

# NATIONAL Assessment Centre Services

Date In <u>22/09/22</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/CTI22009350/13</u>	SAS e-filing		
Veh No <u>SLZ4043X</u>	E-mail (within 3hrs, APT 2hrs)		
DOA <u>21/09/22 1645</u>	i-Motor Claim Form		
OD/ <u>(TP)</u> / 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>SL59930P</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>NA2202616</u>	<b>Invoice Preparation Checklist</b>		Amnt (\$)	Amnt (\$)
			1st Bill	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	22/09/2022 17:13 (SGT)
Reported by	Driver
Date of Accident	21/09/2022 16:45 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ4043X
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ONESTO LEASING PTE LTD
Company Reg No	2XXXXX843R
Email Address	khairul.ain@outlook.com
Mobile Phone No	(Phone) +65-92996691
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1496

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	KHAIRUL'AIN BIN KAMARUZAMAN
NRIC No	SXXXXX976J
Date Of Birth	22/06/1990
Occupation	Outdoor

Date Of Driving Pass	21/04/2010
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92996691
Alt. Phone Number	-
Email Address	khairul.ain@outlook.com
Address	BLK 244 PASIR RIS ST 21
Address complement	#04-115
Postcode	510244
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT

#### 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	SLS9930P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-90921373
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 .....	KHAIRUL'AIN BIN KAMARUZAMAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	SLZ4043X
Were seat belts worn? .....	Yes
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



*K*

*22/09/22*

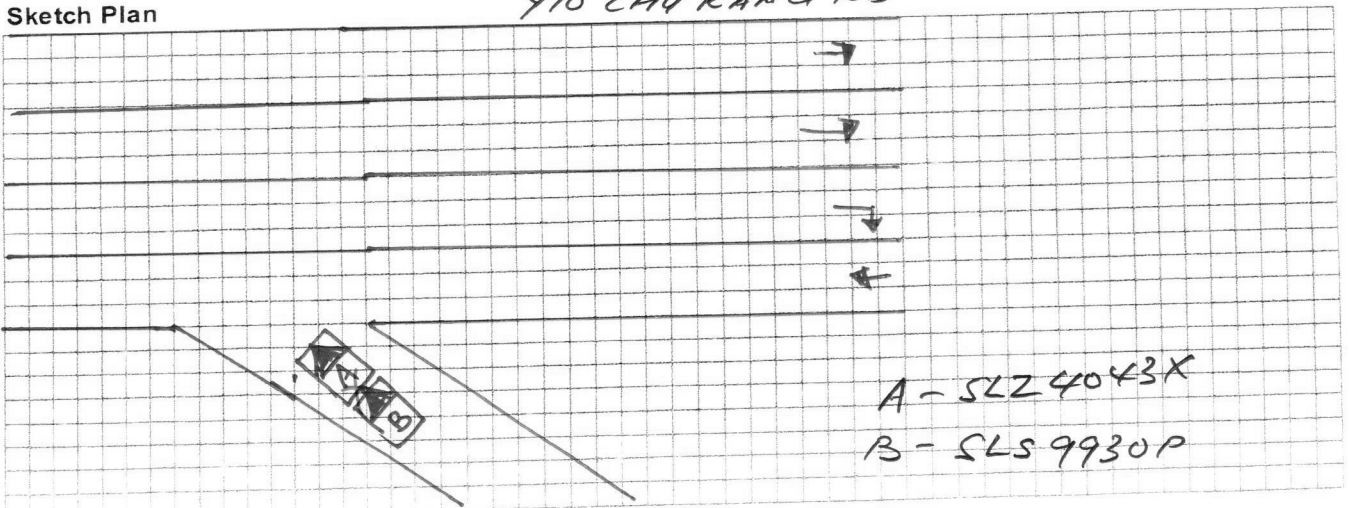
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

*YIO CHU KANG RD*





Describe Circumstances of the Accident

- Refer To police Report -

Declaration

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



Policyholder's Signature / Date & Time

A handwritten signature in blue ink, appearing to be 'Kren'.

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

A handwritten signature in blue ink followed by the date '22/09/22'.

Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20220921/7050

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

1 of 3

Report No. T/20220921/7050

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/09/2022 20:54	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: KHAIRUL'AIN BIN KAMARUZAMAN			Address: 244 PASIR RIS STREET 21 #04-115 SINGAPORE 510244		
ID Type / ID No.: NRIC NO / S9020976J			Contact No.: Home/Office: Mobile: 92996691		
Nationality: SINGAPORE CITIZEN			Email: KHAIRUL.AIN@OUTLOOK.COM		
Sex: Male	Age: 32	Date of Birth: 22/06/1990	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: PHV Driver			Driving Licence Information: Class:	Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/09/2022 16:45	Type of Location:
Location:  YIO CHU KANG ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLZ4043X	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220921/7050

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

2 of 3

Report No. T/20220921/7050

**CONTINUATION OF REPORT**

Driver			
Name	KHAIRUL'AIN BIN KAMARUZAMAN		ID No. S9020976J
Related Vehicle	SLZ4043X (Car)		Contact No. 92996691
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SLZ4043X along Yio Chu Kang Road slip road towards Serangoon North Ave 5.

I had gradually come to a stop at the give way line to look out for oncoming traffic on my right.

Moments after coming to a complete stop, a massive impact slammed into the rear of my vehicle.

My body lurched forward due to the unexpected impact and I used my right hand to push against my steering wheel.

I knocked my left knee against the centre console of my vehicle in the process.

Upon alighting, I realised that SLS9930P had crashed into my vehicle's rear.

Shortly after the accident, I started developing aches in my neck, shoulders, right wrist and lower back areas as well.

I went to Sunshine Family Practice near my place to seek treatment and was given 7 days MC for injuries caused by the accident.





**SINGAPORE  
POLICE FORCE**



T/20220921/7050

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

3 of 3

Report No. T/20220921/7050

**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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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

Date/Time:  
21/09/2022 20:54

Classification Of Case:

Date of Accident : 21/9/2022 Accident Time: 1645hrs (24-HR-Format)  
 Accident Place : Yio Chu Kang Rd  
 Vehicle. No. (Car Plate No.) : SLZ 4043 X Make/Model: Honda Freed.  
 Insurance Company : China Taiping Policy No: DMHCSNA 00003712200  
 Owner or Company Name /IC No. : Onesto Leasing Pte Ltd  
 Owner or Company Contact No. : 8489 0969 Owner's Hp — Company Tel —  
 DRIVER'S Name / IC No. : Khairul'ain Bin Kamarozaman /S9020976J  
 DRIVER'S Date Of Birth : 22/06/1990 DRIVER'S License Pass Date 21/04/2010  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer  
 DRIVER'S Address : B1c 244 Pasir Ris Street 21 #04-115 (S)510244  
 DRIVER'S Contact No./ Alt No. : 1) 9299 6691 2) —  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Khairul.ain @ outlook . 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): 01  
 Was the accident reported to the police? YES \ NO  
 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 Injury (If YES, Pls state): driver.

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>SLS 9930 P.</u>	Vehicle. No: _____
Vehicle Make\Model: <u>Audi</u>	Vehicle Make\Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: <u>90921373</u>	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**



Motor Hire Car

MZ406L/B

E 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.: LEB5588028

Cha. No.: GB71056975

1. Index Mark and Registration  
Number of Vehicle

SLZ4043X

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 Enactment

07/03/2022  
(00:00:00)

Excess Sect I . \$S\$2,000.00

Excess Sect. I (Outside Singapore) \$S\$4,000.00

Excess Sect. II \$S\$1,500.00

Excess Sect.II (Outside Singapore). \$S\$3,000.00

EX ON WINDSCREEN . \$S\$100.00

4. Date of Expiry of Insurance

02/03/2023

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.: CASHWELL 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.

**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. SLZ4043X

CDW : \$35/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) : KHAIRUL'AIN BIN KAMARUZAMAN  
NRIC/PASSPORT/RC/RB NO. : S9020976J  
DATE OF BIRTH : 22/06/1990  
ADDRESS : 244 PASIR RIS STREET 21 #04-115 S510244  
TELEPHONE : 92996691  
EMAIL : KHAIRUL.AIN.K@GMAIL.COM  
NAME OF DRIVER(S) (IN FULL) :  
NRIC/PASSPORT NO. :  
DATE OF BIRTH :  
TELEPHONE :  
ADDRESS :

1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO. : SLZ4043X  
MAKE / MODEL : HONDA FREED HYBRID  
COLOUR : BLUE  
ENGINE NO. : AS PER LOGCARD  
CHASSIS NO. : AS PER LOGCARD  
TYPE. : PASSENGER / COMMERCIAL\*  
(\*delete where inapplicable)  
Date, Time and Mileage for Collection: 05/7/2022(date) 12.45PM (time) (mileage)  
Date, Time and Mileage for Return: (date) (time) (mileage)  
Petrol Out : Empty / ¼ tank / ½ tank / ¾ tank / Full\*  
(Vehicle must be returned with same level of petrol)

2. PERIOD OF LEASE ("LEASE PERIOD")

Daily/Weekly/Monthly/Yearly\* Basis

From 5/7/2022 ("Commencement Date") to 5/1/2023 ("End Date")

\* delete where not applicable

3. LEASE CHARGES

Amount \$525 per day/week/month/year\* inclusive of Goods and Services Tax ("GST") (collectively, "Lease Charges") payable in advance on the TUESday 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

