

NATIONAL Assessment Centre Services

Date In: 15/08/22	Job description	Date & Time Completed	Done by
Ref No: NA2202007711/13	SAS e-filing		
Veh No: SMA6JSM	E-mail (within 2hrs, MP 2hrs)		
D.O.A: 08/08/22 0140	i-Motor Claim Form		
GD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within 01/2hrs, 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: SHA5390R	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

NA2202171	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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) NI: 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	

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.



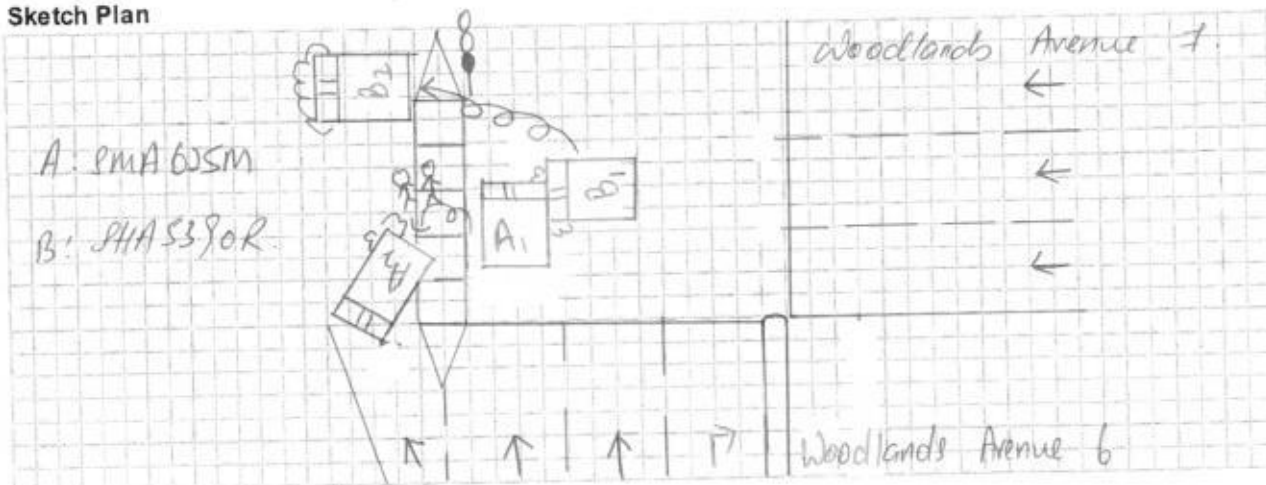
Policyholder's Signature / Date & Time

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

Sym 15/08/22

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to TP Report
T/20220812/7028

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 15/08/22

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220812/7029

1 of 4

Report No. T/20220812/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/08/2022 15:30		Vide Report No.: L/20220808/0016		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG KHENG GUAN			Address: 489 ADMIRALTY LINK #08-115 SINGAPORE 750489		
ID Type / ID No.: NRIC NO / S6917724G			Contact No.: Home/Office: Mobile: 81119169		
Nationality: SINGAPORE CITIZEN			Email: NG7878@GMAIL.COM		
Sex: Male	Age: 53	Date of Birth: 22/05/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/08/2022 01:40	Type of Location: Straight Road
Location: WOODLANDS AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA5390R	Car					0
SMA625M	Car					0

Details of Person Involved

Any Pedestrian Involved: No



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220812/7029

CONTINUATION OF REPORT

Passenger			
Name	MOHD DANIEL LUFTI BIN ABDUL KORIM	ID No.	NIL
Related Vehicle	SMA625M (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/08/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	NG KHENG GUAN	ID No.	S6917724G
Related Vehicle	SMA625M (Car)	Contact No.	81119169
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/08/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Pedestrian			
Name	Unknown Pedestrian	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Cyclist			
Name	Unknown Cyclist	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20220812/7029

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Report No. T/20220812/7029

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

I WAS TRAVELLING AT THE JUNCTION OF WOODLANDS AVENUE 6 & AVENUE 7. IT WAS GREEN LIGHT IN MY FAVOR AS SUCH I PROCEED TO TRAVEL STRAIGHT. OUT OF SUDDEN, I FELT AN IMPACT FROM MY VEHICLE RIGHT SIDE PORTION. THE IMPACT WAS SO HUGH THAT I SWERVED ACROSS THE PEDESTRIAN CROSSING. WHEN I GOT DOWN I SAW 2 PEDESTRIAN INJURED AND SOMEONE HAS CALLED THE POLICE ALREADY. I HURT MY FOOT TOO AS SUCH I GOT CONVEYED. THE VEHICLE THAT HIT ME IS SHA5390R.



**SINGAPORE
POLICE FORCE**



T/20220812/7029

4 of 4

Report No. T/20220812/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JUN YAN
Contact No.: 65476311

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

Date/Time:
12/08/2022 15:30

Classification Of Case:

Date of Accident : 08 Aug 2022 Accident Time: 0140 (24-HR-FORMAT)
Accident Place : Junction of Woodlands Ave 6 & Ave 7.
Vehicle Reg. No (Car plate No.) : SMA 625 M. Vehicle Make/Model: Honda Freed.
Insurance Company : TU Policy No. 021MFL0007109.
Name of Registered Owner : Company / Individual Gran Torino Pk Hotel.
ID of Registered Owner : Co Reg No: 702026383C Owner's NRIC No: _____
: Co Contact No: _____ Owner's Contact No: 8855 6141
DRIVER'S Name : Ng Cheong Guan DRIVER'S NRIC No: 869177246.
DRIVER'S Date of Birth : 22 May 1969 DRIVER'S License Pass Date 22 Apr 1996
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
DRIVER'S Address : Block 489 Admiralty Link #08-115 S(750489)
DRIVER'S Contact No./ Alt No. : 1) 8111 9169 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : reporting.gt@gmail.com.
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: Mohel Daniel Lytti Bin
Was the accident reported to the police? YES \ NO Abdul Korim (Male)
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) Ng Cheong Guan & Passenger

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SHA 5390R.</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: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

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 : SMA625M
Chassis No : GB71065320
2. Name of Policyholder : GRAN TORINO PTE. LTD.
3. Effective date of Insurance : 03 Jan 2022
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*

Use for the carriage of passengers or goods in connection with the Policyholder's business.
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, 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 : 05/01/2022 10:49:46
MZ406 - Hire Car (Hired Driving)

For India International Insurance Pte Ltd



Authorised Signatory

GRAN TORINO

RENTAL AGREEMENT ROC 202026383C

Hirer's Name	NG KHENG GUAN ANDY
Hirer's Address	BLK 489 ADMIRALTY LINK #08-115 S750489
NRIC	S6917724G
Date of Birth	22/05/1969
Driving License Pass Date	
Contact No.	81119169
Email	Andyng7878@gmail.com
Purpose of rental	PHV DRIVER
Emergency Contact	91697537

RENTAL DETAILS

License Plate	SMA625M	Make/ Model	HONDA FREED HB
Weekly Rental	\$525	CDW	YES
Driving License Type	Class 3 / PDVL / TDVL/LICENSED LESS THEN 2 YEAR		
<u>EXCESS \$2500/\$2500 , EXCESS \$4500/\$4000 (LESS THEN 2 YEAR LICENSED)</u>			
Contract Duration	6 MONTH		
Start Date / Time	08/07/2022	Return Date / Time	08/01/2023
Start Mileage		Return Mileage	

GRAN TORINO PTE LTD ("The Company")

Hirer/Authorized Rider ('Hirer')(Relief)

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.

