

# NATIONAL Assessment Centre Services

Date In: 13/05/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI20004509/13	SAS e-filing		
Veh No: GBDJ765T	E-mail (within 8hrs, APC 2hrs)		
DOA 12/05/22 1735	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: SKK90881	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

NA2001288	<b>Invoice Preparation Checklist</b>	Ant (\$)	Ant (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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 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	13/05/2022 17:38 (SGT)
Date of Accident	12/05/2022 17:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PATERSON HILL TWDS GRANCE RD NEAR L/P 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2765T
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HONG CAR RENTAL SERVICES
Company Reg No	5XXXX488J
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-91443644
Alternative Phone No	+65-91443644

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMCVSNW00098402104
Cover Note Number	-

#### DRIVER

Name of Driver	NOORASLANTI BINTE RAMLAN
NRIC No	SXXXX990H

Date Of Birth	20/04/1975
Occupation	Outdoor
Date Of Driving Pass	10/06/2006
Driving experience	15 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88201047
Alt. Phone Number	-
Email Address	abc8627e@gmail.com
Address	BLK 348D YISHUN AVE 11
Address complement	#03-593
Postcode	764348
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	MIKAIL HAKIM
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	SKK9088A
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	SMX7244L
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	NOORASLANTI BINTE RAMLAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBD2765T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	MIKAIL HAKIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBD2765T
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

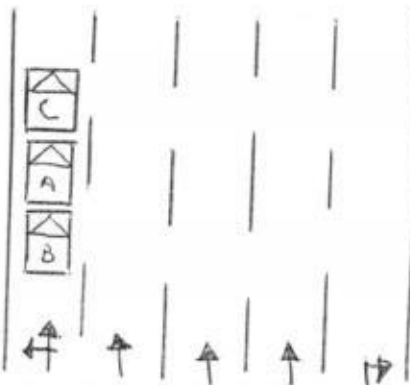
#### Sketch Plan

veh A: GBD 2765T  
veh B: SKK 9088A  
veh C: SMX 7244L

*[Handwritten signature]*

*[Handwritten signature]* 13/05/22

PATERSON RD TWAS GRANGE RD  
NEAR L/P 2



Describe Circumstances of the Accident

Handwritten notes on lined paper:

- Top right: A large, stylized signature or mark.
- Middle right: The word "The" written in cursive.
- Bottom left: The word "per" written in cursive.

Declaration

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



Policyholder's Signature / Date & Time

Handwritten signature of the driver.

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

Handwritten signature and date: 13/05/22

Witnessed by Reporting Centre Personnel



ON THE STATED DATE AND TIME. I, VEHICLE A (GBD2765T) WAS TRAVELLING STRAIGHT ON LANE 5 OF PATERSON HILL TOWARDS GRANGE ROAD NEAR LP 2. WHEN THE FRONT VEHICLE C (SMX7244L) SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY I FELT 2 HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE, THE HUGE IMPACT CAUSE MY VEHICLE TO PROPEL FORWARD AND HIT ONTO VEHICLE C (SMX7244L) REAR PORTION. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SKK9088A) THAT HAD COLLIDED ONTO MY STATIONARY VEHICLE. I WISH TO STATE I TOTAL FELT TWICE HUGE IMPACT COLLIDED BY VEHICLE B (SKK9088A) AND THE TWICE HUGE IMPACT CAUSE MY VEHICLE TO PROPEL FORWARD AND HIT ONTO VEHICLE C (SMX7244L) TWICE ALSO.

I WISH TO STATE THAT THIS IS A 3 CARS CHAIN COLLISION.

I WISH TO STATE THAT I GOT 1 PASSENGER IN MY CAR.

VEHICLE A : GBD2765T

VEHICLE B : SKK9088A

VEHICLE C : SMX7244L



A handwritten signature in black ink, appearing to be "MS".

A handwritten signature in black ink, appearing to be a stylized "2" or "L".

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 12/5/2022	Time: 17:35h	(hh:mm) 24 hr format
Location: Paterson Hill wds Grange Road Near LP 2		
Vehicle Number: GBD2765T		
Insured Name: Hong Car Rental Services		
NRIC/FIN: 53281488J	Contact Number: 9144 3644	
Make: TOYOTA	Model: Hiace	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: (✓) Third Party ( ) Reporting		
Insurance Company: China Taiping		
Type of Policy ( ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number: DMC VSNW00098402104		
Name of Driver: Noorastanti Binte Ramtan ( ) Same as Insured		
NRIC/FIN: S7509990H		
Contact Number: 8820 1047		
Date of Birth: 20 Apr 1975		
Driving Pass Date: 10 Jun 2006		
Occupation ( ) Indoor (✓) Outdoor		
Gender ( ) Male (✓) Female		
Email Address: abc8627e@gmail.com ( ) NO EMAIL		
Address of Driver: B1K 348D Yishun Avenue 11 #03-593 (1) 764348		
Was driver an employee of the Insured's Company? ( ) Yes (✓) No		
If No, Relationship of the Driver with the Insured: Renta		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes (✓) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle:		
Insurance Company of Driver's Own Vehicle:		
Weather Conditions (✓) Clear ( ) Raining ( ) Others		
Road Surface (✓) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes (✓) No		
Was anybody injured in the accident? (✓) Yes ( ) No		
If yes, injured detail: Driver & Passenger (GBD2765T)		
Was there any video captured by Car Camera? ( ) Yes (✓) No		
Was the Accident reported to the Police? ( ) Yes (✓) No If yes attach police report		
DETAILS OF 3rd party		
Name	Nric	Contact
Veh B	SKK9088A	
Veh C	SMX7244L	
Veh D		
Veh E		
Veh F		

#1 passenger

(1) Mikail hakim (M)



Motor Commercial

MZ407/C

R SN

AN0435A

Cov. Type: T

**CERTIFICATE OF INSURANCE**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1962  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1953 (Malaysia)

CERTIFICATE No.	DMCVSNW00098402104	Engine No.: 1KD2408047
		Chas. No. KDH2010141805
1. Index Mark and Registration Number of Vehicle	G8D2765T	
2. Name of Policy Holder	HONG CAR RENTAL SERVICES	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations (Date of Expiry of Insurance)	29/09/2021 (00:00:00)	Excess Sect. II \$51,500.00
4. Date of Expiry of Insurance	24/08/2022	

## 5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.  
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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

## 6. Limitations as to use\*

- (1) Use in connection with the Policyholder's business and Hirer's Business
- (2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business.
- (3) Use for social, domestic or pleasure purpose.

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
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

\* 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 **YETTA INSURANCE AGENCY PTE LTD**  
Authorized Officer  
Authorized Signatory

# HONG CAR RENTAL SERVICES

Block 20, #04-24, Ang Mo Kio Industrial Park 2A  
AMK Techlink, Singapore 567761.  
Hp: 9144 3644

## VEHICLE RENTAL AGREEMENT

### Hirer's Particular (Company)

Name: NOORASLANI BINTE RAMLAN

NRIC/ CO. No.: S750990H

Add res: 348 D YISHUN AVE 11  
#03-593 (763348)

Driving Exp.: \_\_\_\_\_

Driving License No.: \_\_\_\_\_

Date of Birth: 20 04 1975

Tel: \_\_\_\_\_ (HP) 8820 1047

### Additional Driver's Particular

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

NRIC: \_\_\_\_\_

Address: \_\_\_\_\_

Driving Exp.: \_\_\_\_\_

Driving License No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tel: \_\_\_\_\_ (HP) \_\_\_\_\_

Vehicle No.: G8D 2765 T

Out: Date / Time: 22 01 2021

Daily Rate: \_\_\_\_\_ Weekly Rate: \_\_\_\_\_ Monthly Rate: 1300

Deposit: S\$ 1300

Total Charges: S\$ 2600

Excess (Section 1): S\$ 1500

Excess (Section 2): S\$ 1500

Make / Model: Toyota Hiace Commuter

In: Date / Time: \_\_\_\_\_

## TERMS AND CONDITIONS

Hirer shall not use vehicle for any form of illegal means in reference to the Singapore law. If so, hirer shall be accountable for same.

Hirer shall return vehicle in gas amount as per handed over.

Hirer shall bear all traffic and parking related summons incurred by subject vehicle duration of rental.

Hirer is liable for any loss of, or further damage to the vehicle and its accessories during the duration of rental.

In case of accident, the hirer shall report to rental office immediately. If there is bodily injuries, a police report must be made within 24 hours.

Only person above 23 years of age with more than 2 years driving experience, authorised, licensed and signing this agreement may drive.

I have read and agree to the terms and condition of the agreement. All information I have given in connection with this agreement is true.



Owner's Signature



Hirer Signature / Co. Stamp

Additional driver Signature