

NATIONAL Assessment Centre Services (wef 1 Jan'05)

Date In: 04/05/2022	Job description	Date & Time Completed	Done by
Ref No: NA/CT122004118/m4	SAS e-filing		
Veh No: SMT 9925M	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 03/05/2022 20:30	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	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: SJZ 4177S	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 2201176	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		
	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:-		
	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		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	04/05/2022 21:16 (SGT)
Date of Accident	03/05/2022 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK EAST AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT9925M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WHEELS EXPRESS RENTAL & LEASING PTE. LTD.
Company Reg No	2XXXXX594C
Email Address	yeechye@yahoo.com.sg
Mobile Phone No	(Phone) +65-90603343
Alternative Phone No	+65-90603343

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
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	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	DMHCSNA00004832101
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD SOFIAN BIN ISMAIL
NRIC No	SXXXX802J

Date Of Birth	07/10/1982
Occupation	Outdoor
Date Of Driving Pass	04/07/2003
Driving experience	18 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92390204
Alt. Phone Number	-
Email Address	sofianmsi1007@gmail.com
Address	BLK 893B WOODLANDS DRIVE 50
Address complement	#02-109
Postcode	731893
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 - Cross Junction
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)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
Gender	Male

PASSENGER 3

Name	PASSENGER
Gender	Male

PASSENGER 4

Name	PASSENGER
Gender	Male

PASSENGER 5

Name	PASSENGER
Gender	Male

PASSENGER 6

Name	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 SJZ4177S
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver MR. THAM
 Contact Number (Phone) +65-84829450
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 3

SKETCH PLAN

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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;

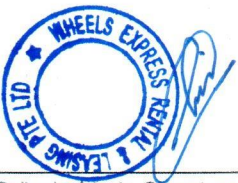
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



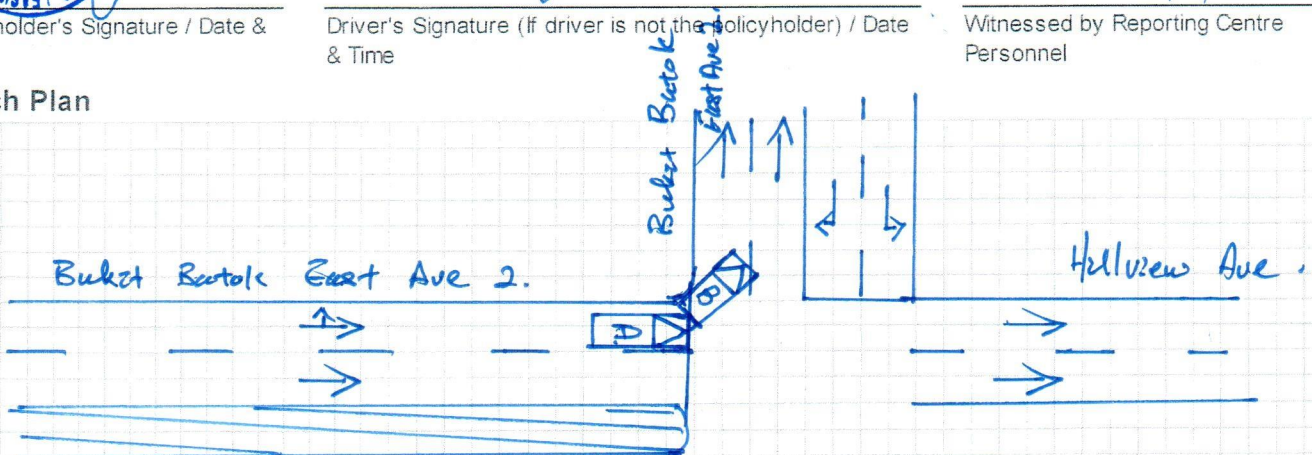
Policyholder's Signature / Date & Time

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

R 4/5/22

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SMT 9925 M

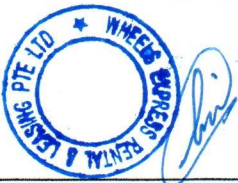
(B) SJZ 4177 S

Describe Circumstances of the Accident

On 03/05/2022 at @ 2030 hrs, I was travelling in my vehicle (SMT 9925 M) along Bukit Batok East Ave 2 towards the direction of Hillview Ave. While approaching the junction Bukit Batok East Ave 2, a car (S12 H1778) in front of me suddenly slowed down and made a left turn. As a result, I could not stop in time and collided onto the right rear portion of the said vehicle.

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

R 4/5/22

Witnessed by Reporting Centre Personnel



Wheels Express Rental & Leasing Pte Ltd

ROC : 201810594C

61 Ubi Ave 2, Automobile Megamart, #05-04 Singapore 408898
CHEW 9060 3343 / MARK 9832 5030 / TEO 9107 6963

DBS current
072-013899-6

VEHICLE RENTAL & LEASING AGREEMENT

Hirer's Name : MOHAMAD SOFIAN BIN ISMAIL sofiainsi1007@gmail.com	
NRIC No: 82338025	Hirer's Contact No: 92390204
License Pass Date: 04-7-2003	Next of Kin Name & Contact No (In Case of Emergency): WIFE - 90675144
Address: BLK 782D woodlands crescent #05-339 (Singapore 734782)	
Occupation / Office Address: Full time Driver (Singapore)	
Vehicle Reg No: SM7 9925M	Make & Model: VOXY HYBRID 7-seater 1.8
Start Date: 28-7-2020	End Date: 2 years contract
Handover Time: 13:30 pm	Handover Time:
Rental Per Day/Week/Month: weekly - \$600	Deposit: Deposit \$1,000 transfer from Benefit
Add Driver:	NRIC No: Auto vech slv 4966D
License Pass Date:	Contact No:
Address: (Singapore)	
Remarks :	

2. In the event Hirer decides to terminate the contract before the contract end date, deposit will NOT be refunded. Additional penalty will be applied with 20% of the remaining outstanding rental.

2. In the event Hirer decided to cancel a reservation whereby a booking deposit is already been placed, there shall be NO REFUND on the deposit collected. Strictly no refund after deposit.

3. Failing to inform us of any existing scratches, dents & faults (if any) within 30 minutes after the collection of the vehicle, repair charges will incur when the vehicle is returned.

4. In the event that rental payment is not paid on expected date and result in towing of the rental or leased vehicle, charges of towing fee, lost of key charges, vehicle repair charges, admin fee etc will be borne by the Hirer. Therefore all belonging left in the vehicle will be discarded.

Wheels Express Rental & Leasing Pte Ltd shall at no time be liable for the loss of belongings left in the vehicle.

5. Late payment of \$10 will be imposed per day due to any reasons if rental not received on rental due date.

6. Upon signing the contract, Hirer will be obliged to maintain the vehicle with due diligence at our respective workshop, failing to maintain the vehicle thereafter resulting in major faults, repair cost will be borne by the Hirer.

7. In the event where debts collector is involved, hirer shall bear all cost for debts collector commission and admin charges.

Hirer Bank Account Details :

1st Party Excess: \$3000	3rd Party Excess: \$3000	CDW: Y / N (additional \$3.21/day)
		CDW if yes, excess @ \$1,500

Signature of Hirer

Signature of Authorized Person



LOCAL TOW SERVICE (24HRS) : 91828211

MALAYSIA TOW SERVICE (24HRS) : YONG - 016-704 7552 / 012-220 8076

TYRE & BATTERY SERVICE (24HRS) : AH KEE 98751699

BENEFIT AUTOCARE: ERIC 9489 4845 | 11 Kaki Bukit Raod 1 #01-02 Eunos Technolink (\$415939)

LUSH AUTOMOTIVE: PATRICK 94357824 | 8 Kaki Bukit Ave 4, #03-47 Premier @ Kaki Bukit (\$415875)

AIRCON : PATRICK 94357824 | Blk 3021A, Ubi Road 1, #01-39 (\$408715)

VEHICLE NO:	SMT 9925 M		MAKE & MODEL:	Toyota Voxy Hybrid <u>AUTO</u> / MANUAL	
DATE OF ACCIDENT:	03 / 05 / 2002		CC:	1.8	
TIME OF ACCIDENT:	2030 HRS				
LOCATION OF ACCIDENT:	Bukit Batok East Ave 2				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>				
NAME OF OWNER:	Wheels Express Rental & Leasing				
TEL NO:	H/P:	9060 3343	OFFICE:	HOME:	
NRIC:	201810594C				
ADDRESS:	2, Sime Close #01-08, Gemini @ Sime (S) 387298				
EMAIL:	yeechye@yahoo.com.sg				
CLAIM TYPE:	<u>OD</u> / THIRD PARTY / <u>REPORTING ONLY</u>				
FLEET POLICY:	<u>YES</u> / NO?				
INSURANCE COMPANY:	China Taiping				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	0MHCSNA00004832101				
NAME OF DRIVER:	AS ABOVE / IF NO:	Mohamad Sofian Ben Ismail			
NRIC:	S 82338027	ANY PASSENGER:	06 (IF) (SM)		
DATE OF BIRTH:	07 / 10 / 1982	LICENCE PASSED DATE:	04 / 07 / 2003		
OCCUPATION:	<u>OUTDOOR</u> / INDOOR				
GENDER:	<u>MALE</u> / FEMALE				
CONTACT NO:	H/P:	9239 0204	OFFICE:	HOME:	
ADDRESS:	BLK 893B Woodlands Drive 50 #02-109 (S) 731893				
EMAIL:	sofianmsi1007@gmail.com				
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Driver				
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:				
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:				
ANY INJURIES:	<u>NO</u> / IF YES, WHO?				
NAME & CONTACT:					
NAME & CONTACT:					
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?				
VEHICLE B REG NO:	SJZ 4177 S		ANY PASSENGERS:	02 (F)	
NAME OF DRIVER:	Mr Tham		CONTACT NO:	8482 9450	
VEHICLE C REG NO:			ANY PASSENGERS:		
VEHICLE D REG NO:			ANY PASSENGERS:		
VEHICLE E REG NO:			ANY PASSENGERS:		
VEHICLE F REG NO:			ANY PASSENGERS:		
VEHICLE G REG NO:			ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>		SD Card Override		
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>				
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO				
ACCIDENT PORTION:	Front left portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>				
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	JOSEPH TAN				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZA06UB

R SN

AN0721A

Conv. 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.

DMHCSNA00004832101

Engine No. 2ZR2F29265

Cha No. ZWR800413050

1 Index Mark and Registration
Number of Vehicle

SMT9925M

AUTOSAFE
=====

2 Name of Policy Holder

WHEELS EXPRESS RENTAL & LEASING PTE. LTD.

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

22/05/2021
(00:00:00)

Excess Sect I. S\$2,000.00

Excess Sect. II S\$2,000.00

EX ON WINDSCREEN. S\$100.00

4 Date of Expiry of Insurance

21/05/2022

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. : DBS BANK LTD AS HP OWNER

* 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: Chua Suat Lay Sally
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com