

NATIONAL Assessment Centre Services (wef 10 Jan 2005)

Date In: 28/03/2022	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22002830/m4	SAS e-filing		
Veh No: SLP394L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/03/2022 21:30	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 <u>Fax</u> / <u>Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: SJS 1240Z	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

NA2200812	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) iT : 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 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 28/03/2022 16:04 (SGT)
Date of Accident 25/03/2022 21:30 (SGT)
Exact Location of Accident Jln Besar & Beatty Rd, Singapore
Additional Location Information JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP394L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ONESTO LEASING PTE LTD
Company Reg No 2XXXXX843R
Email Address DREWIEL@GMAIL.COM
Mobile Phone No (Phone) +65-84890969
Alternative Phone No +65-97975784

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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 ANDREW WOON TIAN KAI
NRIC No SXXXX161B

Date Of Birth	12/04/1976
Occupation	Outdoor
Date Of Driving Pass	16/07/1999
Driving experience	22 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97600861
Alt. Phone Number	-
Email Address	DREWIEL@GMAIL.COM
Address	BLK 243 BISHAN STREET 22
Address complement	#06-278
Postcode	570243
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 - Change/cross lane
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?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS1240Z
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GANESHESWARA PRABHU S/O RAWUCHANDARAN
NRIC No	SXXXX681E
Contact Number	(Phone) +65-98809015
Address	-

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.



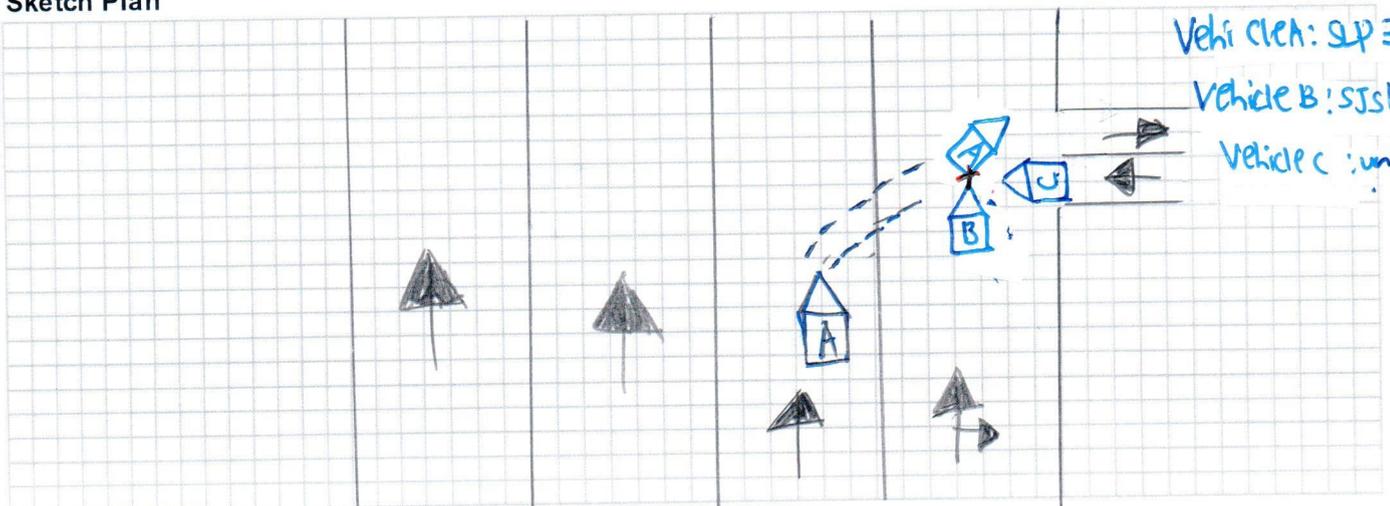
Per 28/3/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Along Jalan Besar Junction towards Beatty Road.

Describe Circumstances of the Accident

On 25 March at about 9.30pm, I (Vehicle A) was travelling along Jalan Besar with the intention to turn right onto Beatty Road. I was travelling on the 2nd most right lane and my speed was about 25km/hr before I started to filter right into the right lane to make the turn into Beatty Road.

There was no approaching vehicle on my right as I switched on my indicator and slowed my vehicle to filter right (video evidence available).

As there was a car (Vehicle C) that stopped outside the stop line from Beatty Road, this created a road hazard which I had to avoid in order to make the right turn onto Beatty Road.

Just as I filtered right and was about to make the right turn into Beatty Road, I suddenly felt an impact on my rear from Vehicle B. I then instinctively swerved my steering to the left before stopping my vehicle.

The driver and passengers from Vehicle B then stepped out of their vehicle and the driver exchanged particulars with me. There were no injuries reported by any of us.

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

Rn 28/3/22

Witnessed by Reporting Centre Personnel

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 : S7610161B
 Name/Company : ANDREW WOON TIAN KAI (YUN TIANKAI)
 Address : BLK 243 #06-278
 BISHAN STREET 22
 Person in charge : ANDREW WOON TIAN KAI (YUN TIANKAI)
 HP: 97600861
 Email : DREW_WOON@MSN.COM

RENTAL AGREEMENT

HA202009-0013

Agreement Date: 22/09/2020
 Rental Term: Weekly
 Rental Rate: 315.00 Weekly
 Agreed End Date: 21/05/2022
 Agreed Period:
 Contract Ref:
 Excess for vehicle damage S\$ 600 / 600
 CDW \$5 PER DAY

RENTAL VEHICLE/ACCESSORIES

S/N	Rental Item ID	Reg.No	Make	Model	Capacity	Rental Quantity
1	SLP0394L-001	SLP0394L	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	1496	1.00

DRIVER PARTICULARS (IF NOT STATED)

No.	Name	NRIC No.	D.O.B	Nationality	Contact No.	Address	Lic. Pass Date
1	ANDREW WOON TIAN KAI (YUN TIA	S7610161B	12/04/1976		97600861	BLK 243 #06-278 BISHAN STREET 22	16/07/1999

DELIVERY OF VEHICLE

Check Out By:		
Date	Time	Mileage Out
21092020	1750	
Petrol Out: Empty 1/8 1/4 3/8 1/2 5/8 3/4 7/8 Full		
Estimated date of return:		
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		

Mode Of Payment	
Credit card <input type="checkbox"/>	Cash <input type="checkbox"/>
Cheque <input type="checkbox"/>	Company bill <input type="checkbox"/>
Rental Due	294.39
Delivery Charge	
GST Due	20.61
Total Due	315.00
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:



CO's STAMP

SIGNATURE

Date of Accident : 25/03/2022 Accident Time: 2130hrs (24-HR-Format)

Accident Place : Along Jalan Besar Junction towards Beauty Road

Vehicle. No. (Car Plate No.) : SLP 394 L Make/Model: Mazda 3 (A) (1496cc)

Insurance Company : China Taiping Policy No: DMHCSNA00003712200

Owner or Company Name /IC No. : Onesto Leasing Pte Ltd (201814843R) ~~(201814843R)~~

Owner or Company Contact No. : 8489 0969 Owner's Hp 9797 5784 Company Tel

DRIVER'S Name / IC No. : Andrew Woon Tian Kai (S7610161B)

DRIVER'S Date Of Birth : 12 Apr 1976 DRIVER'S License Pass Date 16 Jul 1999

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer

DRIVER'S Address : Blk 243 Bishan Street 22 #06-27F S570243

DRIVER'S Contact No./ Alt No. : 1) 97600861 2) _____

DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address : DREWIEL@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): 1

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): NO

Other Party Driver's Particular (if any)

Ⓟ

Vehicle. No: <u>SJS 1240 Z</u>	Vehicle. No: _____
Vehicle Make/Model: <u>Toyota</u>	Vehicle Make/Model: _____
Name Driver: <u>Ganeshwara Prabhu S/o Rawchandaran</u>	Name Driver: _____
IC No. Driver/Contact: <u>S9507681E</u>	IC No. Driver/Contact: _____
<u>HP: 98809015</u>	

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

Motor Hire Car

MZ406L/B

E 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)

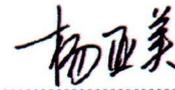
CERTIFICATE No.	DMHCSNA00003712200	Engine No.: P520442353 Cha. No.:JM6BN22A8H0151096
1. Index Mark and Registration Number of Vehicle	SLP394L	AUTOSAFE =====
2. Name of Policy Holder	ONESTO LEASING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	03/03/2022 (00:00:00)	Excess Sect I . S\$2,000.00 Excess Sect. I (Outside Singapore) S\$4,000.00 Excess Sect. II S\$1,500.00 Excess Sect.II (Outside Singapore). S\$3,000.00 EX ON WINDSCREEN . S\$100.00
4. Date of Expiry of Insurance	02/03/2023	
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 <i>* 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>		

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: _____
Lim Lee Choo
Authorised Officer

_____ 
Authorised Signatory