

NATIONAL Assessment Centre Services

Date by 20/09/22	Job description	Date & Time Completed	Done by
Ref No NA/CT22009216/5	SAS e-filing		
Veh No SJP 2145A	E-mail (w/da, 3hrs, APC 2hrs)		
DOA 18/09/22 2230	i-Motor Claim Form		
OD / <input checked="" type="checkbox"/> 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: SICA 8125K	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

NA2202582

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		1st Bill	Add B
1) AR : Accident Reporting (\$30);			
2) DA : Damage Assessment (\$100);	INC (\$80)		
3) TF : Towing Fee	\$40/\$45		
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:-			
OP*			
*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		

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cont 1

Cont 2 / 3

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	20/09/2022 10:36 (SGT)
Reported by	Driver
Date of Accident	18/09/2022 22:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CARPARK GANTRY BETWEEN BLK 161 & 164 TAMPINES ST12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP2145A
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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	Hyundai
Model	Avante
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 car
Transmission	Auto
CC	1591

INSURANCE COMPANY

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

DRIVER

Name of Driver	DEON WONG CHIN KAM
NRIC No	SXXXX952G
Date Of Birth	25/06/1970
Occupation	Indoor

Date Of Driving Pass	16/04/2018
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98911182
Alt. Phone Number	-
Email Address	YEECHYE@YAHOO.COM.SG
Address	BLK 410 TAMPINES ST 41 #04-215
Address complement	-
Postcode	387298
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

REFERT TO REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	with w/s

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA8125K
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

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.

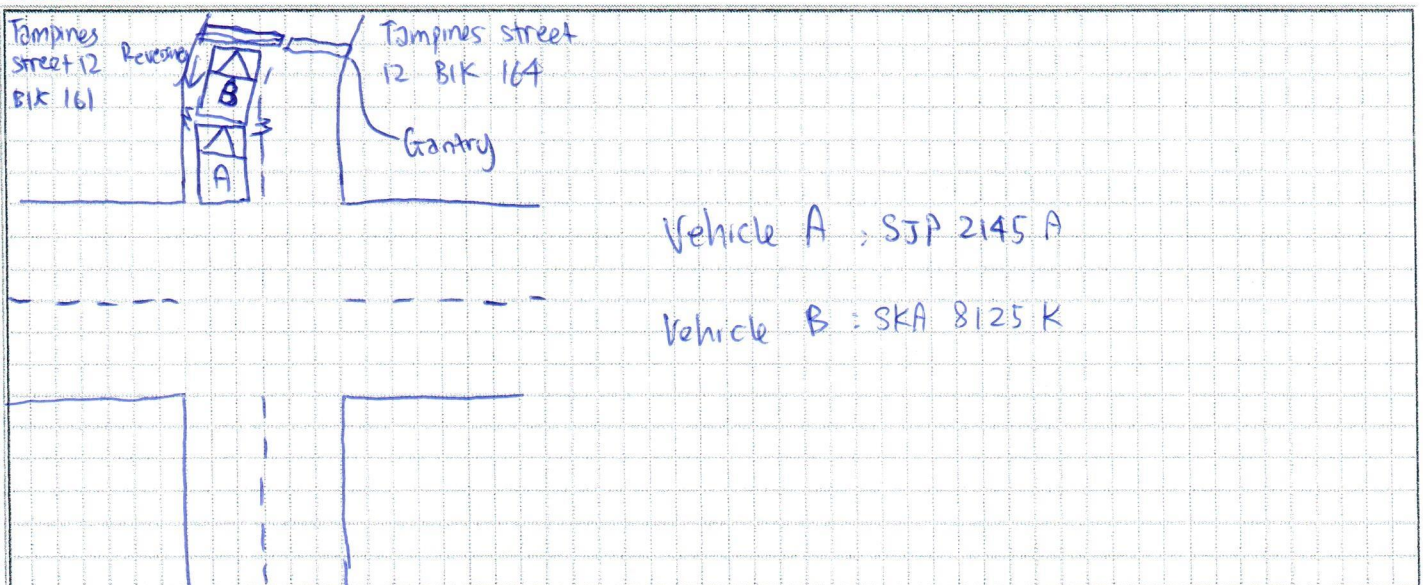


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (SJP2145A) into Tampines Street 12 BIK 161 & 164 Carpark. At the gantry, Vehicle B (SKA 8125 K) was at the gantry ahead and suddenly reversed into my vehicle front Portion. Video footage 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

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

VEHICLE NO: SJP 2145 A	MAKE & MODEL: Hyundai Avante	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT: 18 / 09 / 2022	CC: 1-6	
TIME OF ACCIDENT: 2230 HRS		
LOCATION OF ACCIDENT: Carpark Gantry between BIK 161 & 164 Tampines Street 12		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / <input checked="" type="radio"/> PRIVATE HIRE	
NAME OF OWNER:	Wheels Express Rental & Leasing Pte Ltd	
TEL NO:	H/P: 8777 3233	OFFICE: HOME:
NRIC:	201810594C	
ADDRESS:	2 Sims Close #01-08 Gemini @ Sims S 387298	
EMAIL:	YEECHYE@yahoo.com.sg	
CLAIM TYPE:	OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="radio"/> NO	
INSURANCE COMPANY:	China Taiping	
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO:	DMHCSNA00001832101	
NAME OF DRIVER:	AS ABOVE / IF NO: Deon Wong Chin Kam	
NRIC:	S7020952 G	ANY PASSENGER: 2 (2F)
DATE OF BIRTH:	25 / 06 / 1970	LICENCE PASSED DATE: 16 / 04 / 2018
OCCUPATION:	<input checked="" type="radio"/> OUTDOOR / INDOOR	
GENDER:	<input checked="" type="radio"/> MALE / FEMALE	
CONTACT NO:	H/P: 98911182	OFFICE: HOME:
ADDRESS:	BIK 40 Tampines Street 41 #04-215 S 520410	
EMAIL :		
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:	INSURER:
RELATIONSHIP:	Hiree	
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR / RAINING / OTHERS:	
ROAD SURFACE:	<input checked="" type="radio"/> 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:	SKA 8125 K	ANY PASSENGERS: N/A
NAME OF DRIVER:	Selamat Bin Hargoh	CONTACT NO: 9229 6793
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?	<input checked="" type="radio"/> YES / <input type="radio"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO	
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / <input type="radio"/> NO	
ACCIDENT PORTION:	Front Portion	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / <input type="radio"/> NO
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:	Steve	
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.: G4FC9U617260

Cha. No.:KMHDU41BR9U710753

1. Index Mark and Registration
Number of Vehicle

SJP2145A

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

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

21/05/2023

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.

Issued By: Chua Suat Lay Sally
Authorised Officer

Authorised Signatory



Wheels Express Rental & Leasing Pte Ltd

ROC : 201810594C

OCBC CURRENT : 588-140228-001

PAY NOW UEN : 201810594C

61 Ubi Ave 2, Automobile Megamart, #05-04 Singapore 408898

CHEW 9060 3343 / TEO 91076963

VEHICLE RENTAL & LEASING AGREEMENT

Hirer's Name: <u>DEON MENG CHIN KAM</u>	
NRIC No: <u>S7620732G</u>	Hirer's Contact No: <u>98911182</u>
License Pass Date: <u>16-5-2018</u>	Next of Kin Name & Contact No (In Case of Emergency):
Address: <u>381 LIVING RISE SINGAPORE 567303</u> (Singapore)	
Occupation / Office Address: <u>PART TIME DRIVER</u>	(Singapore)
Vehicle Reg No: <u>STD 2143A</u>	Make & Model: <u>Audi 1.6</u>
Commencing Start Date: <u>6-11-2021</u> <u>7-11-2021</u>	Commencing End Date: <u>3 months</u>
Handover Time: <u>12:00pm</u>	Handover Time:
Rental Per Day/Week/Month: <u>weekly - \$250</u>	Deposit: <u>\$300 \$150</u>
Add Driver:	NRIC No: <u>[Signature]</u>
License Pass Date:	Contact No:
Remarks: <u>payment every sunday</u>	

1. In the event Hirer decides to terminate the contract before the contract end date, deposit will NOT 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. 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, at company discrepancy, we will tow the vehicle without notice. Belongings will be kept for maximum 2 weeks. If not collected, we will dispose of it.

Wheels Express Rental & Leasing Pte Ltd shall at no time be liable for the loss of belongings left in the vehicle.

5. Late payment of \$20 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.

Hirer Bank Account Details:

1st Party Excess: \$3000	3rd Party Excess: \$3000	CDW: Y / N (additional \$5.00/day)
		CDW if yes, excess @ \$1,000

Signature of Hirer

Signature of Authorized Person

LOCAL TOW SERVICE (24HRS) : 91828211
MALAYSIA TOW SERVICE (24HRS) : YONG - 016-704 7552 / 012-220 8076
TYRE & BATTERY SERVICE (24HRS) : AH KEE 98751699

BENEFIT AUTOCARE ERIC 9489 4845 | 11 Kaki Bukit Raod 1 #01-02 Eunox Technolink (S415939)

AIRCON PATRICK 94357824 | Blk 3022A Ubi Road 1 #01-49 S(408716)