

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

Date In: 8/11/2022	Job description	Date & Time Completed	Done by:
Ref No: NA/1112201128/r3	SAS e-filing		
Veh No: SNH 1456 D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 1/11/2022	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: FBK 847 S. 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:	Date & Time Completed	Done by
(INC hotline: 67886616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA2203124	Invoice Preparation Checklist:		Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR : Accident Reporting (\$30);		Net Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)			
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 : Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpl 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 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	08/11/2022 10:57 (SGT)
Reported by	Driver
Date of Accident	01/11/2022 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOR 4 TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH1456D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CRAFT LEASING PTE LTD
Company Reg No	2XXXXX381N
Email Address	KH@CRAFTLEASING.COM
Mobile Phone No	(Phone) +65-93833162
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MFL0005172_01

DRIVER

Name of Driver	HO SER KONG @ HO SOO SENG
NRIC No	SXXXX674J
Date Of Birth	26/08/1947
Occupation	Outdoor

Date Of Driving Pass	20/04/1966
Driving experience	56 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91628788
Alt. Phone Number	-
Email Address	KH@CRAFTLEASING.COM
Address	BLK 436B FERNSVALE ROAD #20-182
Address complement	-
Postcode	792436
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?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK847S
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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.
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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.



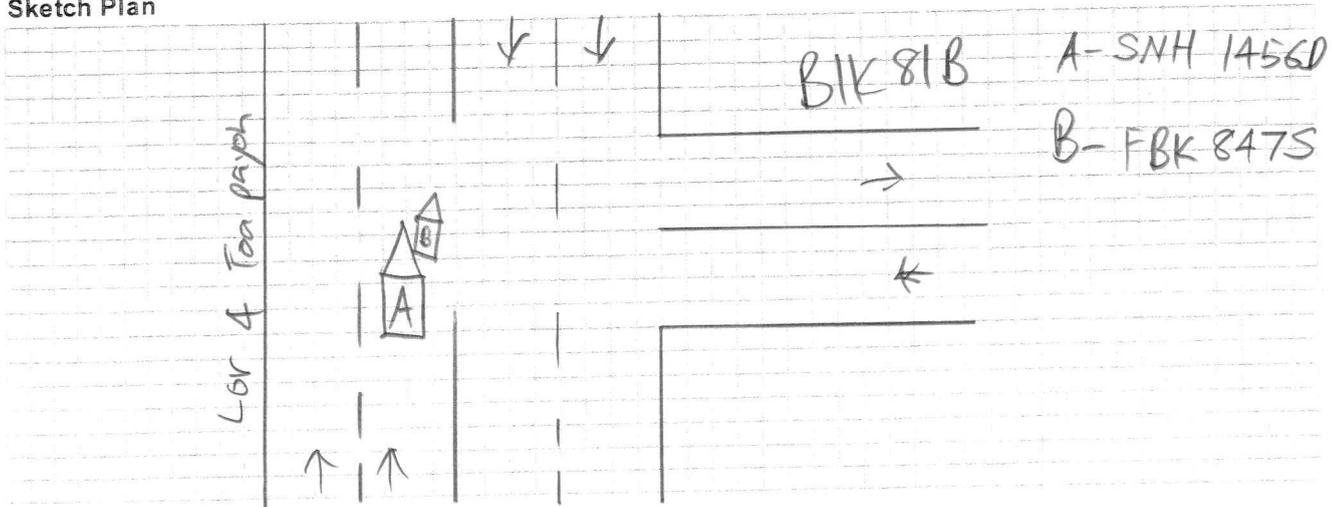
Policyholder's Signature / Date & Time

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

[Handwritten Signature]

[Handwritten Signature] 8/11/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report NO: T/2022/1101/2097

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

9 8/11/2022

Witnessed by Reporting Centre Personnel



Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Rider			
Name	CLEMENT	ID No.	S9024603H
Related Vehicle	FBK847S (Motorcycle)	Contact No.	9827 9958
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HO SER KONG	ID No.	S0154674J
Related Vehicle	SNH1456D (Car)	Contact No.	91628788
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/11/2022, at about 5:45PM, I was driving along the road with two lanes near to Blk 60 Lorong 4 Toa Payoh on the right lane. As I was driving along the road, when a motorcycle suddenly appeared in front of me. When I saw him, I tried to brake but did not manage to do it in time and collided into the motorcycle. My front bumper came off, and the motorcycle fell to the floor along with the rider. I alighted and made a check on him, and he asked to use my phone to call for the ambulance. I lent him my phone, and we waited for the ambulance. He told me that he was trying to turn right earlier. We also exchanged contact details.

The ambulance and Traffic Police came to the accident, and they interviewed us. The paramedics made a check on him, and the rider was conveyed to Tan Tock Seng Hospital for his injuries. The traffic police advised me to lodge a traffic police report. My vehicle does not have any cameras. I did not sustain any injuries as well.



**SINGAPORE
POLICE FORCE**



T/20221101/2097

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Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20221101/2097

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:

E /
STAFF SGT MUHAMMAD
ALIMOON BIN MOHAMED
JUBERI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/11/2022 20:00

Officer In Charge Of Case:

TP / GIT /
SR STAFF SGT ABDUL RAHIM BIN SALIM
Contact No.: 65476433

Classification Of Case:

Date of Accident : 1/11/2022 Accident Time: 1745 (24-HR-Format)

Accident Place : Lor 4 Toa Payoh

Vehicle No. (Car Plate No.) : SNH 1456D Make/Model: Honda Shuttle

Insurance Company : India Int Ins Policy No: D21MFL0005172-01

Owner or Company Name /IC No. : Craft Leasing Pte Ltd / 201718381N

Owner or Company Contact No. : 93833162 Owner's Hp — Company Tel —

DRIVER'S Name / IC No. : Ho Ser Kong @Ho Soo Seng / S0154674J

DRIVER'S Date Of Birth : 26/8/1947 DRIVER'S License Pass Date 20 Apr 1966

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others? Hirer

DRIVER'S Address : Blk 436B Fernvale Road #20-182 B) 792436

DRIVER'S Contact No./ Alt No. : 1) 9162 8788 2) —

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : KH @ craft Leasing . 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): —

Other Party Driver's Particular (if any)

Vehicle No: FBK 847 S Vehicle No: —

Vehicle Make\Model: — Vehicle Make\Model: —

Name Driver: — Name Driver: —

IC No. Driver/Contact: — IC No. Driver/Contact: —

* NEW - Passenger's name & gender:

MOBILE REPORTING

SV Autoworks , 8 KAKI BUKIT AVENUE 4



* Relief Driver

OFFICE & CAR SHOWROOM ADDRESS:
60 Jln Lam Huat #05-27
Carros Centre, Singapore 737869
Tel: 6980 7818 Fax: 6980 7828
UEN: 201718381N

VEHICLE RENTAL AGREEMENT

(Owner)	
Name : Craft Leasing Pte Ltd	UEN.: 201718381N
Address: 60 JLN LAM HUAT #05-27, CARROS CENTRE, (S) 737869	Contact No.: 6980 7818
(Hirer)	
Name : Ho Ser kong @ Ho Soo Seng	NRIC : S0154674J
Address : Blk 436B Fernvale Road #20-182 (S) 792436	Contact No.: 9162 8788

DESCRIPTION OF VEHICLE ("the vehicle")

Make/ Model: HONDA SHUTTLE	Vehicle Registration No.: SNH 14560
Chassis/ Engine No.: LEB7104585	

RENTAL PAYMENT DETAILS

Contract Date: 22-08-2022

1.	Commencement Date: <u>17-08-2022</u>
2.	Period of Hirer: From <u>17-08-2022</u> to <u>17-08-2023</u> ("the Period of Hirer")
3.	Daily / Weekly Rental Payment of SGD \$ <u>65 Per Day</u> ("the Rental") for <u>12</u> Months due on the Friday of Each Week (payable in advance) ("Due Date"). Late Payment will be charged at \$50 for each and every payment due.
4.	The Hirer shall upon signing The Agreement, pay to the owner a security deposit amount of \$ <u>1000</u> (hereinafter referred to as "The deposit ")

PURPOSE OF RENTING VEHICLE (Please tick the following :)

<input checked="" type="checkbox"/>	Personal Usage
<input type="checkbox"/>	Private Hire Usage
<input type="checkbox"/>	Others (Please Specify):

The Owner's Signature	Date	The Hirer's Signature
	<u>22-08-2022</u>	



INDIA INTERNATIONAL INSURANCE PTE LTD
Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
Office (65) 63476100 Email insure@iii.com.sg
Fax (65) 62244174 Website www.iii.com.sg

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D21MFL0005172_01		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: SNH1456D	
Chassis No	: GP72003518	
2. Name of Policyholder	: CRAFT LEASING PTE LTD	
3. Effective date of Insurance	: 29 Sep 2022	
4. Expiry date of Insurance	: 16 Jul 2023	
5. Persons or Classes of Persons entitled to drive*		
Any person who is driving on the Policyholder's order or with his/their permission. The Hirer. 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*		
Use for the carriage of passengers in connection with the Policyholder's business or the hirer's business. Use for social, domestic, pleasure purposes and business purposes of the Policyholder or 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. (3) Use for any purpose in connection with the Motor Trade.		
*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.		
Excess Section I	: SGD	2,000.00
Excess Section II	: SGD	1,500.00
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: Teck Wei Credit Pte Ltd	
SUNROOF EXCESS: S\$200/-		
FOR DRIVERS BELOW 20 YEARS OLD OR ABOVE 65 YEARS OLD & WITH LESS THAN 2 YEARS DRIVING EXPERIENCE IN SINGAPORE ON THE RELEVANT CLASSES OF DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$2,500/- ON SECTION I & II (SEPARATELY) WILL BE APPLICABLE.		
PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) – GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY.		
FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY – GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE & WEST MALAYSIA.		
THE VEHICLE IS STRICTLY TO BE DRIVEN BY THE PERSON TO WHOM IT IS HIRED TO. THE HIRER IS NOT ALLOWED TO SUBLET THE VEHICLE TO ANOTHER PARTY. SUBLETTING IS NOT COVERED.		
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).		
Agent/Broker	: B000002/AON SINGAPORE PTE LTD	
Date of Issuc	: 03/10/2022 15:46:06	
MZ406 – Hire Car (U/G)		
		<i>For India International Insurance Pte Ltd</i>
		Authorised Signatory