

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 7/11/2022	Job description	Date & Time Completed	Done by
Ref No: NA/CT22011089/r3	SAS e-filing		
Veh No: SJP 2145A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 5/11/2022 1230	i-Motor Claim Form		
OD : 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: Vch No: SLD 551 M 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%; P: 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

NA2203115 Invoice Preparation Checklist Amt (\$) Amt (\$) Inc Bill Add Bill

Claimant's Particulars: 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80)

Driver/Owner: 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120

Contact No: 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)

Damaged Portion: 6) TR: Re-inspection \$75 7) N1: Idac DA + SMRT Survey \$160

QC Checked by (Engr-In-Charge): 8) NTUC Additional Services:- QD*

Auditors' Comments: *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 (N'n INC) against INC \$20

9) N12: Idac Mobile 30 Invoice dated 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	07/11/2022 15:30 (SGT)
Reported by	Driver
Date of Accident	05/11/2022 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PIE TOWARDS CHANGI AFTER TOA PAYOH BEFORE KIM KEAT LINK
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 use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

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	26/06/1970

Occupation	Indoor
Date Of Driving Pass	16/05/2018
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98911182
Alt. Phone Number	-
Email Address	YEECHYE@YAHOO.COM.SG
Address	410 TAMPINES STREET 41 #04-215
Address complement	-
Postcode	520410
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED 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	VIDEO WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD551M
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLZ718J
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) -

PASSENGER 1

Name PASSENGER
Gender Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person DEON WONG CHIN KAM
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SJP2145A
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' 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.



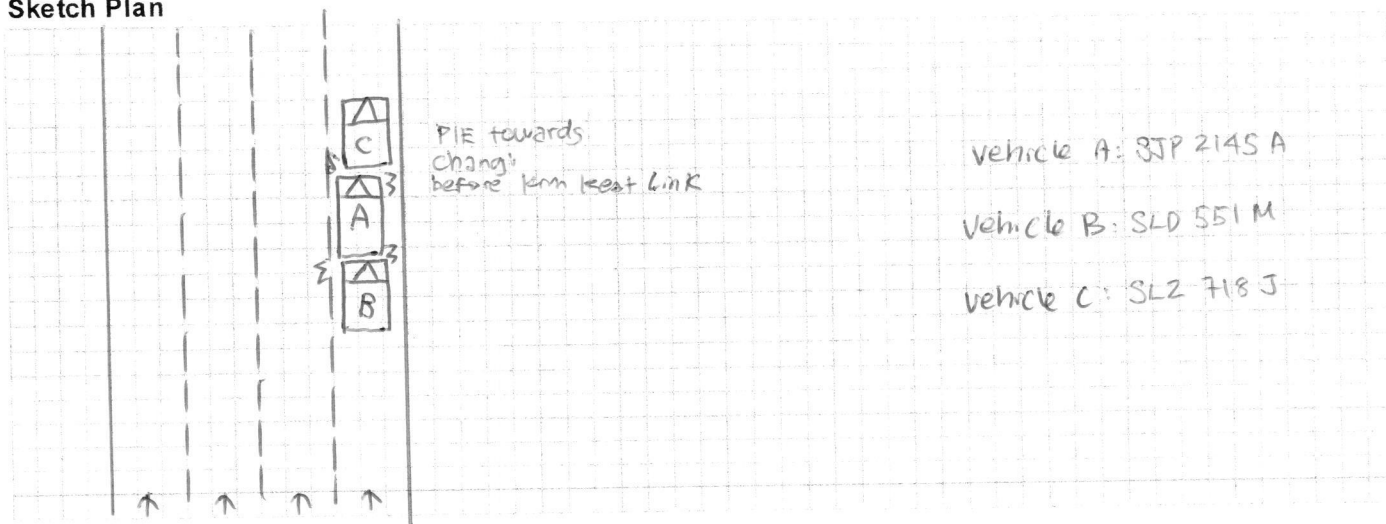
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

7/11/2022

Sketch Plan



Describe Circumstances of the Accident

As of above date and time, I was driving my vehicle (STP 2145 A) along PIE towards Changi before Kim Keat Link on the extreme right lane of a 4 lane expressway. Vehicle C (SLZ 718 J) slowed down and stop; I followed accordingly and my vehicle came to a stop, while stationary, Vehicle B (SLD 551 M) collided into the rear portion of my vehicle. My vehicle surged forward due to the impact and collided into vehicle C. Video footage attached.

Declaration

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



Motor Hire Car

NZA08L/B

II SA

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, 1987
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia)

CERTIFICATE NO. DMHCSNA00006142202

Engine No. G4FC0K617260

Chs. No. KM-HQJ41BR9U710753

1. Make, Make and Registration

SJP2145A

AUTOSAFE

Number of Vehicle

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

\$52,000.00

Excess Sect. II

\$52,000.00

EX ON WINDSCREEN

\$5100.00

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

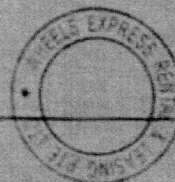
Hirer's Name: DEON WONG CHIN KAM	
NRIC No: S7020952G	Hirer's Contact No: 98911182
License Pass Date: 16-5-2018	Next of Kin Name & Contact No (In Case of Emergency)
Address: 331 LOYANG RISE Singapore 507303 (Singapore)	
Occupation / Office Address: PART TIME DRIVER	(Singapore)
Vehicle Reg No: SJP 2145A	Make & Model: Avante 1.6
Commencing Start Date: 6-11-2021	Commencing End Date: 7-11-2021
Handover Time: 12:40 pm	Handover Time:
Rental Per Day/Week/Month: weekly - \$380	Deposit: \$300 \$150
Add Driver:	NRIC No:
License Pass Date:	Contact No:
Remarks: payment every sunday	

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:		CDW: Y / N (additional \$5.00/day)
1st Party Excess: \$3000	3rd Party Excess: \$3000	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) : AM KEE 98751699

BENEFIT AUTOCARE : ERIC 9485 4845 | 11 Kaki Bukit Road 1 #01-02 Eunus Technolink (S415939)

AIRCOR : PATRICK 94357824 | Bk 3022A Ubi Road 1 #01-49 S(408716)

VEHICLE NO: SJP 2145A

MAKE & MODEL : Hyundai Avante

AUTO / MANUAL

DATE OF ACCIDENT	05 / 11 / 2022	*C.C: 1.6
TIME OF ACCIDENT	1230 AM / PM	
LOCATION OF ACCIDENT	Along PIE towards Changi After Toa Payoh before Kim Keat Link	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <input checked="" type="checkbox"/> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Wheels Express Rental & Leasing Pte Ltd	
EMAIL: YEECHYE@Yahoo.com.sg	Office:	MOBILE: 8777 3233
NRIC	201810594C	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="checkbox"/> NO ?	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMHCSNA00008142202	
NAME OF DRIVER	AS ABOVE / IF NO: Deon Wong Chin Kam	
NRIC	S7020952G	
DATE OF BIRTH	26 / 06 / 1970	
ANY PASSENGER	YES / <input checked="" type="checkbox"/> NO:	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor	
DATE OF DRIVING PASS	16 / 05 / 2018	
GENDER	<input checked="" type="checkbox"/> Male / Female	
CONTACT NO.	Mobile: 9891 1182 Office: Home:	
EMAIL:		
ADDRESS	410 Tampines Street 41 #04-215 S520410	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes : Reg No: INSURER:	
RELATIONSHIP	Employee / If No: Hirer	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / Raining / Other :	
ROAD SURFACE	Dry / <input checked="" type="checkbox"/> Wet / Other :	
ANY INJURIES	No / If <input checked="" type="checkbox"/> yes: Who?	
CONTACT NO.	Deon Wong Chin Kam (9891 1182)	
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes : Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	SLD 551 M	Any Passenger : N/A
NAME	Unknown	
CONTACT NO.	Unknown	
VEHICLE C NO.	SLZ 718 J	Any Passenger : 1 (IF)
VEHICLE D NO.		Any Passenger :
VEHICLE E NO.		Any Passenger :
VEHICLE F NO.		Any Passenger :
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="checkbox"/> YES / NO	
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="checkbox"/> YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / NO	
**WORKSHOP:	N-51 Automotive Pte Ltd	
Rear & Front portion		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO	

Enquire Vehicle Information

Vehicle No.:	SJR2145A
Vehicle No.:	
Vehicle Details	
Vehicle Type:	Private Hire (Self-Drive) Motor Car
Vehicle Attachment 1:	No Attachment
Make / Model:	HYUNDAI / HD AVANTE 1.6 A
Primary Colour:	Grey
Year of Manufacture:	2009
Maximum Laden Weight:	1760 kg
Unladen Weight:	1264 kg
No. Of Axles:	2
Engine No.:	G4FC9U617260
Chassis No.:	KMH DU41BR9U710753
Engine Capacity:	1591 cc
Maximum Power Output:	89.7 kW (120 bhp)
IU Label No.:	1122986938
Propellant:	Petrol
Passenger Capacity:	4
Original Registration Date:	14 Mar 2009
First Registration Date:	14 Mar 2009
Open Market Value:	\$11,943.00
Additional Registration Fee Rate:	100.00 %
Actual ARF Paid:	\$11,943.00
PARF Eligibility:	Forfeited
Minimum PARF Benefit:	-
COE No.:	2009030101002310G
COE Category:	A - Car (1600cc & below)
COE Expiry Date:	13 Mar 2024
Quota Premium (QP):	\$4,460.00
RQP Paid:	\$12,763.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$4,460.00
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Previous

OK