

# NATIONAL Assessment Centre Services

Date In 27/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/III 23003176/d4	SAS e-filing		
Veh No SMC 5246E	E-mail (within 8hrs. At 2hrs)		
DOA 26/03/2023 18:13	i-Motor Claim Form		
OD/TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLH 9183L	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

NA2300908	Invoice Preparation Checklist	Amf (\$)	Amf
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Call 1:	6) TR: Re-inspection \$75		
Call 2/3:	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (N7n INC) against INC \$20		
	9) N12: Idau 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	27/03/2023 16:27 (SGT)
Reported by	Actual Driver
Date of Accident	26/03/2023 18:13 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS TUAS EXIT CLEMENTI AVENUE 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC5246E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	REVEL AUTO
Company Reg No	5XXXXX863k
Email Address	derrick21tan@hotmail.com
Mobile Phone No	(Phone) +65-98334443
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
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	1497

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0001311

#### DRIVER

Name of Driver	LIM XINYI , ELLIS
NRIC No	SXXXXX546D
Date Of Birth	04/10/1989
Occupation	Outdoor

Date Of Driving Pass	09/04/2009
Driving experience	13 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81290888
Alt. Phone Number	-
Email Address	derrick21tan@hotmail.com
Address	92 PUNGGOL DRIVE
Address complement	# 11-07
Postcode	828795
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL-LEASING
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)	5
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	Female

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### PASSENGER 3

Name	UNKNOWN
Gender	Female

#### PASSENGER 4

Name	UNKNOWN
Gender	Female

#### 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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230327/7053

## ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLH9183L  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Contact Number ..... (Phone) +65-91465036  
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 ..... LIM XINYI , ELLIS  
Gender ..... Female  
Phone No ..... (Phone) +65-81290888  
Address ..... 92 PUNGGOL DRIVE  
Address Complement ..... # 11-07  
Post Code ..... 828795  
Approximate Age Years Old ..... -  
Injuries Sustained ..... NECK, SHOULDER, LOWER BACK AND CHEST PAIN- GIVEN 5 DAYS OF MC  
Injured person in which vehicle? ..... SMC5246E  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 2

Name of injured person ..... UNKNOWN  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... NECK, SHOULDER, LOWER BACK AND CHEST PAIN  
Injured person in which vehicle? ..... SMC5246E  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 3

Name of injured person ..... UNKNOWN  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -

Approximate Age Years Old  
Injuries Sustained  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?

-  
NECK, SHOULDER, LOWER BACK AND CHEST PAIN  
SMC5246E  
-  
No

INJURED 4

Name of injured person  
Gender  
Phone No  
Address  
Address Complement  
Post Code  
Approximate Age Years Old  
Injuries Sustained  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?

UNKNOWN  
Female  
-  
-  
-  
-  
NECK, SHOULDER, LOWER BACK AND CHEST PAIN  
SMC5246E  
-  
No

INJURED 5

Name of injured person  
Gender  
Phone No  
Address  
Address Complement  
Post Code  
Approximate Age Years Old  
Injuries Sustained  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?

UNKNOWN  
Female  
-  
-  
-  
-  
NECK, SHOULDER, LOWER BACK AND CHEST PAIN  
SMC5246E  
-  
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 use 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. Consider under the Personal Data Protection Act (PDPA)
 

I understand and 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 and 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.
  - (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 the Insurers' lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.

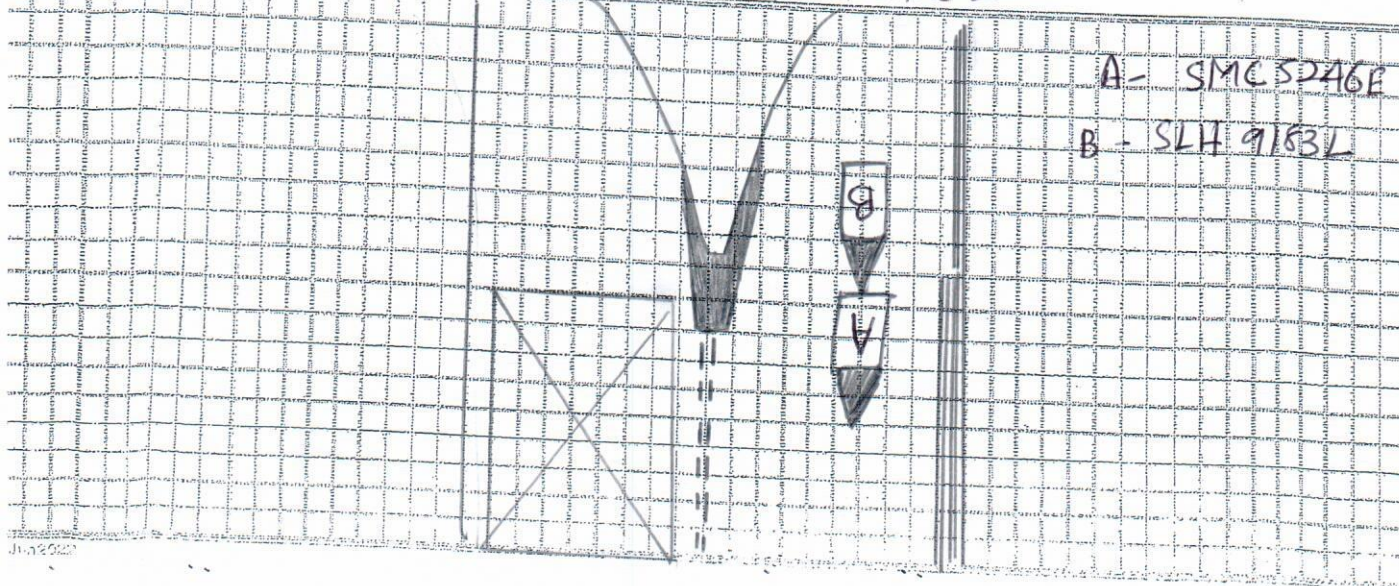
REVEL AUTO  
UEN 53423863K

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan Aye Towards Tuas Exit Clementi Avenue 2





Describe Circumstance of the Accident

— please Refer to the attached police Report —

— T120230327 / 7053

Declaration

We declare the foregoing particulars are true in every respect.

REVEL AUTO  
UEN 53423863K

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# SINGAPORE POLICE FORCE



T/20230327/7053

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

1 of 3

Report No. T/20230327/7053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/03/2023 15:19		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM XINYI, ELLIS			Address: 92 PUNGGOL DRIVE #11-07 SINGAPORE 828795		
ID Type / ID No.: NRIC NO / S8934546D			Contact No.: Home/Office: Mobile: 81290888		
Nationality: SINGAPORE CITIZEN			Email: ELLIS@HOTMAIL.SG		
Sex: Female	Age: 33	Date of Birth: 04/10/1989	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3 Date of Expiry: 09/04/2009			

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2023 18:10	Type of Location: Aye exit Clementi west Slip road
Location:  WEST COAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMC5246E	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20230327/7053

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

2 of 3

Report No. T/20230327/7053

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	LIM XINYI, ELLIS		ID No.	S8934546D
Related Vehicle	SMC5246E (Car)		Contact No.	81290888
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 09/04/2009
Date	NIL		Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious	

Brief Details.

I was with my 4 female passengers. I driving along at AYE toward Tuas Clementi ave 2 toward Clementi west slip road. I stop and check for on coming car. When I was about to move off suddenly a white Toyota wish car plate SLH9183L bang onto my back of my vehicle SMC5246E.





**SINGAPORE  
POLICE FORCE**



T/20230327/7053

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

3 of 3

Report No. T/20230327/7053

**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:  
27/03/2023 15:19

Classification Of Case:



# REVEL AUTO

120 Potong Pasir Ave 1 #01-820 (350120)

UEN: 53423863K

## Rental Agreement Form

### Applicant Information

Name: LIM XINYI ELLIS

NRIC: S8934546D

Email:

Gender: ~~Male~~ / Female

Mobile No: 81290888

Home:

Date of Birth: 04 Oct 1989

Address (Stated in NRIC) 92 PUNGGOL DRIVE #11-07

Singapore (828795)

Correspondence Address:

Singapore ( )

Driving License Pass Date: 09 APR 2009

### Employment Information

Company:

Company Address:

Office Phone:

Fax:

Current Position

### Information of Next of Kin / Guarantor

Name:

Relationship:

NRIC:

Mobile No:

Home:

Address (Stated in NRIC)

Singapore ( )

### Vehicle Details

Vehicle Registration No: SMC5246E

Make / Model: HONDA CITY 1.5 SV CVT

Transmission: ~~Manual~~ / Automatic / ~~Semi-Auto~~

### Lease Details

From: 14/02/2023

To: 13/02/2024

Agreed Sum of Lease: \$420

Terms of Payment: ~~Daily~~ / Weekly / ~~Monthly~~

Collection Date & Time: 10/02/2023 12pm

Return Date & Time:

### Vehicle Details

Mileage Upon Lease:

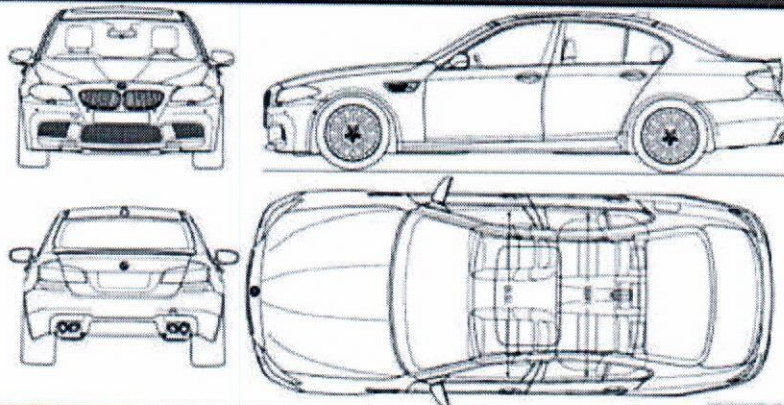
Fuel Upon Collection:

Other Remark:

REVEL AUTO  
UEN 53423863K



Vehicle Condition - Please mark damaged / scratched area upon collection



#### Terms & Conditions

The "Hirer" will abide the following rules upon lease of the vehicle:

(a) All regulations and laws governed by Singapore Police Force.

(b) Insurance coverage solely to "Hirer" only, and other(s) charges will be borne by the "Hirer" in an event of an accident or similar occurrence.

(c) Diligence to operate the vehicle in a proper manner, in any occurrence of negligence, charges would be borne by "Hirer"

(d) Not to use the vehicle to:

(i) push or tow another vehicle

(ii) participate in any race or competition

(e) Any violation of laws or traffic rules, charges will be borne by "Hirer"

(f) "Hirer" is hereby responsible to check and pay any violation as occurred during the period of lease, in an event of occurrence in which the violation is outstanding and to be enclosed by "Revel Auto", additional charges applies per furnishing.

(g) Inform correspondence 7 days in advance upon return of vehicle. If "Hirer" choose to omit this line, charge of 7 days rental would be imposed on "Hirer"

\*For "Hirer" whom lease the vehicle for Private Hire Purposes

- Daily/Weekly/Monthly rental will be deducted from the Private Hire reimbursement weekly

- Payment must make by every Monday, before 2359hrs for weekly rental

- Payment must make by every 1st day of the month, before 2359hrs for monthly rental

- \$10/day late charges will be imposed if payment transaction was not completed.

- In the event if driver is unable to fulfill the payment of the vehicle in 2 days of demand by correspondence, **Revel Auto** reserve the rights to repossess the lease vehicle and recover the payment from the "Hirer" Next-of-Kin / Guarantor through legal / court proceedings. Additional or Miscellaneous Charges will be borne by "Hirer"

"Hirer" is required to return **Revel Auto** for a monthly periodically maintenance to ensure that the lease vehicle is as per lease condition. "Hirer" will bear all repair / damage / modification done on the lease vehicle to return as per previous condition if this line is ignored.

Vehicle is only to be used and driven in Singapore. In any occurrence, "Hirer" is to use the vehicle out of Singapore, all cost will be borne by "Hirer". "Hirer" is liable to pay the market value of the vehicle at point of loss and inclusive of all damages and demands of losses to **Revel Auto**, upon the ocurence of loss vehicle reported.

In case of an accident, driver has to pay for all repair, rental and accident excess fee.

I/we acknowledge that my/our personal data may/will be disclosed by **Revel Auto** to its third party service providers or agents (including its lawyers / law firms / authority of Singapore), which may be sited outside of Singapore, for one or more of the purposes, as such third party service providers or agents

I hereby, the "Hirer" have fully read and agrees to the terms of **Revel Auto**

10/02/2023

12pm

Hirer Signature/Date & Time

REVEL AUTO  
UEN 53423863K

Representative of Revel Auto





## INTEMEDICAL KOVAN

210 Hougang St21 #01-233 530210

Tel: (65) 6243 3036 Fax: (65) 6243 3103

INTEMEDICAL

**MEDICAL CERTIFICATE**

**MC No: OD-KV0000549355**

**NAME: LIM XINYI, ELLIS**

**NRIC: S8934546D**

This is to certify that the above patient name is Unfit for Duty for a period of **5 day**

from **26-03-2023** to **30-03-2023** inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

**DR SOON WEILING EILEEN**

MBBS. (S'pore), Dip in Sports Med (IOC)

MCR 60866A

INTEMEDICAL KOVAN

210 HOUGANG ST 21 #01-233

SINGAPORE 530210

TEL: (65) 6243 3036 FAX: (65) 6243 3103

EMAIL: contact.kovan@intemedical.com

Soon Weiling Eileen

M60866A

MBBS (Singapore), Dip in Sports Med  
(IOC)

Resident Physician

Signature

26/03/2023

Date





INTEMEDICAL

INTEMEDICAL KOVAN  
210 Hougang St21 #01-233  
Singapore 530210  
Tel: (65) 6243 3036 Fax: (65) 6243 3103  
GST Reg no. / UEN: 201929569G

Provider: Soon Weiling Eileen

**TAX INVOICE**

Invoice No. NV-KV167841

Invoice Date: 28/03/2023

LIM XINYI, ELLIS (SXXXX546D)

Ref ID :KV72207

92 PUNGGOL DRIVE, #11-07, RIVERPARC RESIDENCE, SINGAPORE, 828795

Item Name	Quantity	UOM	Unit Price	DISC	Total Price
PARACETAMOL + ORPHENADRINE TAB 500MG (ANAREX)	20	TABS	0.60		12.00
ETORICOXIB TAB 120MG	10	TABS	3.00		30.00
PANTOPRAZOLE TAB 40MG	7	TABS	2.00		14.00
METHYLSALICYLATE 30% CREAM 25G (COGESIC MAX)	1	TUBE	8.00		8.00
CONSULTATION	1	EA	38.00		38.00

Subtotal : \$102.00

8% GST : \$8.16

Total : \$110.16

Amount Paid : \$110.16

Receipt No.	Payment Date	Paid Amount	Payment Mode	Remark	Company
RT-KV183893	26/03/2023	110.16	VISA/MASTER		

All cheques should be crossed & made payable to

"KTR MEDICAL PTE. LTD."

Company's name: KTR MEDICAL PTE LTD  
Company's GST Reg no. / UEN: 201929569G

For Safety reason medication sold are non refundable and non exchangeable



**PAYNOW**



# ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 03 / 2023 (DD/MM/YYYY), TIME: 18 : 13 (HH:MM)

LOCATION: Aye towards Tuas exit Clementi Ave 2

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SMC 5246 E  
 b) INSURANCE COMPANY: Indra International  
 c) POLICY NUMBER: D23MFL0001311  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Honda City 1.5 Auto / MANUAL  
 f) TYPE: SAIDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Hire  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

a) NAME: Revel Auto (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 53423863K CONTACT: 98334443  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER  
 a) NAME: Lim Xinyi, Ellis (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 88934546D CONTACT: 8129 0888  
 c) ADDRESS: 92 Punggol Drive # 11-07, S.828 795

d) DATE OF BIRTH: 04/10/1989 (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 04/04/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Rental - leasing  
 5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS  
 b) ROAD SURFACE: (DRY) WET / OTHERS  
 6. WAS ANYBODY INJURED (YES / NO) Neck, shoulder, lower back, chest pain  
 7. a) REPORTED TO POLICE (YES / NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION: UBP

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLH 9183L MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9146 5036

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = derrick21fan@hotmail.com

Sex = \_\_\_\_\_

Wider = yes



## 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.**

<b>CERTIFICATE NO.:</b> D23MFL0001311	<b>COVER:</b> Comprehensive																								
<p><b>1. Index Mark and Registration Number of Vehicle :</b> SMC5246E  <b>Chassis No :</b> MRHGM6660KT000178</p> <p><b>2. Name of Policyholder :</b> REVEL AUTO</p> <p><b>3. Effective date of Insurance :</b> 07 Feb 2023</p> <p><b>4. Expiry date of Insurance :</b> 06 Feb 2024</p> <p><b>5. Persons or Classes of Persons entitled to drive*</b>  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</p> <p><b>6. Limitations as to use*</b>  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</p> <p><b>The Policy does not cover</b>  (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</p> <p><small>*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.</small></p>																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Excess Section I WITHIN SINGAPORE</td> <td style="width: 10%;">:</td> <td style="width: 10%;">SGD</td> <td style="width: 50%; text-align: right;">1,500.00</td> </tr> <tr> <td>Excess Section I OUTSIDE SINGAPORE</td> <td>:</td> <td>SGD</td> <td style="text-align: right;">3,000.00</td> </tr> <tr> <td>Excess Section II WITHIN SINGAPORE</td> <td>:</td> <td>SGD</td> <td style="text-align: right;">1,500.00</td> </tr> <tr> <td>Excess Section II OUTSIDE SINGAPORE</td> <td>:</td> <td>SGD</td> <td style="text-align: right;">3,000.00</td> </tr> <tr> <td>Windscreen Excess</td> <td>:</td> <td>SGD</td> <td style="text-align: right;">100.00</td> </tr> <tr> <td><b>Hire Purchase Company</b></td> <td>:</td> <td colspan="2"><b>Vin's Credit Pte Ltd</b></td> </tr> </table> <p>SUNROOF EXCESS: \$200.00</p> <p>FOR DRIVERS BELOW 22 YEARS OLD OR ABOVE 75 YEARS OLD &amp;/OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$1,500.00 ON SECTION I &amp; II (SEPARATELY) WILL BE APPLICABLE.</p> <p>ACCIDENT REPORTING CENTRE: JP KNIGHTS PTE LTD 33 UBI AVE 3 #05-46/47 VERTEX TOWER A SINGAPORE 408868 Tel: 6345 0068   Fax: 6344 5328   FLASH Accident Reporting Hotline: 6100 1620 / 6360 1038</p> <p>AUTHORISED WORKSHOP: ACCIDENT REPAIRS MUST BE DONE AT DING AUTO PTE LTD. THE COMPANY WILL NOT PROVIDE INDEMNITY UNDER SECTION I OF THE POLICY IF THE MOTOR VEHICLE IS REPAIRED ELSEWHERE.</p> <p>PRIVATE HIRE SERVICE (USE FOR HIRE &amp; REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY.</p> <p>FOR SOCIAL, DOMESTIC &amp; LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE AND WEST MALAYSIA.</p> <p>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).</p>		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	<b>Hire Purchase Company</b>	:	<b>Vin's Credit Pte Ltd</b>	
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