





Describe Circumstances of the Accident

\* P/s Refer to Police Report.

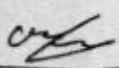
F/20220304/7046.


#### 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

 07/03/22  
Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



F/20220304/7046

1 of 2

## POLICE REPORT (NP299)

Report No. F/20220304/7046

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 04/03/2022 16:58	Vide Report No.	Station Diary No.
Name Of Informant CLEAVON TAN MING FU	Address 402A FERNVALE LANE #16-215 SINGAPORE 791402	
ID Type / ID No. NRIC NO / S9625059B	Contact No. Home/Office:	Mobile: 90483848
Nationality SINGAPORE CITIZEN	Email Address cleavontan@gmail.com	
Occupation Self employed	Sex Male	Age 25
Institution/School Name	Date of Birth 22/07/1996	Race Chinese
Date/Time Of Incident 04/03/2022 06:30	Location Of Incident YIO CHU KANG ROAD	

### Brief details.

This report is to provide additional information to my previous report. Report No. T/20220304/2014.

On the stated date and time I vehicle SLK8634T was travelling straight on the stated venue.

As I approach the X-junction of Yio chu kang Road and Amk ave 5, I continue to move straight as the traffic light was green in my favour.

Suddenly vehicle FX8265C who was on my opposite direction made a discretionary right turn without stopping to let my vehicle clear 1st.

When I saw the said bike I quickly applied my brakes but to no avail we still collided onto one another.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/03/2022 16:58
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20220304/7046

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. F/20220304/7046

The said bike then was flung away and hit onto another bike JRC3776 who was stationary on the junction of Amk ave 5 towards Buangkok Green.

The impact causes a sudden jerk and I sprain my neck and back areas.

TP and ambulance came to the scene and the rider of FX8265C was conveyed to the hospital.

TP gave me a case card F/20220304/0053.

Later in the afternoon the pain on my neck, shoulder and back area worsen.

I then proceeded to intemedical kovan clinic to seek treatment and I was given 5 days MC.

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
04/03/2022 16:58

Classification Of Case:



Date of Accident

4/3/2022 Accident Time: 0630 41 (24-HR-Format)

Accident Place

Yio Chu Kang Rd X Ang Mo Kio Ave 5

Vehicle No. (Car Plate No.)

SLK 8634 T Make/Model: Toyota Prius

Insurance Company

India Int Ins Policy No: D21MFL0005038

Owner or Company Name / IC No.

Carz Haven Pte Ltd. (201942429D)

Owner or Company Contact No.

8782 4933 Owner's Hp Company Tel

DRIVER'S Name / IC No.

Cleaver Tan Ming Fu S9625059B

DRIVER'S Date Of Birth

22/7/1996 DRIVER'S License Pass Date 02/3/2015

Relationship of Owner & Driver

Spouse \ Parent \ Children \ Sibling \ Employee \ Others: Hired

DRIVER'S Address

B402A Fernvale Lane #16-215 S(791402)

DRIVER'S Contact No. / Alt No.

1) 90483848 2)

DRIVER'S Occupation

: INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address

: cleavortan@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):

01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): Yes, Neck, back, shoulder, knee

**Other Party Driver's Particular (if any)**

Vehicle No:

FX 8265C

Vehicle No:

JRC 3776

Vehicle Make \ Model:

Vehicle Make \ Model:

Name Driver:

Name Driver:

IC No. Driver/Contact:

IC No. Driver/Contact:

• NEW - Passenger's name & gender:

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) AND ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) AND ROAD TRANSPORT ACT, 1987 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

<b>CERTIFICATE NO.: D21MFL0005038</b>		<b>COVER: Comprehensive</b>
<b>1. Index Mark and Registration Number of Vehicle</b>	: <b>SLK8634T</b>	
<b>Chassis No</b>	: <b>ZYW508045121</b>	
<b>2. Name of Policyholder</b>	: <b>CARZ HAVEN PTE. LTD.</b>	
<b>3. Effective date of Insurance</b>	: <b>15 Dec 2021</b>	
<b>4. Expiry date of Insurance</b>	: <b>12 Jul 2022</b>	
<b>5. Persons or Classes of Persons entitled to drive*</b>	<p>Any person, who is driving on the Policyholder's order or with their permission The Hirer 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 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>	
<b>6. Limitations as to use*</b>	<p>Use for the carriage of passengers or goods in connection with the Policyholder's business. Use for social, domestic, pleasure purposes and business purposes of any person to whom the vehicle is hired.</p> <p><b>The Policy does not cover</b></p> <p>(1) Use for racing, pace-making, reliability trial, speed-testing (2) Use for the carriage of goods other than samples in connection with any trade or business (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	1,500.00
Excess Section II	SGD	1,500.00
Windscreen Excess	SGD	100.00
<b>Hire Purchase Company</b>	<b>SPARK CREDIT PTE LTD</b>	
<p>*WARRANTY EXCESS: SGD 100.00 WARRANTY BENEFIT FOR ENGINE AND GEAR BOX ONLY</p> <p>THE VEHICLE IS STRICTLY TO BE DRIVEN BY THE PERSON TO WHOM THE VEHICLE IS HIRED &amp; THE HIRER IS NOT ALLOWED TO SUBLET THE VEHICLE TO ANOTHER PARTY. DRIVERS MUST BE BETWEEN 24 TO 69 YEARS OF AGE &amp; WITH AT LEAST 2 YEARS OF SINGAPORE DRIVING LICENCE.*</p>		
<p>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)</p>		
Agent/Broker	A00008* FINSL RETI Q AGENCY PTE LTD	
Date of Issue	15/12/2021 15:01:22	
MZ406	Hire Car (Hired Driving)	
	<p>For India International Insurance Pte Ltd</p>  _____ Authorized Signature	



Carz Haven

Blk 505B Bishan Street 11

#01-420 S(572505)

www.carzhaven.com

Tel: 8782 4933

Fax: 6353 7717

Email: carzhaven@hotmail.com

Facebook: facebook.com/carzhaven

No: CH/ 158 /2019

## CAR RENTAL AGREEMENT

Date: 15-12-2021

HIRER'S PARTICULARS	
Name: CLEAVON TAN MING FU	NRIC/Passport No./Driving License No.: SXXXX059B
Address: BLK 410A FERNVALE ROAD #15-112 S(761410)	Mailing Address (if different from NRIC):
Mobile No.: 90483848	Email: cleavontan@gmail.com
Date of Birth: 22-07-1996	Class(es) Of License: 2B, 2A, 3

AUTHORISED DRIVER'S PARTICULARS	
Name:	NRIC/Passport No./Driving License No.:
Address:	Mailing Address (if different from NRIC):
Mobile No.:	Email:
Date of Birth:	Class(es) Of License:

Vehicle Registration No.: SLK8634T		Make/Model/Color: TOYOTA PRIUS HYBRID CHAMPAGNE GOLD							
Minimum Rental Period (Days/Weeks/Months): 15 WEEKS					Rate: 61.00				
Rental Start Date: 16-12-2021					Rental End Date: 31-03-2022				
Collision Damage Waiver: \$5/DAY @ \$1000/ACCIDENT			Date/Time Out/Mileage: 15/12/2021 15:29 363322KM			Date/Time in/Mileage:			
Fuel Indication Out:	Empty	1/8	1/4	3/8	1/2	5/8	3/4	7/8	FULL
Fuel Indication In:	Empty	1/8	1/4	3/8	1/2	5/8	3/4	7/8	FULL

I have read and understood the contractual obligation and I hereby agree to be bound by it.

Deposit: \$ 500

Amount paid (Excluding deposit): \$ 462

Failure to fulfill contract obligation may result in forfeiture of deposit at owner's discretion.

Signature of Hirer

Signature of Owner

