

# NATIONAL Assessment Centre Services

Date In: 09/03/2022 17:26	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22002221/m4	SAS e-filing		
Veh No: Sma 8124E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/03/2022 08:50	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: SFB 325G 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 2200631

## 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
- 6) TR: Re-inspection \$75
- 7) NI: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) NI12: 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	09/03/2022 17:26 (SGT)
Date of Accident	08/03/2022 08:50 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8124E
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ONESTO LEASING PTE LTD
Company Reg No	2XXXXX843R
Email Address	BRYANTANG3101@GMAIL.COM
Mobile Phone No	(Phone) +65-84890969
Alternative Phone No	+65-84890969

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

### 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	TANG SIEW FOOK
NRIC No	SXXXX230F

Date Of Birth	31/01/1962
Occupation	Outdoor
Date Of Driving Pass	01/09/2015
Driving experience	6 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82823936
Alt. Phone Number	-
Email Address	BRYANTANG3101@GMAIL.COM
Address	BLK 782B WOODLANDS CRESCENT
Address complement	#05-317
Postcode	732782
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	Chain Collision
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?	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	GRAB PASSENGER
Gender	Male

#### 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	SFB325G
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMA5961J
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)	-

Date of Accident : 08/03/2022 Accident Time: 0850 (24-HR-Format)  
Accident Place : ECP twds City  
Vehicle. No. (Car Plate No.) : SMQ 8124 E Make/Model: Hyunda Avante (A) (1591cc)  
Insurance Company : China Taiping Policy No: DMHCSNA00003712200  
Owner or Company Name /IC No. : Onesto Leasing Pte Ltd (201814843R)  
Owner or Company Contact No. : 8489 0969 Owner's Hp — Company Tel —  
DRIVER'S Name / IC No. : Tang Siew Fook (S2753230F)  
DRIVER'S Date Of Birth : 31/01/1962 DRIVER'S License Pass Date 01/09/2015  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer  
DRIVER'S Address : 782B Woodlands Crescent #05-317 S(732782)  
DRIVER'S Contact No./ Alt No. : 1) 8282 3936 2) —  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : BRYANTANG3101@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): 02  
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: SFB 325 G (B)

Vehicle. No: SMA 5961 J (C)

Vehicle Make\Model: \_\_\_\_\_

Vehicle Make\Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

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

1. Male Grab Passenger

## 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' 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.



*[Handwritten signature]*

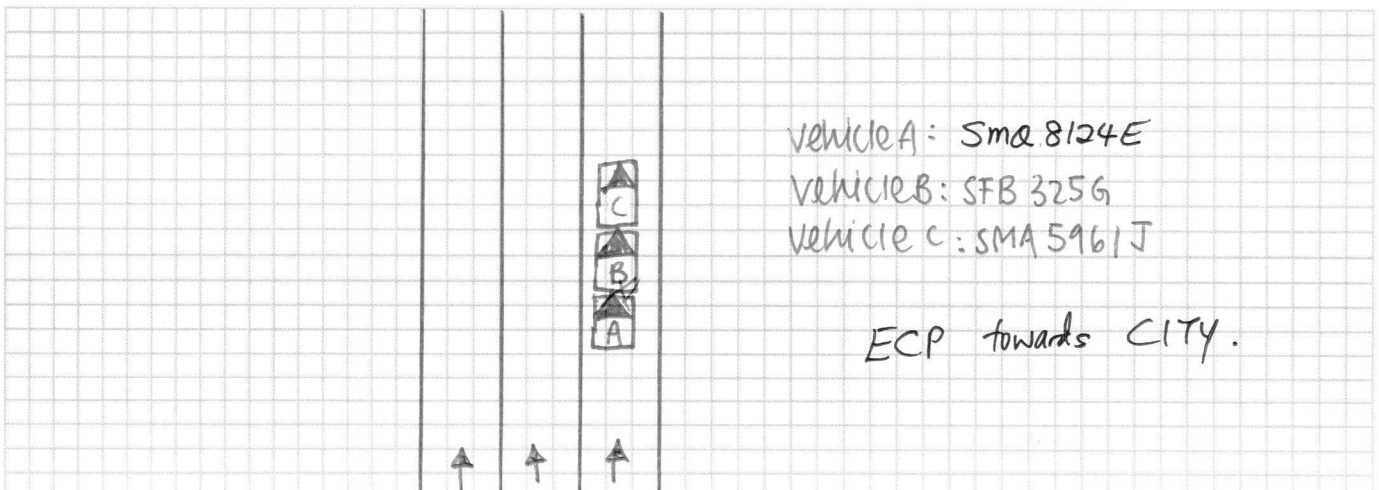
*[Handwritten signature]* 09/03/2022

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**

On the Stated date and time, I vehicle A was travelling straight on the stated  
venue. Suddenly, vehicle B and C had a collision in front of me. I couldn't  
stop in time and collided onto the rear portion of vehicle B.

**Declaration**

I/We declare the foregoing particulars are true in every respect.



*[Handwritten signature]*

*R* 09/03/2022

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



LEASE AGREEMENT NO: SMQ8124E  
DATE: 29/09/2021

Schedule

This is a Rental Agreement made between us, **ONESTO LEASING PTE LTD** (hereinafter referred to as “the Company” which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address at 210 Turf Club Road Lot A10 The Grandstand Car Mall Singapore 287995 **AND YOU**, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL) : TANG SIEW FOOK  
NRIC/PASSPORT/RC/RB NO. : S2753230F  
ADDRESS : BLK 782B WOODLANDS CRESCENT #05-317 S732782  
TELEPHONE : 82823936  
EMAIL : BRYANTANG3101@GMAIL.COM

NAME OF RELIEF(S) (IN FULL) : TANG CHUNG THENG  
NRIC/PASSPORT NO. : S9575155E  
DATE OF BIRTH : 25/11/1995

NAME OF RELIEF(S) (IN FULL) : GAN PEK LIAN  
NRIC/PASSPORT NO. : S2753231D  
DATE OF BIRTH : 04/01/1962

NAME OF RELIEF(S) (IN FULL) : TANG HUI SHING  
NRIC/PASSPORT NO. : S9275128G  
DATE OF BIRTH : 27/10/1992

1. DESCRIPTION OF VEHICLE (“THE VEHICLE”)

REGISTRATION NO. : SMQ8124E  
MAKE / MODEL : HYUNDAI AD AVANTE 1.6 GLS (A)  
COLOUR : BEIGE  
ENGINE NO. : G4FGKU475153  
CHASSIS NO. : KMHD841CMLU011278  
TYPE. : PASSENGER / COMMERCIAL  
(\*delete where inapplicable)  
Date, Time and Mileage for Collection: 29/09/2021(date) 1400PM(time) \_\_\_\_\_(mileage)  
Date, Time and Mileage for Return: \_\_\_\_\_(date) \_\_\_\_\_(time) \_\_\_\_\_(mileage)  
Petrol Out : Empty / ¼ tank / ½ tank / ¾ tank / Full\*  
(Vehicle must be returned with same level of petrol)

2. PERIOD OF LEASE (“LEASE PERIOD”)

Daily/**Weekly**/Monthly/Yearly\* Basis  
From 29/09/2021 (“Commencement Date”) to 29/04/2022 (“End Date”)



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.: G4FGKU475153

Cha. No.:KMHD841CMLU011278

1. Index Mark and Registration  
Number of Vehicle

SMQ8124E

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 Enactment22/02/2022  
(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

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