

# NATIONAL Assessment Centre Services

|                               |  |                       |         |
|-------------------------------|--|-----------------------|---------|
| Date In: 13/06/12             | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/II/22005600/13     | SAS e-filing                             |                       |         |
| Veh No: SL46617D              | E-mail (within 3hrs. AIC 2hrs)           |                       |         |
| D.O.A: 11/06/12 0400          | i-Motor Claim Form                       |                       |         |
| OD / <u>TP</u> 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: SKC99024 | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| Claimant's Particulars :-       | Invoice Preparation Checklist                   | Amount (\$) |          |
|---------------------------------|---|-------------|----------|
|                                 |   | 1st Bill    | Add Bill |
| Driver/Owner:                   | 1) AR : Accident Reporting (\$30);              |             |          |
| Contact No:                     | 2) DA : Damage Assessment (\$100); INC (\$80)   |             |          |
| Damaged Portion:                | 3) TF : Towing Fee \$40/\$45                    |             |          |
| QC Checked by (Engr-In-Charge): | 4) FT : Follow-Through Survey \$120             |             |          |
| Auditors' Comments :-           | 5) FT : Follow-Through Survey (Resurvey) \$30   |             |          |
| Cat. 1:                         | For claiming against INC Only (wef 10 Jan 2005) |             |          |
| Cat. 2 / 3:                     | 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                          |             |          |
|                                 | 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              | 13/06/2022 17:11 (SGT)                          |
| Date of Accident                | 11/06/2022 04:00 (SGT)                          |
| Exact Location of Accident      | Near 351 Upper Bukit Timah Rd, Singapore 588192 |
| Additional Location Information | UPPER BUKIT TIMAH ROAD                          |
| Country/State of Loss           | Singapore                                       |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SLU6617D |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |                              |
|--------------------------|------------------------------|
| Is company?              | Yes                          |
| Name Of Registered Owner | GRAN TORINO PTE LTD          |
| Company Reg No           | 2XXXXX383C                   |
| Email Address            | MAVIN21KUNMANTHONG@GMAIL.COM |
| Mobile Phone No          | (Phone) +65-66656141         |
| Alternative Phone No     | +65-66656141                 |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | C-hr                      |
| 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   | 1797                      |

### INSURANCE COMPANY

|                           |                                       |
|---------------------------|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Type of Coverage          | Comprehensive                         |
| Fleet Policy              | No                                    |
| Policy Number             | D21MFL0007109                         |
| Cover Note Number         | -                                     |

### DRIVER

|                |                      |
|----------------|----------------------|
| Name of Driver | MARVIN CHEW YIAN SAN |
| NRIC No        | SXXXX441J            |

|  |   |
|--|---|
| Date Of Birth  | 19/02/1979                              |
| Occupation   | Outdoor                                 |
| Date Of Driving Pass   | 20/04/2000                              |
| Driving experience   | 22 YEARS AND 2 MONTHS                   |
| Gender   | Male                                    |
| Mobile Number  | (Phone) +65-97387883                    |
| Alt. Phone Number  | -                                       |
| Email Address  | MAVIN21KUNMANHONG@GMAIL.COM             |
| Address  | BLOCK 65 NEW UPPER CHANGI ROAD #11-1136 |
| Address complement   | -                                       |
| Postcode   | 460065                                  |
| 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 | Raining         |
| Road Surface       | Wet             |

#### 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?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| 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   | PASSENGER |
| Gender | Female    |

#### 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

#### REFER TO REPORT

#### 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 | SKC9902U    |
| 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             | SJT4226R    |
| 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)     | -           |

## 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.



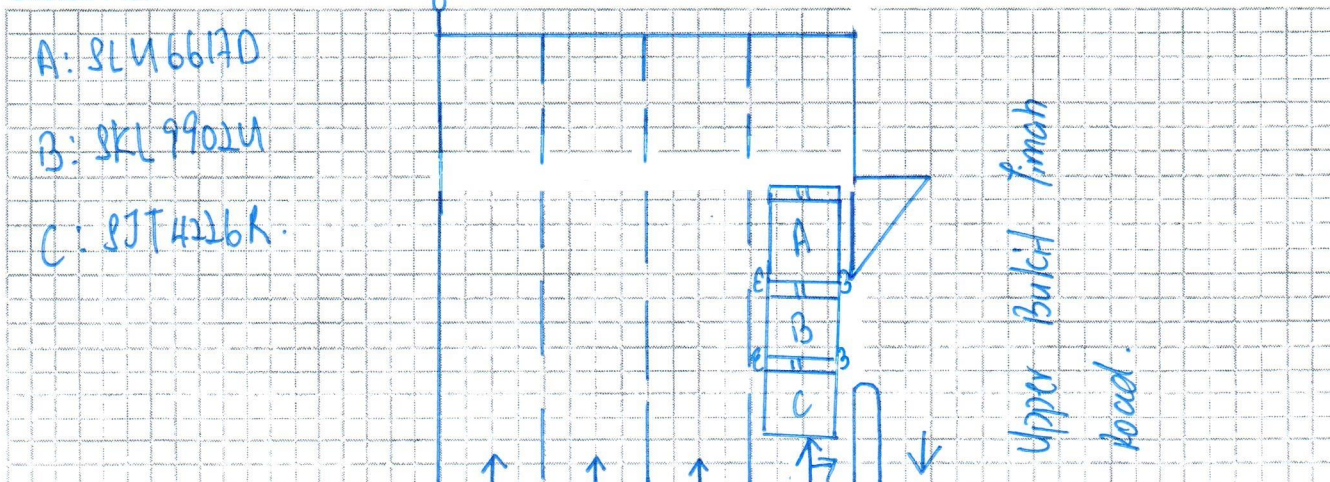
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

13/06/22

### Sketch Plan



**Describe Circumstances of the Accident**

I WAS TRAVELLING ALONG UPPER BUKIT TIMAH ROAD HEADING TOWARDS BEAUTY WORLD. I WAS ON THE MOST  
RIGHT LANE. I WAS DRIVING SLOWLY AS I HAD THE INTENTION TO MAKE AN UTURN. AS IT WAS RAINING, I COULD  
NOT SEE THE UTURN EXIT PROPERLY AND I REALISED THAT I HAD MISSED IT WHILE I WAS STILL ON A SLOW SPEED.  
THE NEXT MOMENT, I FELT AN IMPACT FROM MY VEHICLE REAR PORTION. WHEN I GOT DOWN, I NOTICED THAT I  
WAS INVOLVED IN A 3 CARS CHAIN COLLISION.

**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

Witnessed by Reporting Centre  
Personnel

13/06/22

Date of Accident : 11 June 2022 Accident Time: 0400 (24-HR-FORMAT)  
Accident Place : Upper Bukit Timah Road.  
Vehicle Reg. No (Car plate No.) : SLU6617D Vehicle Make/Model: Toyota CHR.  
Insurance Company : TII Policy No. 021MFLO007109  
Name of Registered Owner : Company / Individual Gran Torino Pte Ltd.  
ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: 102026383L  
: Co Contact No: \_\_\_\_\_ Owner's Contact No: 8855 6141  
DRIVER'S Name : Mavin Chew Tian San DRIVER'S NRIC No: S 7905441J.  
DRIVER'S Date of Birth : 19 Feb 1979 DRIVER'S License Pass Date 20 Apr 2000  
Relationship bet. Owner & Driver : ~~Spouse~~ \ ~~Parents~~ \ ~~Children~~ \ ~~Sibling~~ \ ~~Employee~~ \ Others: Hirer.  
DRIVER'S Address : Block 65 New Upper Changi Road #11-1136 S/460065  
DRIVER'S Contact No./ Alt No. : 1) 9738 2171 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : claims @ Lap.com.sg  
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): 2 Name & Gender: Female - passenger  
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 injuries, if yes(name of the injured person) Driver

**Other Party Driver's Particulars (if any)**

|  |                                      |
|--|--------------------------------------|
| Vehicle Reg No: <u>SKL 99024 (B)</u>         | Vehicle Reg No: <u>JJF 4226R (C)</u> |
| Vehicle Make/Model: _____                    | Vehicle Make/Model: _____            |
| Name DRIVER: <u>Ng Zi Tany Stanley James</u> | Name DRIVER: <u>Kareina Lau</u>      |
| IC No. DRIVER: <u>S85371046</u>              | IC No. DRIVER: <u>S9220283F</u>      |
| DRIVER'S Contact & add: _____                | DRIVER'S Contact & add: _____        |

# GRAN TORINO

## RENTAL AGREEMENT ROC 202026383C

|                           |   |
|---------------------------|---|
| Hirer's Name              | MARVIN CHEW YIAN SAN                        |
| Hirer's Address           | BLK 65 NEW UPPER CHANGI RD #11-1136 S460065 |
| NRIC                      | S7905441J                                   |
| Driving Licence No.       | S7905441J                                   |
| Driving License Pass Date | 20/04/2000                                  |
| Contact No.               | 97387883                                    |
| Email                     | Mavin21kunmanthong@gmail.com                |
| Purpose of rental         | PHV DRIVER                                  |
| Emergency Contact         | 98575710 BROTHER                            |

### RENTAL DETAILS

|                      |                        |                    |                   |
|----------------------|------------------------|--------------------|-------------------|
| License Plate        | SLU6617D               | Make/ Model        | TOYOTA CHR HB     |
| Weekly Rental        | <del>\$511</del> \$490 | CDW                | <del>YES</del> NO |
| Driving License Type | Class 3 / PDVL / TDVL  |                    |                   |
| Contract Duration    | 12 MONTH               |                    |                   |
| Start Date / Time    | 28/04/2022             | Return Date / Time | 28/04/2023        |
| Start Mileage        |                        | Return Mileage     |                   |

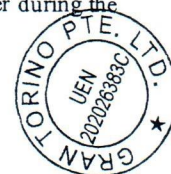
### GRAN TORINO PTE LTD ("The Company")

#### Hirer/Authorized Rider ('Hirer')

Hirer must produce a valid Singapore NRIC and Driving License or a valid International Driving License & valid Foreign Driving Licence and Passport or FIN card. Hirer guarantees that he / she is not under any suspension order on his/her Driving License.

#### Terms of Payment / Security Deposit Amount : \$500


Hire charges and Security Deposit for the hire period is payable by The Hirer at the time of taking over the vehicle. The Hirer is to pay a mandatory amount of security deposit. It will be refunded back to The Hirer by bank transfer, 14 days from the end of the hiring period. The Company will use the security deposit to offset any repairs, fines or summons incurred by The Hirer during the rental period. All rental charges paid in advance is non-refundable.



## 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)

**All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.**

|   |  |                             |
|---|--|-----------------------------|
| <b>CERTIFICATE NO.: D21MFL0007109</b>   |  | <b>COVER: Comprehensive</b> |
| <b>1. Index Mark and Registration Number of Vehicle</b>   | : <b>SLU6617D</b>  |                             |
| <b>Chassis No</b>   | : <b>ZYX102021099</b>  |                             |
| <b>2. Name of Policyholder</b>  | : <b>GRAN TORINO PTE. LTD.</b>   |                             |
| <b>3. Effective date of Insurance</b>   | : <b>21 Feb 2022</b>   |                             |
| <b>4. Expiry date of Insurance</b>  | : <b>15 Sep 2022</b>   |                             |
| <b>5. Persons or Classes of Persons entitled to drive*</b>  | <p>Any person who is driving on the Policyholder's order or with their permission.<br/>The Hirer.<br/>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.<br/>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</p>                           |                             |
| <b>6. Limitations as to use*</b>  | <p>Use for the carriage of passengers or goods in connection with the Policyholder's business.<br/>Use for social, domestic, pleasure purposes and business purposes of any person to whom the vehicle is hired</p> <p><b>The Policy does not cover</b></p> <p>(1) Use for racing, pace-making, reliability trial, speed-testing.<br/>(2) Use for the carriage of goods other than samples in connection with any trade or business.<br/>(3) Use for any purpose in connection with the Motor Trade.</p> <p><small>*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.</small></p> |                             |
| <b>Excess Section I WITHIN SINGAPORE</b>  | : SGD  | 2,500.00                    |
| <b>Excess Section II WITHIN SINGAPORE</b>   | : SGD  | 2,500.00                    |
| <b>Windscreen Excess</b>  | : SGD  | 100.00                      |
| <b>Hire Purchase Company</b>  | : <b>MY AUTO CAPITAL PTE LTD</b>   |                             |
| <b>WARRANTY EXCESS : SGD 350.00</b><br><b>WARRANTY BENEFIT FOR ENGINE AND GEAR BOX ONLY</b>   |  |                             |
| <b>THE VEHICLE IS STRICTLY TO BE DRIVEN BY THE PERSON TO WHOM THE VEHICLE IS HIRED &amp; THE HIRER IS NOT ALLOWED TO SUBLET THE VEHICLE TO ANOTHER PARTY.</b><br><b>DRIVERS MUST BE BETWEEN 24 TO 69 YEARS OF AGE &amp; WITH AT LEAST 2 YEARS OF SINGAPORE DRIVING LICENCE.</b> |  |                             |
| 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).                          |  |                             |
| Agent/Broker : A000087/FINSURETEQ AGENCY PTE LTD<br>Date of Issue : 21/02/2022 21:32:47<br>MZ406 – Hire Car (Hired Driving)   | <b>For India International Insurance Pte Ltd</b><br><br><br><hr style="width: 200px; margin: 0 auto;"/> Authorised Signatory  |                             |