

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 14/06/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22005632/r3	SAS e-filing		
Veh No: SML 8755K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/06/22 1020	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: SLZ 1402M	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

NA2201640	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*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20			
Cat. 2 / 3:	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 14/06/2022 10:36 (SGT)
Date of Accident 13/06/2022 10:20 (SGT)
Exact Location of Accident Near Bef Yio Chu Kang Chapel, Singapore
Additional Location Information YIO CHU KANG JUNCTION ANG MO KIO AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML8755K

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) +65-94894845
Alternative Phone No +65-94894845

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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 1500

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number DMHCSNA00006142202
Cover Note Number -

DRIVER

Name of Driver LEE LENG POH
NRIC No SXXXX336E

Date Of Birth	22/11/1964
Occupation	Outdoor
Date Of Driving Pass	06/09/1983
Driving experience	38 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81614671
Alt. Phone Number	-
Email Address	DOCSL72@GMAIL.COM
Address	BLOCK 760 PASIR RIS ST 71 #04-194
Address complement	-
Postcode	510760
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 - Head to Rear
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

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	SLZ1402M
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

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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.

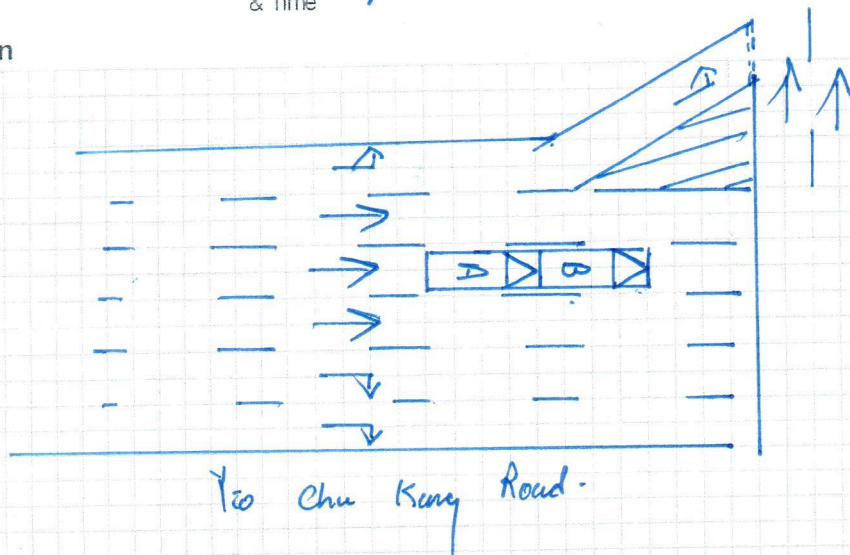


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



14/06/22
Ang Mo Kio
403

(A) SML 8755K

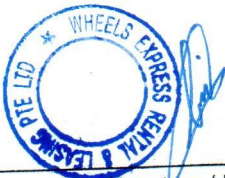
(B) SLZ 1402M.

Describe Circumstances of the Accident

On 13/06/22 at @ 1020 hrs, I stopped my vehicle (SML 87551K) along Yio Chu Kang Road junction Ang Mo Kio Ave 3 on the 2nd lane from the left due to red light. When the traffic lights turn green, I thought the vehicle (SLZ 1402 m) has moved off and I proceed forward. When I noticed the vehicle is still stationary and I could not stop in time and collided onto the rear portion of the said vehicle.

Declaration

I/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

14/06/22
Witnessed by Reporting Centre Personnel

VEHICLE NO:	SML 8755 K	MAKE & MODEL:	Yonda Shuttle	<input checked="" type="radio"/> AUTO <input type="radio"/> MANUAL
DATE OF ACCIDENT:	13 / 06 / 2022	CC:	1.5	
TIME OF ACCIDENT:	1020 HRS			
LOCATION OF ACCIDENT:	Yeo Chu Kang Junction Ang mo Kso Ave 3.			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE	<input checked="" type="radio"/> PRIVATE HIRE		
NAME OF OWNER:	Wheels Express Rental & Leasing Pte Ltd.			
TEL NO:	H/P: 9489 4845	OFFICE:	HOME:	
NRIC:	201810594C			
ADDRESS:	61, Ubi Ave 2, Automobile Megamart. #05-04 (S) 408898			
EMAIL:	yeechye@yahoo.com.sg			
CLAIM TYPE:	OD / THIRD PARTY / <input checked="" type="radio"/> REPORTING ONLY			
FLEET POLICY:	<input checked="" type="radio"/> YES / NO?			
INSURANCE COMPANY:	China Taiping			
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft			
POLICY NO:	DMFC3NA00006142202			
NAME OF DRIVER:	AS ABOVE / IF NO:	LEE LENG POH		
NRIC:	S167633GE	ANY PASSENGER:	01 (F)	
DATE OF BIRTH:	22 / 11 / 1964	LICENCE PASSED DATE:	06 / 09 / 1983	
OCCUPATION:	<input checked="" type="radio"/> OUTDOOR / <input type="radio"/> INDOOR			
GENDER:	<input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE			
CONTACT NO:	H/P: 8161 4671	OFFICE:	HOME:	
ADDRESS:	BLK 760 Pass Rd Lt 71 #04-194 (S) 510760			
EMAIL:	docs172@gmail.com			
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:	INSURER:		
RELATIONSHIP:	Driver			
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / OTHERS:			
ROAD SURFACE:	<input checked="" type="radio"/> DRY / <input type="radio"/> WET / OTHER:			
ANY INJURIES:	<input checked="" type="radio"/> NO / IF YES, WHO?			
NAME & CONTACT:				
NAME & CONTACT:				
POLICE REPORT:	<input checked="" type="radio"/> NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?			
VEHICLE B REG NO:	SLZ 1402 M	ANY PASSENGERS:	N.A.	
NAME OF DRIVER:		CONTACT NO:		
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:	N.A.	WITNESS CONTACT:	N.A.	
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="radio"/> NO			
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO			
ACCIDENT SCENE PHOTOS TAKEN?	YES / <input checked="" type="radio"/> NO			
ACCIDENT PORTION:	Front Bumper	YES / <input checked="" type="radio"/> NO		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?				
WORKSHOP PARTICULAR:	N51 Automotive Pte Ltd.			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	JOSEPH TAN	88275151		
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

MZ406L/B

R SN

AN0721A

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, 1999 (Malaysia)

CERTIFICATE No. DMHCSNA00008142202

Engine No. LEB7104036

Chassis No. GP72003051

1. Index Mark and Registration
Number of Vehicle

SMIL8755K

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

22/05/2022
(00:00:00)

Excess Sect. I \$52,000.00

Excess Sect. II \$52,000.00

EX ON WINDSCREEN \$5100.00

4. Date of Expiry of Insurance

21/05/2023

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. - BENEFIT AUTO ENTERPRISE PTE 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



Wheels Express Rental & Leasing Pte Ltd

ROC : 201810594C

OCBC CURRENT : 588-140228-001

PAY NOW UEN : 201810594C

61 Ubi Ave 2, Automobile Megamart, #05-04 Singapore 408898

CHEW 9060 3343 / TEO 91076963

VEHICLE RENTAL & LEASING AGREEMENT

Hirer's Name : LEE LENG POH Doc SL72 @ 4m-1.2m	
NRIC No: 16763367E	Hirer's Contact No: 81614671
License Pass Date: 06-9-1983	Next of Kin Name & Contact No (In Case of Emergency):
Address: 3LK 760 PASIR RIS ST 71 404-194 (Singapore 510760)	
Occupation / Office Address	(Singapore)
Vehicle Reg No: SML 87551X	Make & Model: Honda Shuttle Hybrid
Commencing Start Date: 3-11-2021	Commencing End Date: 3 months
Handover Time: 16:50pm	Handover Time:
Rental Per Day/Week/Month: WEEKLY. \$430	Deposit: \$300 transfer acc from SML830004
Add Driver:	NRIC No: VEZE1
License Pass Date:	Contact No:
Remarks: payment every Thursday	

1. In the event Hirer decides to terminate the contract before the contract end date, deposit will NOT BE REFUNDED, ADDITIONAL PENALTY will be enforced upon 50% 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 30minutes 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, at company discrepancy, we will tow the vehicle without notice. Belongings will be kept for maximum 2 weeks. If not collected, we will dispose of it.

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 \$20 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. Hirer will 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 \$5.00/day)
		CDW if yes, excess @ \$1,000

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 Eunon Technolink (S415939)

AIRCON : PATRICK 94357824 | Blk 3022A Ubi Road 1 #01-49 S(408716)