

# NATIONAL Assessment Centre Services

|                              |  |                        |          |
|------------------------------|--|------------------------|----------|
| Date In: 26/07/22            | Job description: SAS e-filing            | Date & Time Completed: | Done by: |
| Ref No: NA/CT522007086/13    | E-mail (within 8hrs, AP: 2hrs)           |                        |          |
| Veh No: SMC3965B             | i-Motor Claim Form                       |                        |          |
| DOA: 25/07/22 1030           | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                        |          |
| OD: TP <u>Reporting Only</u> | 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: SMC3965B 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                   | Ant (\$)    | Ant (\$) |
|---------------------------------|---|-------------|----------|
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               | 1st Bill    | Add Bill |
| 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              |             |          |
|                                 | 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*   |             |          |
|                                 | *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 \$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              | 26/07/2022 13:50 (SGT)           |
| Reported by                     | Driver                           |
| Date of Accident                | 25/07/2022 10:30 (SGT)           |
| Exact Location of Accident      | Singapore                        |
| Additional Location Information | LOWER DELTA RD TWDS ALEXANDRA RD |
| Country/State of Loss           | Singapore                        |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMC3965B |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                        |
|--------------------------|------------------------|
| Is company?              | Yes                    |
| Name Of Registered Owner | ONESTO LEASING PTE LTD |
| Company Reg No           | 2XXXXX843R             |
| Email Address            | neon.ong78@gmail.com   |
| Mobile Phone No          | (Phone) +65-97975784   |
| Alternative Phone No     | -                      |

#### 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 - Reporting only |
| Vehicle Category   | Private hire        |
| Transmission   | Auto                |
| CC   | 1797                |

#### INSURANCE COMPANY

|                                   |   |
|-----------------------------------|---|
| Name of Insurance Company         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMHCSNA00003712200                            |

#### DRIVER

|                |                       |
|----------------|-----------------------|
| Name of Driver | ONG CHUN BENG, KELVIN |
| NRIC No        | SXXXX050J             |
| Date Of Birth  | 19/09/1978            |
| Occupation     | Outdoor               |

|  |                       |
|--|-----------------------|
| Date Of Driving Pass .....   | 27/06/2008            |
| Driving experience .....   | 14 YEARS AND 1 MONTH  |
| Gender .....   | Male                  |
| Mobile Number .....  | (Phone) +65-90062161  |
| Alt. Phone Number .....  | -                     |
| Email Address .....  | neon.ong78@gmail.com  |
| Address .....  | BLK 184 YUNG SHENG RD |
| Address complement .....   | #15-77                |
| Postcode .....   | 610184                |
| 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  |
| Translator's name .....   | -   |
| Translator's ID .....   | -   |
| Translator's phone number .....   | -   |
| Translator's email .....  | -   |
| Original language used in the statement .....   | -   |

#### 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  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |               |
|-----------------------------------|---------------|
| Vehicle Registration Number ..... | SMW5305M      |
| Vehicle Manufacturer .....        | -             |
| Vehicle Model .....               | -             |
| Vehicle Variant .....             | -             |
| Vehicle Colour .....              | -             |
| Vehicle Category .....            | Private car   |
| Name of Driver .....              | GANESH GEETHA |
| NRIC No .....                     | SXXXX810E     |

|   |                      |
|---|----------------------|
| Contact Number                          | (Phone) +65-91357048 |
| 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.



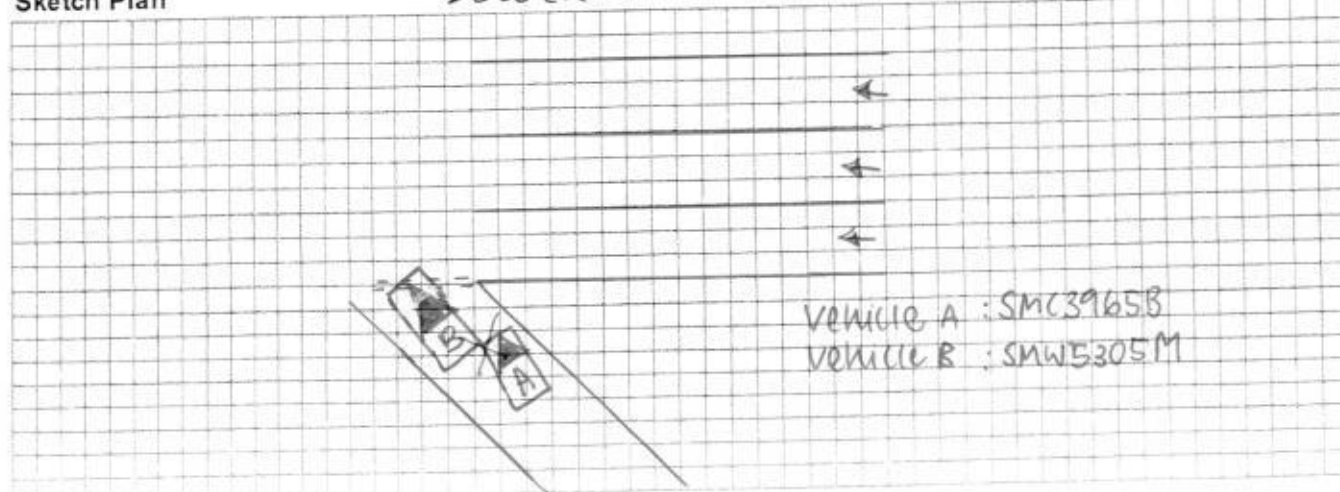
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

LOWER DELTA RD TWO'S ALEXANDRA RD



VEHICLE A : SMC3965B  
VEHICLE B : SMW5305M

Describe Circumstances of the Accident

— Refer To Attached —

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

*Slyn* 26/07/22  
Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME, I VEHICLE A (SMC 3965 B) WAS STATIONARY ON THE STATED VENUE AT A SLIP ROAD. SUDDENLY, VEHICLE B (SMW 5305 M) JAMMED BRAKE AFTER MOVING OFF OVER THE STOP LINE. I COULDN'T STOP IN TIME AND COLLIDED ONTO THE RIGHT REAR PORTION OF VEHICLE B. I WOULD WISH TO STATE THAT THE MAIN ROAD WAS CLEAR AND THERE WAS NO ONCOMING TRAFFIC AT ALL. NO ONE WAS INJURED.

A handwritten signature in black ink, consisting of a stylized, cursive script that is difficult to decipher but appears to be a personal name or initials.







Motor Hire Car

M2406L/B

N SN

AN0695A

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, 1959 (Malaysia)

CERTIFICATE No: DMHCSNA00003712200

Engine No: 2ZR2A00674

Cha. No. ZYX102125063

1. Index Mark and Registration  
Number of Vehicle

SMC3965B

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

ONESTO LEASING PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment22/02/2022  
(00:00:00)

Excess Sect. I

Excess Sect. I (Outside Singapore) \$54,000.00

Excess Sect. II

Excess Sect. II (Outside Singapore) \$53,000.00

4. Date of Expiry of Insurance:

21/02/2023

EX ON WINDSCREEN \$5100.00

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

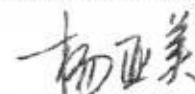
- (1) Use for racing, pace-making, reliability trial or speed-testing.  
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : TECK WEI CREDIT PTE LTD

\* 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: Tan Xin Yi Josephine  
Authorised Officer

Authorised Signatory



# ONESTO LEASING PTE LTD

UEN NO: 201814843R  
ADDRESS: 210 TURF CLUB ROAD LOT A10  
THE GRANDSTAND SINGAPORE 287995  
EMAIL: onestoleasing@gmail.com / joshonesto@gmail.com

LEASE AGREEMENT NO. SMC3965B  
DATE: 9/5/2022

CDWS35/WEEK

## Schedule

This is a Rental Agreement made between us, **ONESTO CAR LEASING PTE LTD** (hereinafter referred to as "the Company" which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address at 210 Turf Club Road Lot A10 The Grandstand Car Mall Singapore 287995 **AND YOU**, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL) : ONG CHUN BENG KELVIN  
NRIC/PASSPORT/RC/RB NO. : S7827050J  
DATE OF BIRTH : 19/09/1978  
ADDRESS : 184 YUNG SHENG ROAD #15-77 S610184  
TELEPHONE : 90062161  
EMAIL : NEONBLOOD78@GMAIL.COM  
NAME OF DRIVER(S) (IN FULL) :  
NRIC/PASSPORT NO. :  
DATE OF BIRTH :  
TELEPHONE :  
ADDRESS :

### 1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO. : SMC3965B  
MAKE / MODEL : TOYOTA CHR HYBRID  
COLOUR : SILVER  
ENGINE NO. : AS PER LOGCARD  
CHASSIS NO. : AS PER LOGCARD  
TYPE : PASSENGER / COMMERCIAL\*  
(\*delete where inapplicable)  
Date, Time and Mileage for Collection: 09/05/22(date) 1PM (time) (mileage)  
Date, Time and Mileage for Return: (date) (time) (mileage)  
Petrol Out : Empty / 1/4 tank / 1/2 tank / 3/4 tank / Full\*  
(\*Vehicle must be returned with same level of petrol)

### 2. PERIOD OF LEASE ("LEASE PERIOD")

Daily/Weekly/Monthly/Yearly\* Basis  
From 09/05/2022 ("Commencement Date") to 08/11/2022 ("End Date")

\* delete where not applicable

### 3. LEASE CHARGES

Amount S\$455 per day/week/month/year\* inclusive of Goods and Services Tax ("GST") (collectively, "Lease Charges") payable in advance on the day of each week\* ("Payment Date").

In the event the Payment Date falls on a non-Business Day, the Hirer shall effect payment of the Lease Charges on the Business Day falling immediately prior to the Payment Date. GST is chargeable separately and the Hirer shall pay the prevailing GST together with the Lease Charges. Time of payment shall be of the essence.



\* delete where not applicable

4. **DEPOSIT**

Amount: S\$ 500 (exclusive of GST)

5. **INSURANCE, ROAD TAX AND MAINTENANCE**

The Company will be responsible for the road tax, maintenance and servicing of the Vehicle.  
You agree to pay the sum of S\$ \_\_\_\_\_ on Commencement Date for the Company to arrange the following insurance coverage for the Vehicle. The full details of the insurance policy will be provided to you and you undertake to strictly comply with the terms and conditions of the insurance policy.

Excess Amount : S\$ 800 (per accident per claim) in Singapore  
Insurance Coverage : Third Party Injury and Death Only /  
Third Party Injury, Death and Damage Only /  
Comprehensive Insurance Policy /  
Others \$ 800 (specify)\*

Coverage Amount : S\$ \_\_\_\_\_ (specify)

\* delete where not applicable

6. **PURPOSE OF USE**

Personal social domestic use / others\*

If others, please specify : PHV

\* delete where not applicable

7. **EARLY TERMINATION**

You shall be liable to the Company for early termination as provided under the Terms and Conditions annexed hereto. Lease to own for a period of 72 months which the car ownership will be transfer by the end of the contract terms with no outstanding.

8. **PAYMENT**

For cheque payments, please issue the cheque to the Company and indicate the vehicle number on the back of the cheque. The cheques must be delivered to the Company's registered address as stated above and any payment sent to the Company by post will be at your own risk.

The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement.

IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.

Signed by the Hirer

  
Name: ONG CHUN BENG KELVIN

Signed for and on behalf of  
**ONESTO CAR LEASING PTE LTD**

  
  
NAME: JOSHUG CHEONG  
Designation: Manager