

# NATIONAL Assessment Centre Services

Date In 16/09/12	Job description	Date & Time Completed	Done by
Ref No NA/CTI22009114/13	SAS e-filing		
Veh No SLG7620K	E-mail (within 3hrs, APC 2hrs)		
DOA 13/09/12 9240	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: QD 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: PC5374M	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

NA2202535	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) 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)		
	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		
Cal 1:	Invoice dated	Fee Charged	
Cal 2/3:	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 Actual 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	16/09/2022 09:48 (SGT)
Reported by	Driver
Date of Accident	13/09/2022 02:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TIMAH RD TWDS DUNEARN B4 KG JAVA RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG7620K
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#### 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) +65-87773233
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1500

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00008142202

#### DRIVER

Name of Driver	YATI GERRI SLIJDERINK
NRIC No	SXXXX039E
Date Of Birth	28/06/1980
Occupation	Outdoor

Date Of Driving Pass	14/01/2003
Driving experience	19 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91569608
Alt. Phone Number	-
Email Address	yeechye@yahoo.com.sg
Address	BLK 328 SEMBAWANG CRESCENT
Address complement	#01-08
Postcode	750328
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	Side Swipe
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	PC5374H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AMANBIR SINGH
Contact Number	(Phone) +65-98692292

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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;

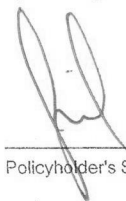
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

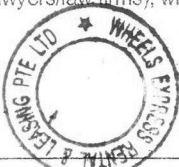
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(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.

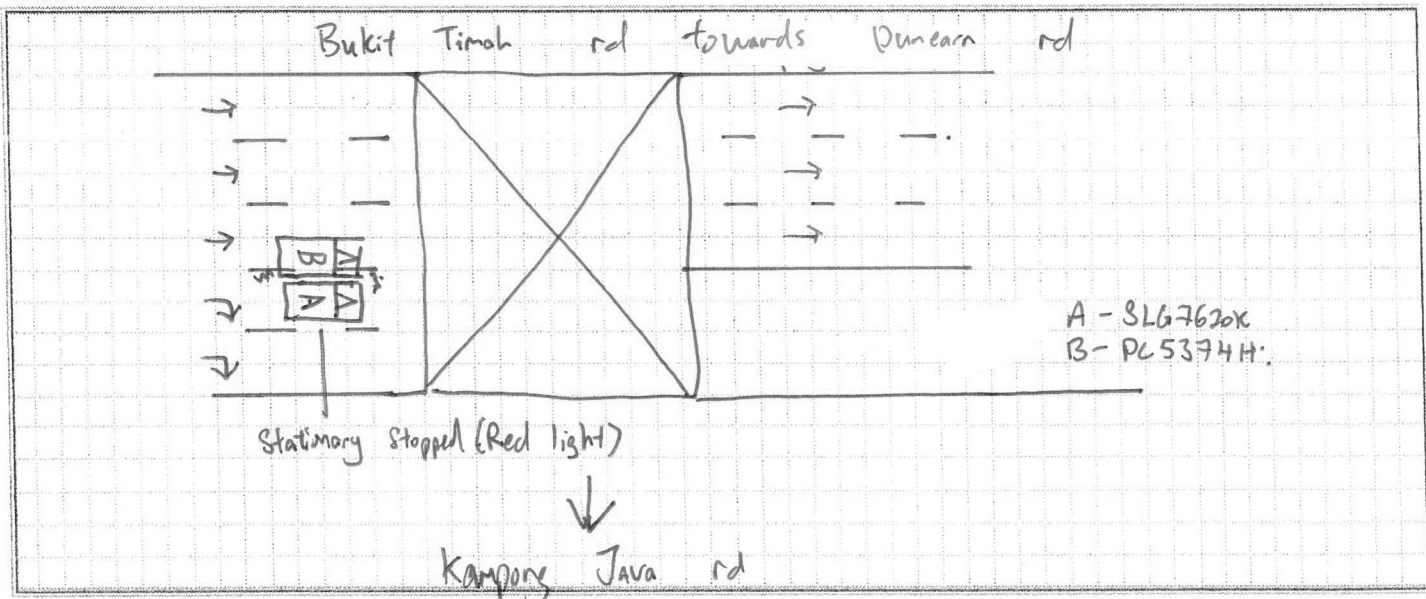
  
Policyholder's Signature / Date & Time



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

 16/09/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

#### Sketch Plan





Describe Circumstance of the Accident

As per above date and time, I was driving 8L67620K along Bukit Timah rd towards Duncan rd on lane 2. Somewhere before turning onto Kg Java rd, my vehicle was stationary stopped due to red light arrow. Out of sudden, Veh(B) PC5374H on lane 3 suddenly grazed against my vehicle left side portion. Someone contacted me after the accident from PC5374H company named Alvin in regards to private settle the case by paying for my vehicle repair but we did not come to an agreement to private settle. As such, causes me to late report this accident.

Declaration

I/We declare the foregoing particulars are true in every respect.

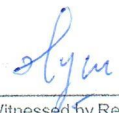


Policyholder's Signature / Date & Time





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

 16/09/12

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



15/09/22

VEHICLE NO:	SLG 7620K	MAKE & MODEL:	Mazda 3	AUTO / MANUAL:	<input checked="" type="radio"/> AUTO
DATE OF ACCIDENT:	13 / 09 / 2022	CC:	1.5		
TIME OF ACCIDENT:	0240 HRS				
LOCATION OF ACCIDENT:	Bukit Timah rd towards Duncarm before Kg Jarard				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	Wheels Express Rental & Leasing Pte Ltd				
TEL NO:	H/P: 87773233	OFFICE:	HOME:		
NRIC:	201810594C				
ADDRESS:	2 Sims Close #01-08 (S) 387298				
EMAIL:	Yeechye@yahoo.com.sg				
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES / <input checked="" type="radio"/> NO				
INSURANCE COMPANY:	China Taiping				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	DMHCSNA00008142202				
NAME OF DRIVER:	AS ABOVE / IF NO: Yati Gerri Sljderink				
NRIC:	38019039E	ANY PASSENGER: N.A.			
DATE OF BIRTH:	28 / 06 / 1980	LICENCE PASSED DATE: 14 / 01 / 2003			
OCCUPATION:	OUTDOOR / INDOOR				
GENDER:	MALE / FEMALE				
CONTACT NO:	H/P: 9156 9608	OFFICE:	HOME:		
ADDRESS:	328 Sembawang Crescent #01-08 (S) 750328				
EMAIL:	-				
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Hirer				
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	DRY / 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:	PC 5374H	ANY PASSENGERS: unknown			
NAME OF DRIVER:	Amanbir Singh	CONTACT NO: 98692292			
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:	WITNESS CONTACT:				
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:	Left portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO				
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Jun ming.				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

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, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00008142202

Engine No.: P520370888

Cha. No.: JM6BM42A8G0344445

1. Index Mark and Registration  
Number of Vehicle

SLG7620K

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 . S\$2,000.00

Excess Sect. II S\$2,000.00

4. Date of Expiry of Insurance

21/05/2023

EX ON WINDSCREEN . S\$100.00

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. : 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

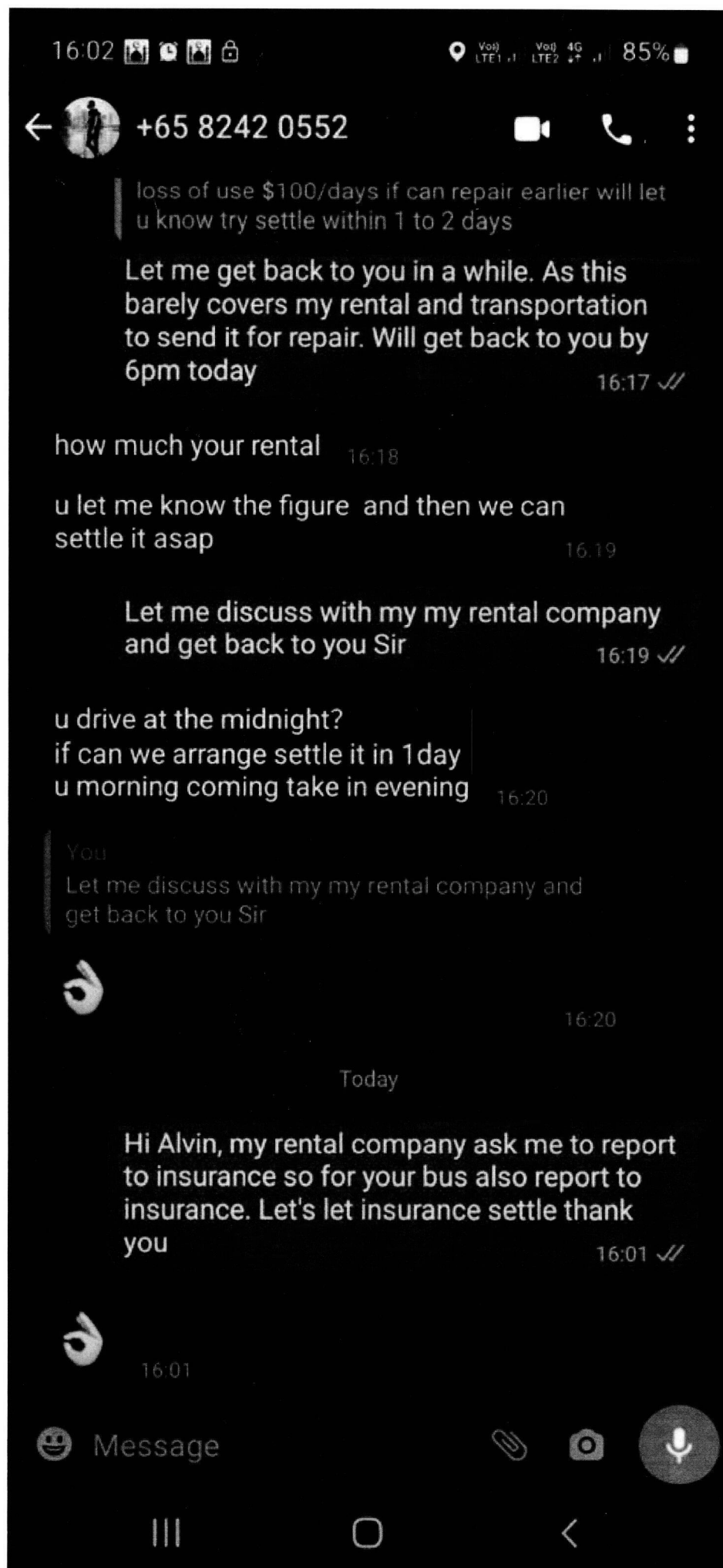
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

Issued By: Chua Suat Lay Sally  
Authorised Officer





**WHEELS EXPRESS RENTAL & LEASING PTE LTD**61 UBI AVENUE 2, #05-04 AUTOMOBILE MEGAMART SINGAPORE 408898  
COMPANY REG. NO. 201810594C**CHEW 9060 3343 / Y.C 8894 4489***A NAME Driver*  
*HIS WIFE***OCBC CURRENT ACCOUNT NO. 588-140228-001****PAYNOW UEN: 201810594C****VEHICLE RENTAL & LEASING AGREEMENT**

Hirer's Name : <b>YATI GERRI SLIJDERINK</b>	
NRIC No.: <b>S8019039 / E</b>	Hirer's Contact No.: <b>91569608</b>
Driving License Passed Date: <b>14-1-2003</b>	Next of Kin Name & Contact No. (In Case of Emergency):
Address: <b>BLK 328 SEMBAWANG Crescent 401-08</b> <b>SINGAPORE 750328</b> (Singapore)	
Occupation / Office Address: <b>PART TIME DRIVER</b> (Singapore)	
Vehicle Reg. No.: <b>SLG7620K</b>	Make & Model: <b>mazda 3</b>
Start Date: <b>14-6-2022</b>	End Date: <b>14-7-2022</b>
Handover Time (Out): <b>12:00 PM</b>	Handover Time (In):
Rental by Day / Week / Month: <b>\$1,300 - monthly</b>	Deposit: <b>—</b>
Additional Name Driver	Name Driver NRIC No.:
Driving License Passed Date:	Contact No.:
Address: (Singapore)	
Remarks:	

1. In the event Hirer decides to terminate the contract before the contract end date, deposit will NOT TO 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. (Do Not Sub Let To Other Than Named in The Contract! The Hirer in this contract will hold full responsible!) Or Failing to inform us of any existing scratches, dents & faults (if any) within 30 minutes 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 and result in towing of the rental or leased vehicle, charges of towing fee, lost of key charges, vehicle repair charges, admin fee etc will be borne by the Hirer. Therefore ALL belongings left in the vehicle will be discarded.

5. Late payment of \$10.00 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.

8. This acts as Data Protection Notice ("Notice") sets out the basis which Benefit Auto ("we", "us", or "our") may collect, use, disclose or otherwise process personal data of our customers in accordance with the Personal Data Protection Act ("PDPA"). This Notice applies to personal data in our possession or under our control, including personal data in the possession of organisations which we have engaged to collect, use, disclose or process personal data for our purposes.

Hirer Bank Account Details:	1st Party Excess: \$3,000 3rd Party Excess: \$3,000 CDW: Y / N (additional \$5.00 / day) *If yes, excess @ \$1,000*
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*[Signature]*  
Signature of Hirer

*[Signature]*  
Signature of Authorized Person

**LOCAL TOW SERVICE (24HRS) : 9182 8211****MALAYSIA TOW SERVICE (24HRS) : YONG - 016-704 7552 / 012-220 8076****TYRE & BATTERY SERVICE (24HRS) : AH KEE 9875 1699****BENEFIT AUTO CARE: ERIC 9489 4845 | 11 Kaki Bukit Raod 1 #01-02 Eunon Technolink (S415939)****WENG AUTO AIRCON ; SIGNAGE EVER SEN AUTO SERVICE : PATRICK 9435 7824 | Blk 3022A, Ubi Road 1, #01-49 (S408716)**