

NATIONAL Assessment Centre Services

Date In 19/12/2022	Job description	Date & Time Completed	Done by
REF NO NA/11122012665/d4	SAS e-filing		
Veh No SML74465	E-mail (within 3hrs. A/C 2hrs)		
BOA 19/12/2022 1819	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: O/D 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: Fax:

TP Particulars: Veh No: SKM 2552 G 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bi
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	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 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 19/12/2022 18:19 (SGT)
Reported by Driver
Date of Accident 19/12/2022 13:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information QUEENSWAY TOWARDS AYE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML7446J

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 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 India International Insurance Pte Ltd
Policy Number / Cover Note Number D21MFL0005172-01

DRIVER

Name of Driver TEO HOCK SOON
NRIC No SXXXX249E
Date Of Birth 14/07/1960
Occupation Outdoor

Date Of Driving Pass	08/08/1980
Driving experience	42 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82493866
Alt. Phone Number	-
Email Address	kh@craftleasing.com
Address	BLK 271 BUKIT BATOK EAST AVE 4
Address complement	# 08-152
Postcode	650271
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	AFTER RAIN
Road Surface	Wet

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	UNKNOWN
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

PLEASE REFER TO THE ATTACH STATEMENT.

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	SKN2552G
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	TEO HOCK SOON
Gender	Male
Phone No	(Phone) +65-93833162
Address	BLK 271 BUKIT BATOK EAST AVE 4
Address Complement	# 08-152
Post Code	650271
Approximate Age Years Old	-
Injuries Sustained	DRIVER INJURED
Injured person in which vehicle?	SML7446J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



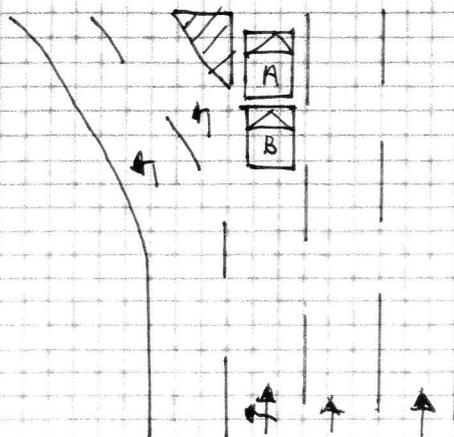
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

veh A: SML 7446 J
veh B: SKN 2552 G



Describe Circumstances of the Accident

On the stated date and time. I, Vehicle A (SML7446J) was stationary on the stated date venue due to the traffic was red. Suddenly, I felt a huge impact from the rear portion of my stationary vehicle. After I alighted I then realize that is Vehicle B (SKN2552G) that had collided onto my vehicle.

I wish to state that I got 1 passenger in my car.

Vehicle A : SML 7446 J

Vehicle B : SKN 2552 G

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



60 Jln Lam Huat #05-27
 Carros Centre, Singapore 737869
 Tel: 6980 7818 Fax: 6980 7828
 Email: admin@craftleasing.com
 UEN: 201718381N

* Renew Contract

VEHICLE RENTAL AGREEMENT

(Owner)			
Name	: Craft Leasing Pte Ltd	UEN No.	: 201718381N
Address	: 60 Jln Lam Huat #05-27, Carros Centre, Singapore 737869 Tel: 6980 7818 Fax: 6980 7828, Email: admin@craftleasing.com		
(Hirer)			
Name	: TEO HOCK SOON S1403249E	NRIC No.	: S1403249E
Address	: BLK 271 BUKIT BATOK EAST AVENUE 4 #08-152 SINGAPORE 650271	Contact No.	: 8249 3866
Email	: simonteo222@gmail.com		
(Relief Driver)			
Name	: N.A	NRIC	: N.A
Address	: N.A	Contact No.	: N.A

DESCRIPTION OF VEHICLE ("The Vehicle")

Make/ Model	: HONDA SHUTTLE	Vehicle Registration No.	: SML7446J HONDA SHUTTLE HYBRID 1.5 A
Engine No.	: LEB7105200	Chassis No.	: GP72003994

RENTAL PAYMENT DETAILS

Contract Date: 16-07-2022

- Commencement Date: 16-07-2022
- Period of Hire: From 16-07-2022 to 16-01-2023
- Rental Payment of SGD \$ 65.00 Per Day ("the Rental") for period 6 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.
- Upon signing The Agreement, The Hirer shall pay The Owner a security deposit amount of SGD \$500 (hereinafter referred to as "The Deposit")

PURPOSE OF RENTING VEHICLE (Please tick the following :)

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

The Owner's Signature	Date	The Hirer's Signature
	16-07-2022	

Date of Accident : 19/12/2022 Accident Time: 13:15hrs (24-HR-Format)

Accident Place : Queensway mds AYE

Vehicle. No. (Car Plate No.) : SML7446J Make/Model: Honda Shuttle

Insurance Company : India Policy No: D21MFL0005172_01

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

Owner or Company Contact No. : 9383 3162 Owner's Hp — Company Tel —

DRIVER'S Name / IC No. : Teo Hock Soon (S1403249E)

DRIVER'S Date Of Birth : 14/7/1960 DRIVER'S License Pass Date 08 Aug 1980

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

DRIVER'S Address : Blk 271 Bukit Batok East Ave 4 #08-152 (S) 650271

DRIVER'S Contact No./ Alt No. : 1) 8249 3866 2) —

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

Email Address : kh@craftleasing.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): 02

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>SKN 2552G (B)</u>	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:**

(1) Grab male passenger

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** : SML7446J
Chassis No : GP72003994
 2. **Name of Policyholder** : CRAFT LEASING PTE LTD
 3. **Effective date of Insurance** : 17 Jul 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 Issue : 14/07/2022 19:35:39
MZ406 – Hire Car (U/G)

For India International Insurance Pte Ltd



Authorised Signatory