

NATIONAL Assessment Centre Services: (wef 1 Jan 08) 3108225 0000

| | | | |
|---------------------------|--|-----------------------|----------|
| Date In: 20/01/2022 19:04 | Job description | Date & Time Completed | Done by: |
| Ref No: N/A/C1122005113 | SAS e-filing | | |
| Veh No: 86W 3508E | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 21/05/2022 12:20 | 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: Vch No: GBC 86884 | 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 | 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 |
|-----------|---------|
| | |
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| | | | |
|--|---|--------|--------|
| N/A220/476 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge): Auditors' Comments: L1: L2/3: | Invoice Preparation Chp 21st | AM (S) | AM (S) |
| | 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 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| OD* | | | |
| *N3: Courtesy Car / Tpt Allowance \$5 | | | |
| *N6: Repair Co-ordination \$10 | | | |
| *N7: Post Repair Inspection \$23 | | | |
| *N8: DV / Collect Excess Coordination \$5 | | | |
| TP (N11): TP (Non INC) against INC \$20 | | | |
| 9) N12: Idac Mobile \$0 | | | |
| 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 | 30/05/2022 19:04 (SGT) |
| Date of Accident | 29/05/2022 12:20 (SGT) |
| Exact Location of Accident | 450 Ang Mo Kio Ave 10, Singapore 560450 |
| Additional Location Information | OPEN CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SGW3568E |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------|
| Is company? | Yes |
| Name Of Registered Owner | DYNAMIC CAR RENTAL |
| Company Reg No | 5XXXX467K |
| Email Address | jason@fastechauto.com.sg |
| Mobile Phone No | (Phone) +65-98225633 |
| Alternative Phone No | (Office) +65-67465405 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Stream |
| 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 | Commercial vehicle |
| Transmission | Auto |
| CC | 1799 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | ThirdParty |
| Fleet Policy | Yes |
| Policy Number | DMHCSNA0001182101 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | GOH CHEE BENG |
| NRIC No | SXXXX327B |

| | |
|--|------------------------------------|
| Date Of Birth | 16/03/1961 |
| Occupation | Indoor |
| Date Of Driving Pass | 15/03/2001 |
| Driving experience | 21 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98225633 |
| Alt. Phone Number | - |
| Email Address | jason@fastechauto.com.sg |
| Address | BLK 335 SERANGOON AVENUE 3 #08-333 |
| Address complement | - |
| Postcode | 550335 |
| 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 - Major/Minor Rd |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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? | Yes |
| Police Station Name | Ang Mo Kio Division Headquarters |
| Police Station Phone No | (Phone) +65-18002180000 |
| Alt. Police Station Phone No | (Fax) +65-64814246 |
| Police Station Address | 51 Ang Mo Kio Avenue 9 Singapore 569784 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT F/20220530/7017

ATTACHMENT(S)

| | |
|---|------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | WITH OWNER |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBC2638H |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |

| | |
|---|--|
| Vehicle Category | Commercial vehicle |
| Name of Driver | TAN TIANG JOO |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | NTUC Income Insurance Co-operative Ltd |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | GOH CHEE BENG |
| Gender | Male |
| Phone No | (Phone) +65-98225633 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SGW3568E |
| 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

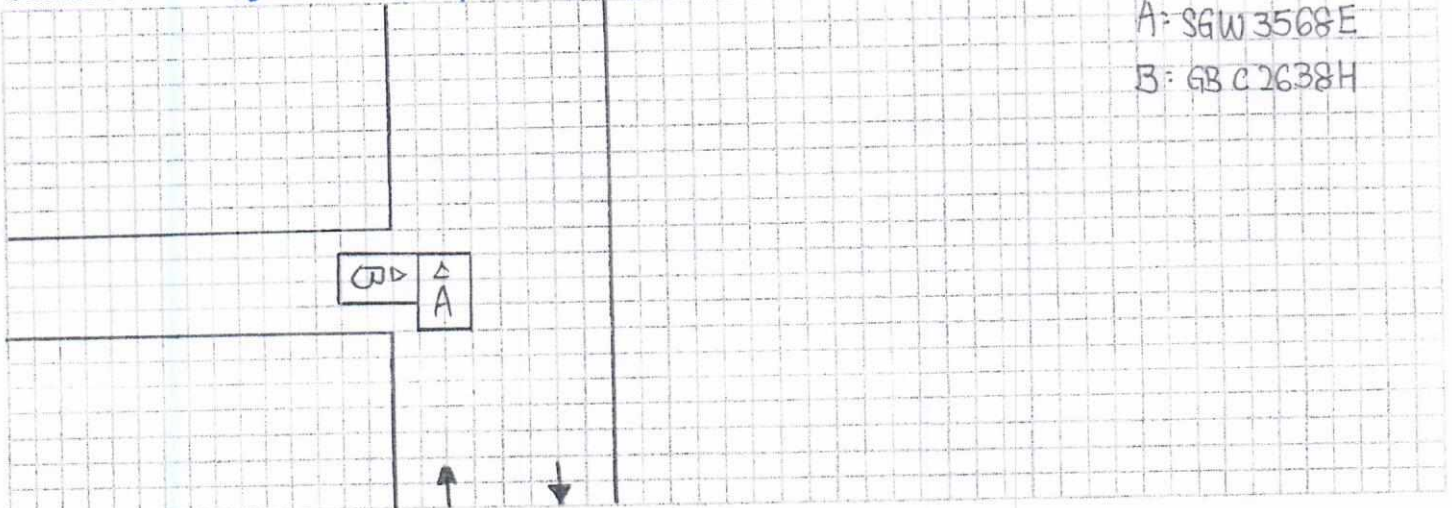
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

BIK 450

Only MD KIO AVE 10 OPEN CARPARK



Describe Circumstances of the Accident

REFER TO THE POLICE REPORT (F/20220530/7017)

Declaration

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



Policyholder's Signature / Date & Time

A handwritten signature in blue ink, appearing to be 'J. Smith', written over a horizontal line.

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

A handwritten signature in blue ink, followed by the date '30/05/2022', written over a horizontal line.

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



F/20220530/7017

1 of 2

Report No. F/20220530/7017

POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

| | | |
|---|--|-----------------------------|
| Date/Time Report Made 30/05/2022 11:19 | Vide Report No. | Station Diary No. |
| Name Of Informant GOH CHEE BENG | Address 335 SERANGOON AVENUE 3 #08-333 SINGAPORE 550335 | |
| ID Type / ID No. NRIC NO / S1462327B | Contact No. Home/Office: | Mobile: 98225633 |
| Nationality SINGAPORE CITIZEN | Email Address gcb_1961@hotmail.com | |
| Occupation Sales | Sex Male | Age 61 |
| Institution/School Name | Language English | Date of Birth 16/03/1961 |
| Date/Time Of Incident 29/05/2022 12:20 | Race Chinese | |
| | Location Of Incident 450 ANG MO KIO AVENUE 10 CHONG BOON CENTRE SINGAPORE 560450 | |

Brief details.

On the stated date and time, I was driving my vehicle SGW3568E along the open space carpark beside Block 450 Ang Mo Kio Ave 10.

I was travelling straight towards the carpark gantry about to exit the carpark when suddenly, GBC2638H abruptly dashed out from the minor road on my left and slammed into the left portion of my vehicle.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
30/05/2022 11:19

Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20220530/7017

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220530/7017

The impact was huge as my vehicle rocked sideways. I got a rude shock and knocked my right knee hard due to the impact.

Initially, only my right knee felt painful.

However, the following morning, I woke up with aches and soreness in my neck, chest and left arm areas.

I went to my family doctor at Neo Medical Centre for treatment the following morning and was given 7 days MC for injuries caused by the accident.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
30/05/2022 11:19

Classification Of Case:

Dynamic Car Rental

1 KAKI BUKIT AVENUE 8, #01-46/48/50 AUTOBAY, SINGAPORE 417483

TEL: (+65) 6741 7244, 6746 5405 FAX: (+65) 6745 8520, 6746 5786

Co. Reg. No. 52926467K

RENTAL TERMS AND CONDITIONS

No. 21479

| | | | | | | |
|--|----------------|----------------|---|------------------------------|----------|---------------|
| Name: Goh Chee Beng | | | REG NO: | MAKE MODEL: | | |
| ADDRESS: Blk 335 Serangoon Avenue 3 | | | SGW 3568 E | DIESEL | PETROL | E 1/4 1/2 3/4 |
| #08-333 | | | KM IN | DATE & TIME IN | | |
| Singapore 550335 | | | KM OUT | 30.05.2022 @ 14:30 pm | | |
| | | | KM DRIVEN | DATE & TIME OUT | | |
| | | | | 14.10.2020 @ 12:00 am | | |
| NAMED DRIVER: Goh Chee Beng | | | | TIME USED | | |
| DRIVING LICENCE NO | DATE OF EXPIRY | PLACE OF ISSUE | HOURS | @ \$ | | |
| S1462327B | | | DAYS | 180.00 | | |
| PASSPORT NO | DATE OF ISSUE | PLACE OF ISSUE | WEEKS | @ \$ | | |
| ADD NAMED DRIVER | | | MONTHS | @ \$ | | |
| DRIVING LICENCE NO | DATE OF EXPIRY | PLACE OF ISSUE | BY INITIALLING, RENTER AGREES TO PAY ADD FEE FOR COLLISION DAMAGES WAIVER (C.D.W.) | | | |
| PASSPORT NO | DATE OF ISSUE | PLACE OF ISSUE | SUB-TOTAL | | | |
| | | | TOTAL RENTAL | | | |
| | | | DELIVERY FEE | | | |
| | | | COLLECTION FEE | | | |
| | | | X | PER DAY | PER WEEK | PER MONTH |
| | | | \$ | \$ | \$ | \$ |
| | | | BY INITIALLING, RENTER AGREES TO PAY ADD FEE FOR PERSONAL ACCIDENT INSURANCE (P.A.I.) | | | |
| | | | X | PER DAY | PER WEEK | PER MONTH |
| | | | \$ | \$ | \$ | \$ |
| | | | PREPAYMENT | | | |
| | | | TOTAL CHARGE | | | |
| | | | CHECK | | | |
| | | | DEPOSIT | | | |
| | | | CASH | | | |
| | | | RECEIPT NO | | | |
| | | | NET CHARGE | | | |
| | | | AMOUNT DUE / REFUND | | | |

IMPORTANT NOTES:

This vehicle is licenced to carry 04 passengers only.
No refund will be given for vehicle returns early.
No refund will be given for period left in vehicle.
Hirer is liable to pay loss of earnings while damaged vehicle is under repair.
Hirer is liable to pay all parking fee and traffic summonses.
Vehicle return during office hour only.
No service on Public Holiday and Sunday.
Geographical areas: Singapore & West Malaysia.
Driver must be:
a) 18 years old and above.
b) Holding a valid relevant class of driving license.
The vehicle is strictly to be driven by the person to whom it is hired to and the additional driver named in the agreement.
The hirer is not allowed to sub-let the vehicle to another party and subletting is not covered.

ADDITIONAL CONDITIONS:

COMPREHENSIVE COVERED EXCESS:

*Section I - Used In S'pore Only : SGD 2000.00
*Section II - Used In S'pore Only : SGD 1500.00
*W/Screen Excess In S'pore : SGD 100.00
*Section I - Used Outside S'pore : SGD 4000.00
*Section II - Used Outside S'pore : SGD 3000.00
*W/Screen Excess Outside S'pore : SGD 100.00

THIRD PARTY COVERED EXCESS:

*Hirer must bear all costs to the damages of the return vehicle.
*Section II - Used In S'pore Only : SGD 1500.00
*Hirer must bear all costs to the damages of the return vehicle.
*Section II - Used Outside S'pore : SGD 3000.00

YOUNG AND INEXPERIENCE DRIVER

Hirer or any authorised driver who is age 22 years old (on the date accident) and below or possess 18 month or less driving experience.

COMPREHENSIVE COVERED EXCESS:

*Section I - Used In S'pore Only : SGD 6000.00
*Section II - Used In S'pore Only : SGD 6000.00
*W/Screen Excess In S'pore : SGD 100.00
*Section I - Used Outside S'pore : SGD 12,000.00
*Section II - Used Outside S'pore : SGD 12,000.00
*W/Screen Excess Outside S'pore : SGD 100.00

THIRD PARTY COVERED EXCESS:

*Hirer must bear all costs to the damages of the return vehicle.
*Section II - Used In S'pore Only : SGD 6000.00
*Hirer must bear all costs to the damages of the return vehicle.
*Section II - Used Outside S'pore : SGD 12,000.00

Hirer is responsible for any loss of the
THIRD PARTY DAMAGE / INJURY status

I HAVE READ THE TERMS AND CONDITIONS ON BOTH SIDES
OF THIS RENTAL AGREEMENT AND AGREE THEREOF

SIGNED BY THE PARTIES HERE TO ON THE

DAY OF

X

DYNAMIC CAR RENTAL

X

RENTER'S DRIVER'S SIGNATURE

6

Date of Accident : 29.05.2022 Accident Time : 12:20PM (24-HR-Format)

Accident Place : Blk 450 Ang Mo Kio Ave 10 Open Carpark

Vehicle No (Car Plate No) : SGW 3568E Make/Model: HONDA STREAM

Insurance Company : CHINA TAIPING Policy No: DMHCSNA00011182101

Fleet Policy : ☒ YES / NO

Type of Coverage : ☒ Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : DYNAMIC CAR RENTAL (52928467K)

Owner Contact No : _____ Owner's Hp 6746 5405 Company Tel _____

Driver Name / IC No : GOH CHEE BENG (S1462327B)

Driver's Date of Birth : 16.03.1961 Driver's License Pass Date: 15.03.2001

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: HIRER

Driver's Address : BLK 335 SERANGOON AVENUE 3 # 08-333 S (550335)

Driver's Contact No : 1) 9822 5633 2) _____

Driver's Occupation : ☒ INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : jason@fastechauto.com.sg

Weather & Road Surface : ☒ CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / ☒ Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 1 Driver

Was ther any video footage ? : ☒ YES NO

Exact purpose used at time of accident : ☒ Private Use Private Hire / Work Purpose

Any injury (If Yes, Pls State) : 1 Driver

Other Party Driver's Particular (if any)

Vehicle B No : GBC 2638H(NTUC) Name & Contact No: TAN TIANG JOO

Vehicle C No : _____ Name & Contact No: _____

Vehicle D No : _____ Name & Contact No: _____

Vehicle E No : _____ Name & Contact No: _____

***NEW - Passenger's Name & Gender:**



Motor Hire Car

MZ406L/B

R SN

AN0707B

Cov. Type:T

CERTIFICATE OF INSURANCEMotor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00011182101

Engine No.: R18A1743627

Cha. No.: RN6103B698

1. Index Mark and Registration
Number of Vehicle

SGW3568E

2. Name of Policy Holder

DYNAMIC CAR RENTAL

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment14/10/2021
(00:00:00)

Excess Sect. II S\$1,500.00

Excess Sect.II (Outside Singapore). S\$3,000.00

4. Date of Expiry of Insurance

13/10/2022

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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)
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 169) 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