

# NATIONAL Assessment Centre Services

Date In <u>16/09/12</u>	Job description	Date & Time Completed	Done by
Ref No <u>NM/AC22009156/AR3</u>	SAS e-filing		
Veh No <u>SKT9207B</u>	E-mail (within 8hrs, APT 2hrs)		
DOA <u>15/09/12</u> <u>1750</u>	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: <u>SMW5471R</u>	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
	<u>MOBILE REPORTING / ADRIAN</u>
	<u>JL Perfect AUTOWORK</u>

<u>NA2202600</u> <u>NA2202578</u>	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
Claimant's Particulars: <u>Mobile reporting</u>	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
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		
	Invoice date:	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 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 17:48 (SGT)
Reported by	Driver
Date of Accident	15/09/2022 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KENT RIDGE CRESCENT TWDS CLEMENTI RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT9207B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIA CAR LEASING PTE LTD
Company Reg No	2XXXXX397C
Email Address	simon@asiacarrental.com.sg
Mobile Phone No	(Phone) +65-62828585
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	1489

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	SKT9207B

#### DRIVER

Name of Driver	GOH ENG BEE
NRIC No	SXXXX133H
Date Of Birth	11/10/1956
Occupation	Outdoor

Date Of Driving Pass	03/03/1977
Driving experience	45 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97151919
Alt. Phone Number	-
Email Address	simon@asiacarrental.com.sg
Address	BLK 117 AMK AVE 4
Address complement	#07-451
Postcode	560117
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

#### PASSENGER 1

Name	YEOH YAOTING DALE TIMOTHY
Gender	Male

#### 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

#### VEHICLE REGISTRATION AND SPECIFICATIONS DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW5471R
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	GOH ENG BEE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKT9207B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	YEOH YAOTING DALE TIMOTHY
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKT9207B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## 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.

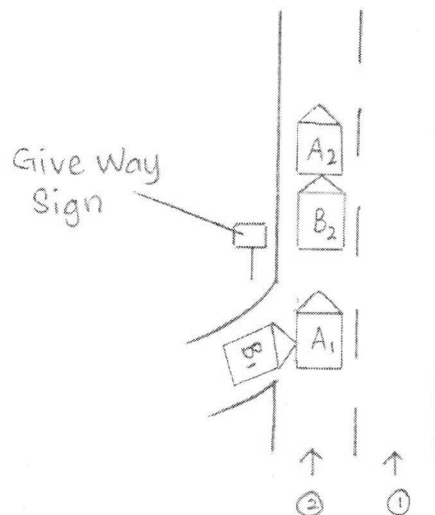


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A = SKT 9207B

B = SMW 5471R

Kent Ridge Crescent  
towards Clementi Road



\* Describe Circumstances of the Accident

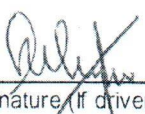
Refer to Attached

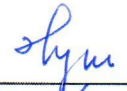
Declaration

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

 16/09/22  
Witnessed by Reporting Centre Personnel

On 15.09.2022 at about 17:50 hours along Kent Ridge Crescent towards Clementi Road, I was travelling straight on lane 2 at the above mentioned location and suddenly, I heard 3 loud bang and felt the great impacts.

When I alighted, I realised it was vehicle (B) that dashed out from the Slip Road of Kent Ridge Drive, hence first collided onto the rear left hand side portion, after that collided twice again onto the rear portion of my vehicle (A).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): SKT 9207B

Vehicle (B): SMW 5471R

A handwritten signature in black ink, appearing to be 'Jellyfu' with a long horizontal stroke extending to the right.

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 15/09/2022		Time: 17:50		(hh:mm) 24 hr format
Location Kent Ridge Crescent towards Clementi Road				
Vehicle Number SKT9207B				
Insured Name Asia Car Leasing Pte Ltd				
NRIC /FIN 201437397C		Contact Number 6282 8585		
Make Toyota		Model Corolla Altis		
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting				
Insurance Company AIG				
Type of Policy ( ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only				
Policy Number SKT9207B				
Name of Driver Goh Eng Bee		( ) Same as Insured		
NRIC /FIN S1150133H		Contact Number 9715 1919		
Date of Birth 11/10/1956				
Driving Pass Date 03/03/1977				
Occupation ( ) Indoor ( / ) Outdoor				
Gender ( / ) Male ( ) Female				
Email Address simon@asiacarrental.com.sg		( ) NO EMAIL		
Address of Driver BLK 117 Ang Mo Kio Avenue 4 #07-451				
Singapore 560117				
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No				
If No, Relationship of the Driver with the Insured ( / ) Hirer				
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( / ) Clear ( ) Raining ( ) Others				
Road Surface ( / ) Dry ( ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No				
Was anybody injured in the accident? ( / ) Yes ( ) No				
If yes, injured detail Driver and Passenger				
Was there any video captured by Car Camera? ( ) Yes ( / ) No				
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		Contact
Veh B SMW 5471R				
Veh C				
Veh D				
Veh E				
Veh F				

Passenger : 1) Yeoh Yaoting Dale Timothy (M)





HOTLINE TEL (65) 6419-3000

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996  
ROAD TRANSPORT ACT, 1987 (MALAYSIA) AND ROAD TRANSPORT (AMENDMENT) ACT 2019  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (MALAYSIA)

M 2 400

Third Party Commercial Motor		(The below excess is subject to GST)	
CERTIFICATE NO.	SKT9207B	POLICY EXCESS	
		WINDSCREEN EXCESS	NA
		SUM INSURED	NA
		INSURING WITH COE/PARF	NO
1) VEHICLE REGISTRATION NO.		SKT9207B	
2) NAME OF POLICYHOLDER		Asia Car Leasing Pte Ltd	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		16 October 2021	
4) DATE OF EXPIRY OF INSURANCE		17 October 2022	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
Any person who is driving on the insured's order or with their permission. Driver must be between 23 to 65 years old with at least 2 years driving experience.			
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) LIMITATION AS TO USE*			
1) Use for social, domestic, pleasure purposes and business purposes of insured			
2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.			
3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.			
The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst towing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.			
LOSS OF USE		Not Included	
HIRE PURCHASE COMPANY		UNITED OVERSEAS BANK LTD	

\*Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019.

Issued in Singapore 15 Oct 2021

AIG Asia Pacific Insurance Pte. Ltd

0502806-000

Liew Cui Lin May

78 Shenton Way #07-16

SINGAPORE 079120

ORIGINAL



### CAR RENTAL AGREEMENT

This Agreement, hereinafter known as "the Agreement", is made on the 29 day of Aug 2022.

Between **ASIA CAR LEASING PTE LTD**  
having its registered office at:  
167 Upper Paya Lebar Road Singapore 534859  
hereinafter known as "the Owner" of the one part

And **Hirer name: Mr. Goh Eng Bee**  
**NRIC number: S1150133H**  
**Contact number: 9715 1919**  
**Hirer address: Blk 117 Ang Mo Kio Avenue 4 #07-451 S(560117)**

hereinafter known as "the Hirer" of the other part  
hereby agree that the Owner will let to the Hirer the vehicle known as "the Vehicle" upon the terms and conditions hereinafter appearing.

#### 1. VEHICLE DESCRIPTION

a. Vehicle Registration No. SKT 9207 B  
b. Make & Model TOYOTA AURUS 1.6 (A)  
c. Colour / Mileage Silver

#### 2. RENTAL PERIOD

From : 01/09/2022 To: 31/12/2022  
Date Out: \_\_\_\_\_ Time Out: \_\_\_\_\_ Km Out: \_\_\_\_\_  
Petrol Level Out: E 1/4 1/2 F  
Date In : \_\_\_\_\_ Time In : \_\_\_\_\_ Km In : \_\_\_\_\_  
Petrol Level In: E 1/4 1/2 F

#### 3. RENTAL FEE : S\$ 350/- per week

- a. Rental fee includes the following:
1. Unlimited Mileage;
  2. Service and maintenance;
  3. Road Tax and Radio License
  4. Motor Insurance Coverage (Excess applicable)
  5. 24 Hour breakdown and emergency service (in Singapore only); and
- b. Rental fee is and is payable in advance before the commencement of the rental period.
- c. Without prejudice to the Owner's rights, the Hirer will be liable to an administrative fee of S\$50.00 plus late interest payment of S\$30 per day for each day after the due date if the rental fee or other payment remain unpaid after becoming due. In the event that the rental fee remains unpaid for more than three calendar days, the Owner may lodge a police report as a loss of vehicle and activate the vehicle repossession team to repossess the vehicle. The incidental costs of S\$200.00 for the repossession process will be charged to the Hirer.

All payments due hereunder shall be made to the Owner at its address stated herein or at such other address as the Owner may from time to time communicate to the Hirer. Any payment sent by post shall be so sent at the risk of the Hirer. Payment mode can be in Cash, Telegraphic Transfer to the following bank account:

Payee Name : Asia Car Leasing Pte. Ltd.  
Name of Bank : United Overseas Bank Limited  
Bank Account No. : 310-304-701-1

\*To make payment before 12pm every Saturday of the week\*  
\*Whatsapp payment proof to 94559450\*

 Hirer's Signature	 Owner's Signature
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Asia Car Leasing Pte Ltd

167 Upper Paya Lebar Road Singapore 534859. Tel: 6285 5766 / 6262 8585 Fax: 6261 6028 / 6285 5766  
Company Registration No. 201437397C