

NATIONAL Assessment Centre Services		SAC 08233M0003	
Date In: 22/03/2023 13:14	Job description	Date & Time Completed	Done by
Ref No: NBSA/TM 20029864	SAS e-Milling		
Vol# No: SAC 29855	E-mail (withh 2011, AIC 2012)		
D.O.A: 21/03/2023 16:44	1-Motor Claim Form		
OD: (TP) Reporting Only	1-Motor W/O (withh: od 2011, 2012)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/W/lan		

Preferred Wksp / INC Assign Wksp / QW: (		Tel: (	Fax: (
TP Participant: (	Ych No: SMN 5518P	INC () / Non-INC ()	
Owner / Driver: (		Tel: (
Policy No: (	Period: (	Cover Types: (
Confirmed by: (		Date: (	Time: (
Insured/Driver Liability: (	%) (Note-Use Status (WO): N: 0-30%, F: 21-79%, P: 80-140%)		
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 repair.
 () Total Loss Cost : to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Invoice Preparation Charge		APPROVAL
1) All: Accident Paperwork (\$300)		
2) DA: Damage Assessment (\$1000)	INC (\$50)	
3) TP: Towing Fee	\$100/\$45	
4) PT: Follow-Through Survey	\$125	
5) PT: Follow-Through Survey (Barney)	\$50	
6) TR: Deduction	\$75	
7) NI: New DA + Shift Survey	\$140	
8) NIUC Additional Fee Item		
9) NIUC		
10) NIUC: Courtesy Car / Tel Allowance	\$50	
11) NIUC: Repair Coordination	\$150	
12) NIUC: Post Repair Inspection	\$25	
13) NIUC: DV / Collision Course Coordination	\$5	
14) NIUC: TP (Barney) / Repair INC	\$200	
15) NIUC: Mileage	100	
Invoice Total	File 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	22/03/2023 13:15 (SGT)
Reported by	Driver
Date of Accident	21/03/2023 16:45 (SGT)
Exact Location of Accident	Bukit Timah, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG2985S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	UNITED MOTORING PTE. LTD.
Company Reg No	2XXXXX759H
Email Address	richardng5558@gmail.com
Mobile Phone No	(Phone) +65-64403100
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0006541

DRIVER

Name of Driver	MELVIN POON WHYE KHEONG
NRIC No	SXXXX631H
Date Of Birth	03/01/1981
Occupation	Outdoor

Date Of Driving Pass	18/02/2021
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82889184
Alt. Phone Number	-
Email Address	melvin_w_k@yahoo.com.sg
Address	BLK 336D ANCHORVALE CRESCENT #06-64
Address complement	-
Postcode	544336
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230322/2027

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	SMN5578P
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	MELVIN POON WHYE KHEONG
Gender	Male
Phone No	(Phone) +65-82889184
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNG2985S
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 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.

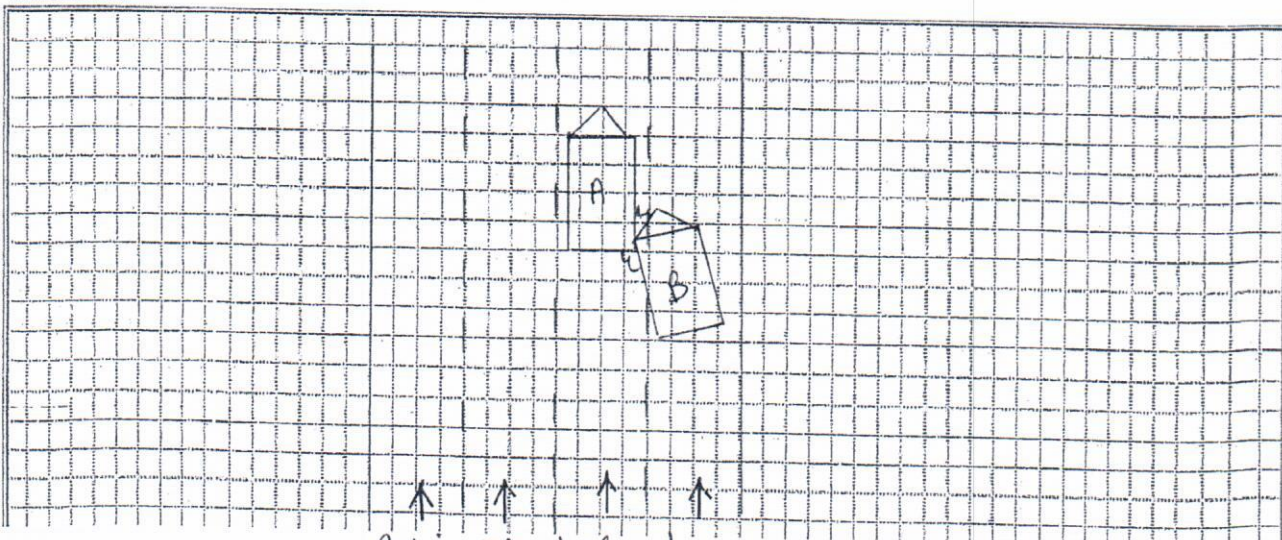
UNITED MOTORING PTE LTD
201634759H

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



Bukit Timah Road

A: SNG 2985 S

B: SMN 5578 P

Describe Circumstance of the Accident

Refer to police report. T/20230322/2027

Declaration

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

UNITED MOTORING PTE LTD
201634759H

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

22/03/2023



SINGAPORE POLICE FORCE



T/20230322/2027

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20230322/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2023 10:48		Vide Report No.:		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: MELVIN POON WHYE KHEONG			Address: APT BLK 336D ANCHORVALE CRESCENT #06-64 SINGAPORE 544336		
ID Type / ID No.: NRIC NO / S8100631H			Contact No.: Home/Office: Mobile: 82889184		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 03/01/1981	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Private-hire car driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/03/2023 16:45	Type of Location: Straight Road
Location: BUKIT TIMAH ROAD				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMN5578P	Car		Hyundai Elentra		Slightly Damaged	0
SNG2985S	Car		Toyota Noah		Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230322/2027

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 3

Report No. T/20230322/2027

CONTINUATION OF REPORT

Driver			
Name	MELVIN POON WHYE KHEONG	ID No.	S8100631H
Related Vehicle	NIL	Contact No.	82889184
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 21/03/23 at about 1645hrs, you were at Bukit Timah road driving towards 6th avenue outside the Esso fuel station, you were driving at lane two, when suddenly a car from lane 1 (SMN5578P) signaled left but did not check his blind spot resulting in coming into my lane and hitting my right-side rear bumper resulting in serious damage. After the accident we moved our car to the roadside and exchange particulars, and at that point he claims that he did not sustain any injuries. No one was conveyed by ambulance and no government property is damaged. I wish to state that after the accident I went to see the doctor and was given 5days Medical leave.

I wish to state that this report is my recording purpose as well as for my insurance claim.



**SINGAPORE
POLICE FORCE**



T/20230322/2027

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20230322/2027

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /
SGT 2 CHEN LIQI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:

Date/Time:

22/03/2023 10:48

Classification Of Case:

NP168

UNITED MOTORING PTE LTD

Company Reg. No.: 201634759H

WCEGA PLAZA

1 BUKIT BATOK CRES #03-52/53

SINGAPORE 658064

Tel: 6440 3100 Fax: 6440 2100

Email: sjmotor@singnet.com.sg

RENTAL AGREEMENT SNG2985S

This RENTAL AGREEMENT (hereinafter referred as "The Agreement" is made on the
(Date) 28/07/2022

Between:

UNITED MOTORING PTE LTD

Company Reg. No.: 201634759H

WCEGA PLAZA

1 BUKIT BATOK CRES #03-52/53

SINGAPORE 658064

Tel: 6440 3100 Fax: 6440 2100

Email: sjmotor@singnet.com.sg

Hereinafter referred to as "The Owner"

And:

Name : MELVIN POON WHYE KHEONG

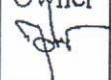

NRIC : S8100631H

Residential address at : APT BLK 336D ANCHORVALE CRESCENT #06-
64 SINGAPORE 544336

Tel: HP: 82889184

Email: melvin_w_k@yahoo.com.sg

Hereinafter also known as "The Hirer"

Owner	Hirer
	

Hereby agrees that The Owner will lease to The Hirer the vehicle with the below details, hereinafter referred to as "The Vehicle" with the Terms & Conditions set out in The Agreement contained herein:

1. DESCRIPTION OF VEHICLE

- a. Make & Model : TOYOTA / NOAH HYBRID 1.8X
- b. Registration No : SNG2985S
- c. Chassis Number : ZWR800506980
- d. Engine Number : 2ZR2M87330

2. LEASE PERIOD

- a. Period: 12 MTHS+ 5 day MC
- b. Effective from: 28/07/2022 to 01/08/2023



3. VEHICLE USAGE FEE

a. The Fee is hereby agreed between both parties at S\$ 840.00 Weekly. The Owner will invoice to The Hirer for the fee on a weekly basis, from Monday to Sunday (hereinafter referred to as "Billing Cycle") and the fee shall include: -

- i. Unlimited mileage;
- ii. Road Tax;
- iii. Motor Insurance Coverage (Excess Applicable);

b. Fee should be paid by The Hirer to The Owner every following Friday, following the Billing Cycle. Any earnings should be paid by The Owner to The Hirer every following Friday/Saturday, following the Billing Cycle.

c. Without prejudice to The Owner's other rights, The Hirer will be liable to pay an administrative fee of S\$50.00 and a late payment interest computable at a rate of 5% per month, if the Fee and/or other payment(s) remain(s) unpaid for more than seven (7) calendar days from due date on the invoice(s). Thereafter, The Owner at its sole discretion will reserve all rights to repossess The Vehicle by way of lodging a lost vehicle report with the police and/or activation of a vehicle re-possession team to retrieve the vehicle. Consequentially, the Hirer will be deemed to have breached The Agreement rendering it null & void, including the forfeiture of security deposit that has been withheld by The Owner, and will also be liable to reimburse to The Owner the cost of re-possessing The Vehicle, all outstanding amount in arrears and all other obligations to The Owner under The Agreement.

Owner	Hirer
	

5

Date of Accident : 21/03/2023 . Accident Time: 1645 . (24-HR-FORMAT)
Accident Place : BUKIT TIMAH ROAD
Vehicle Reg. No (Car plate No.) : SNG 2985 S . CC : 1800 .
Insurance Company : India Insurance . Vehicle Make/Model: Toyota Noah .
Name of Registered Owner : Policy No. D22MFL0006541 .
ID of Registered Owner : Company / Individual United Motoring Pte Ltd .
OWNER EMAIL ADDRESS: Co Reg No: 201634759H Owner's NRIC No: _____
richardng5558@gmail.com : Co Contact No: 64403100 Owner's Contact No: _____
DRIVER'S Name : Melvin Poon Whye Kheong DRIVER'S NRIC No: S8100631H .
DRIVER'S Date of Birth : 03/01/1981 . DRIVER'S License Pass Date 18/02/2021 .
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: wife .
DRIVER'S Address : 336D, Anchorvale Crescent, #06-64, S(544336) .
DRIVER'S Contact No./ Alt No. : 1) 8288 9184 . 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : melvin-w-k@yahoo.com.sg .
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): 3 . Name & Gender: X1 Female
Was the accident reported to the police? YES \ NO X1 Male .
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 injuries, if yes (name of the injured person) Melvin Poon Whye Kheong .

Other Party Driver's Particulars (if any)

Vehicle Reg No: SMN 5576 P .	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____
WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

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.: D22MFL0006541

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle : SNG2985S
Chassis No : ZWR800506980
2. Name of Policyholder : UNITED MOTORING PTE. LTD.
3. Effective date of Insurance : 25 Jul 2022
4. Expiry date of Insurance : 04 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 or goods 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 hire or reward (other than when the vehicle is hired for the carriage of passengers under Z10/Z11 for hire and reward).
- (2) Use for racing, pace-making, reliability trial, or speed-testing.
- (3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (4) 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 WITHIN SINGAPORE	: SGD	1,500.00
Excess Section I OUTSIDE SINGAPORE	: SGD	3,000.00
Excess Section II WITHIN SINGAPORE	: SGD	1,500.00
Excess Section II OUTSIDE SINGAPORE	: SGD	3,000.00
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: Dickson Capital Pte Ltd	

SUNROOF EXCESS: \$200.00

FOR DRIVERS BELOW 22 YEARS OLD OR ABOVE 75 YEARS OLD &/OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$1,500.00 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 AND WEST MALAYSIA.

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 : A000089/CFHQ PTE. LTD.
Date of Issue : 27/07/2022 16:36:14
MZ406 - Hire Car (G/R)

For India International Insurance Pte Ltd



Authorised Signatory