

NATIONAL Assessment Centre Services (Ref: JAN03)

Date In: 17/06/22	Job description	Date & Time Completed	Done by
Ref No: NA/II 220057671r3	SAS e-filing		
Veh No: SGT 7997P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/06/22	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 Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SBN 7171T 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

NA 2201686	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		Int. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
C. Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
at 1:	6) TR: Re-inspection \$75			
at 2/3:	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tp 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: Idno 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 17/06/2022 11:23 (SGT)
Date of Accident 16/06/2022 17:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information SCOTTS ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGT7997P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GRAN TORINO PTE LTD
Company Reg No 2XXXXX383C
Email Address CLAIMS@1AS.COM.SG
Mobile Phone No (Phone) +65-88556141
Alternative Phone No +65-88556141

VEHICLE PARTICULARS

Manufacturer Honda
Model Freed
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 1496

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 THAM CHIN JEOW
NRIC No SXXXX057D

Date Of Birth	09/04/1957
Occupation	Outdoor
Date Of Driving Pass	12/04/1977
Driving experience	45 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97516315
Alt. Phone Number	-
Email Address	CLAIMS@1AS.COM.SG
Address	296D CHOA CHU KANG AVE 2 #03-58
Address complement	-
Postcode	684296
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 THE 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	SBN7171T
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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3. Information provided must be as **truthful and accurate as possible**. Any willful 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.

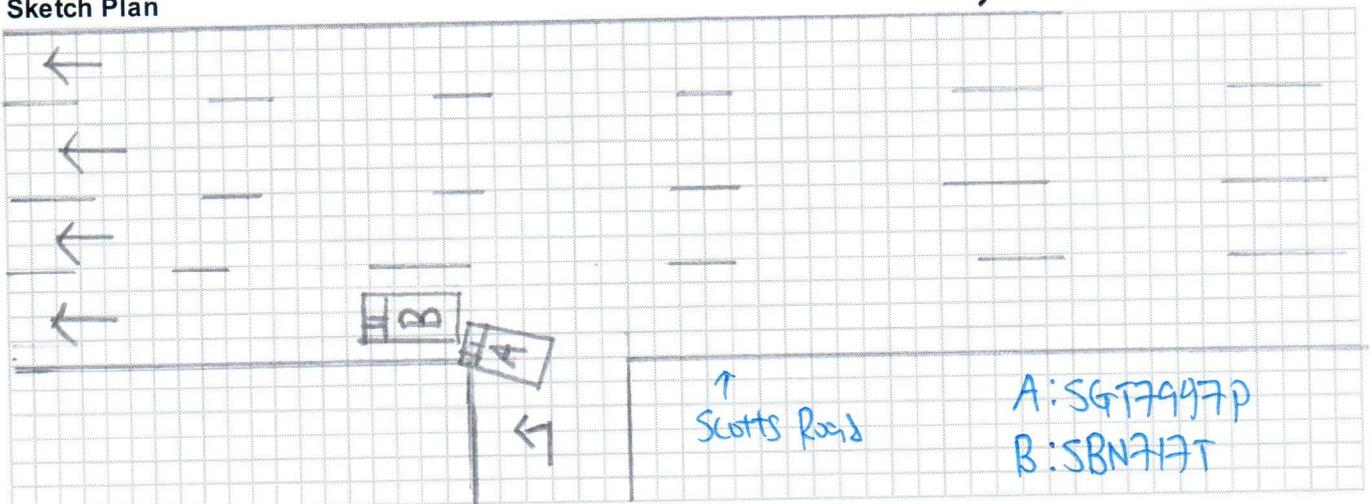


Policyholder's Signature / Date & Time

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

17/06/22
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling out of the slip road to Scotts Road.
Vehicle (B) suddenly stop in front of me. I could
not stop on time and collided onto vehicle (B).

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

17/06/22

Witnessed by Reporting Centre Personnel

Date of Accident : 16/06/2022 Accident Time: 1750 (24-HR-FORMAT)
 Accident Place : Scotts Road
 Vehicle Reg. No (Car plate No.) : SGT7997P Vehicle Make/Model: Honda Freed
 Insurance Company : III Policy No. D21MFLO007109
 Name of Registered Owner : Company / Individual Gran Torino Pte Ltd
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: 2020263834
 : Co Contact No: _____ Owner's Contact No: 88556141
 DRIVER'S Name : Tham Chin Jeow DRIVER'S NRIC No: S1276057D
 DRIVER'S Date of Birth : 09/04/1957 DRIVER'S License Pass Date 12/04/1977
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
 DRIVER'S Address : 296D Choa Chu Kang Ave 2 #03-58 S(684296)
 DRIVER'S Contact No./ Alt No. : 1) 9751 6315 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : claims@1AS.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): 1 Name & Gender: _____
 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) _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SBN777</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

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.

CERTIFICATE NO.: D21MFL0007109

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle : SGT7997P
Chassis No : GB71076649
2. Name of Policyholder : GRAN TORINO PTE. LTD.
3. Effective date of Insurance : 16 Sep 2021
4. Expiry date of Insurance : 15 Sep 2022

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.
The Hirer.

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 in connection with the Policyholder's business or the hirer's business.
(2) Use for social, domestic, pleasure purposes and business purposes of the Policyholder or 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 for the carriage of goods (other than samples) in connection with any trade or business.
(3) Use for any purpose in connection with the Motor Trade.

*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.

Excess Section I WITHIN SINGAPORE	: SGD	2,500.00
Excess Section II WITHIN SINGAPORE	: SGD	2,500.00
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: TAI THONG LEE TRADING PTE LTD	

WARRANTY EXCESS : SGD 350.00

WARRANTY BENEFIT FOR ENGINE AND GEAR BOX ONLY

THE VEHICLE IS STRICTLY TO BE DRIVEN BY THE PERSON TO WHOM THE VEHICLE IS HIRED & THE HIRER IS NOT ALLOWED TO SUBLET THE VEHICLE TO ANOTHER PARTY.

DRIVERS MUST BE BETWEEN 24 TO 69 YEARS OF AGE & WITH AT LEAST 2 YEARS OF SINGAPORE DRIVING LICENCE.

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
Date of Issue : 15/09/2021 17:02:00
MZ406 - Hire Car (Hired Driving)

For India International Insurance Pte Ltd



Authorised Signatory

ECO CARZ PTE. LTD.

COMPANY REGISTRATION NO: 202129543M

EMAIL: SALES@ECOCARZ543.COM

RENTAL AGREEMENT

Hirer's Name	Tham Chin Jeow
Hirer's Address	Blk 296D Choa Chu Kang Avenue 2 #03-58 S684296
NRIC	S1276057D
Driving Licence No.	002951604A
Driving License Pass Date	
Contact No.	97516315
Email	nil
Purpose of rental	PHV Driver
Emergency Contact	97473053 (Son)

RENTAL DETAILS

License Plate	SGT7997P /	Make/ Model	Temp Honda Freed / Mazda 3 Mild Hybrid
Weekly Rental	Temp \$469 / \$511	CDW	Yes
License Type	Class 3 / PDVL / TDVL		
Contract Duration	6 months		
Start Date / Time	31/8/21	Return Date / Time	28/2/22
Start Mileage	56789 km	Return Mileage	

ECO CARZ 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.

Rates / Petrol / Rental Extension / Replacement Vehicle / Towing

All rates quoted are in Singapore Currency, SGD & include insurance, maintenance and unlimited mileage. Minimum rental charge is one-day's rate. For vehicle returned after office hours, The Hirer will be charged till 10am of the next working day. At any point if The Hirer wish to extend the hire period, The Hirer is to inform The Company immediately and provided the hire extension is

