

# NATIONAL Assessment Centre Services

Date In: 23/03/2022 17:25	Job description	Date & Time Completed	Done by
Ref No. NA/CTI22002695/m4	SAS e-filing		
Veh No. Smy 4038E	E-mail (within 8hrs. AIC 2hrs)		
D.O.A. 23/03/2022 11:10	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SNB 523G	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 2200774	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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		
Auditors' Comments:	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

# 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	23/03/2022 17:25 (SGT)
Date of Accident	23/03/2022 11:10 (SGT)
Exact Location of Accident	Hougang Polyclinic, Singapore
Additional Location Information	OUTSIDE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY4038E
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ONESTO LEASING PTE LTD
Company Reg No	2XXXXX843R
Email Address	K-JOSH@LIVE.COM
Mobile Phone No	(Phone) +65-84990969
Alternative Phone No	+65-84990969

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
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	POH BINHAO, KENNETH
NRIC No	SXXXX533G

Date Of Birth	08/09/1987
Occupation	Outdoor
Date Of Driving Pass	24/01/2015
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87806929
Alt. Phone Number	-
Email Address	K-JOSH@LIVE.COM
Address	BLK 339 HOUGANG AVENUE 7
Address complement	#06-421
Postcode	530339
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)	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	SNB523G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

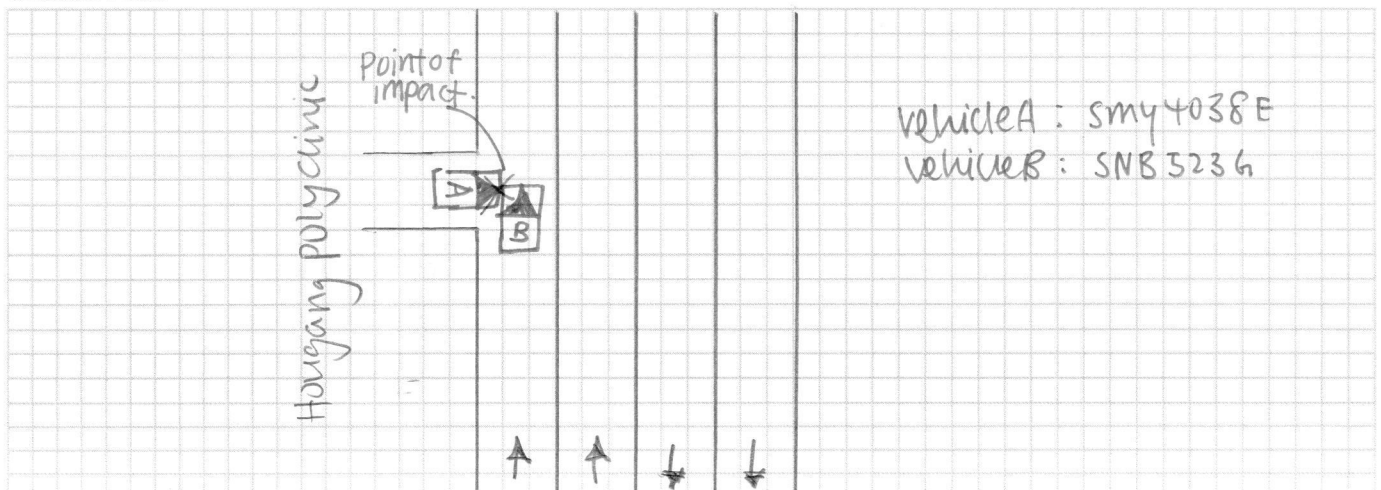


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

On the stated date and time, I vehicle A was coming out of Hongang polyclinic. upon seeing vehicle B travelling straight towards me from a distance away, I judged that it was safe to turn out, I proceeded. But he suddenly appeared in front of my vehicle.

**Declaration**

I/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

*Ru* 23/03/2022

Witnessed by Reporting Centre Personnel



Date of Accident : 23/03/2022 Accident Time: 1110 (24-HR-Format)  
Accident Place : Outside Hongang Polyclinic.  
Vehicle. No. (Car Plate No.) : SMY 4038E Make/Model: Mazda 3 (A) (1496cc)  
Insurance Company : China Taiping Policy No: DMHCSNA00003712200  
Owner or Company Name /IC No. : Onestoleasing Pte Ltd (201814843R)  
Owner or Company Contact No. : 8499 0969 Owner's Hp — Company Tel —  
DRIVER'S Name / IC No. : Poh Binhao, Kenneth (S87275336)  
DRIVER'S Date Of Birth : 08/09/1987 DRIVER'S License Pass Date 24/01/2015  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer  
DRIVER'S Address : 339 Hongang Ave 7 # 06-421 S(530339)  
DRIVER'S Contact No./ Alt No. : 1) 8780 6929 2) —  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : K-JOSH@LIVE.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>SNB523G</u>	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:**



LEASE AGREEMENT NO.: SMY4038E

CDW: \$35/WEEK

DATE: 21/10/21

Schedule

This is a Rental Agreement made between us, **ONESTO CAR 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)** : POH BINHAO, KENNETH  
**NRIC/PASSPORT/RC/RB NO.** : S8727533G  
**DATE OF BIRTH** : 8/9/1987  
**ADDRESS** : 339 HOUGANG AVENUE 7 #06-421 S(530339)  
**TELEPHONE** : 87806929  
**EMAIL** : CROSSBLADES@GMAIL.COM

**NAME OF DRIVER(S) (IN FULL)** :  
**NRIC/PASSPORT NO.** :  
**DATE OF BIRTH** :

**NAME OF DRIVER(S) (IN FULL)** :  
**NRIC/PASSPORT NO.** :  
**DATE OF BIRTH** :

1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

**REGISTRATION NO.** : SMY4038E  
**MAKE / MODEL** : MAZDA 3 M HYBRID  
**COLOUR** : BLUE  
**ENGINE NO.** : AS PER LOGCARD  
**CHASSIS NO.** : AS PER LOGCARD  
**TYPE** : PASSENGER / COMMERCIAL\*  
(\*delete where inapplicable)  
**Date, Time and Mileage for Collection:** 21/10/21 (date) 3.30pm (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 21/10/2021 ("Commencement Date") to 21/10/2027 ("End Date")

\* delete where not applicable



3. LEASE CHARGES

Amount S\$ 510 per day/week/month/year\* exclusive of Goods and Services Tax ("GST") (collectively, "Lease Charges") payable in advance on the wed day of each day/week/month/year\* ("Payment 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.: P520727012

Cha. No.:JM6BP2SAAM1107095

1. Index Mark and Registration SMY4038E  
Number of VehicleAUTOSAFE  
=====

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