

NATIONAL Assessment Centre Services (wef 1 Jan 06)

SR0823680005

Date In: 28/06/2023 17:07	Job description	Date & Time Completed	Done by
Ref No: NBB/C7723006528/4	SAS e-filing		
Veh No: SLW 6798D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/06/2023 09:50	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: GBB 9305C	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

x/A2301919	Invoice Preparation Checklist		Am't (\$)	Am't
	Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add
	Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
	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		
		For claiming against INC Only (wef 10 Jan 2005)		
		6) TR: Re-inspection \$75		
		7) N1: Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
Auditors Comments:-	ON:			
Cat. 1:	*N5: Courtesy Car / Tpt Allowance \$5			
Cat. 2/3:	*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 \$0			
	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	28/06/2023 17:07 (SGT)
Reported by	Actual Driver
Date of Accident	27/06/2023 09:50 (SGT)
Exact Location of Accident	143 Bukit Timah Rd, Singapore 229843
Additional Location Information	SHELL STATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW6798D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	VINZ LEASING PTE. LTD.
Company Reg No	2XXXXX117H
Email Address	reporting.gt@gmail.com
Mobile Phone No	(Phone) +65-88338778
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00004872300

DRIVER

Name of Driver	FONG MAY YEE JACELYN
NRIC No	SXXXX036B
Date Of Birth	10/10/1987
Occupation	Outdoor

Date Of Driving Pass	24/09/2012
Driving experience	10 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81331270
Alt. Phone Number	-
Email Address	jacelynfonmy@gmail.com
Address	BLK 271C PUNGGOL WALK #03-543
Address complement	-
Postcode	823271
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB9305C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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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 reputate 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.



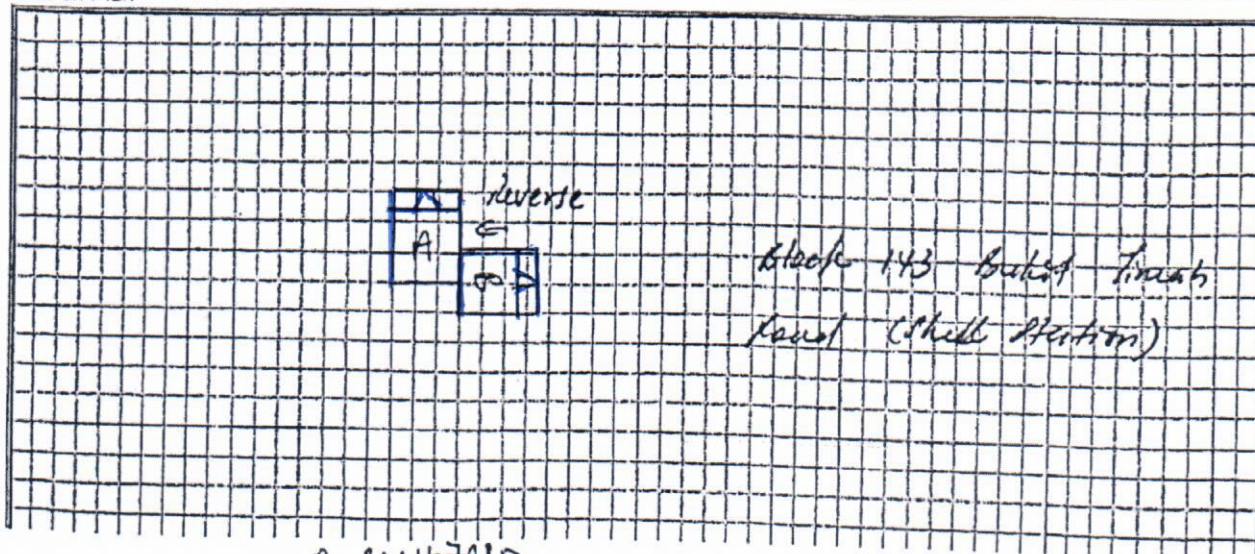
Policyholder's Signature / Date & Time

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

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

28/06/2023

Sketch Plan



A: SLW6798D

B: GBB9305C

Describe Circumstance of the Accident


On the stated date and time, my vehicle was stationary at the stated location. Suddenly, I felt an impact from the rear right portion of my vehicle. I got off and realised vehicle B had reverse and collided onto my vehicle.

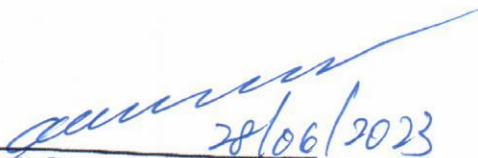
Declaration

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


Policyholder's Signature / Date & Title




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


Witnessed by Reporting Centre Personnel

28/06/2023



VINZ LEASING PTE LTD

202241117H

53 UBI AVE 1

#01-44 (S)408934

CAR RENTAL AGREEMENT

RENTAL NO: 0002

HIRER'S NAME:	FONG MAY YEE JACELYN
HIRER'S NRIC:	S8733036B
HIRER'S ADDRESS:	271C PUNGGOL WALK #03-543 (S)823271
DATE OF BIRTH	10/10/1987
DRIVING LICENCE PASS DATE:	24/9/2012
CONTACT NUMBER:	81331270
EMAIL:	jacelyn.fongmy@gmail.com
PURPOSE OF RENTAL:	PHV
EMERGENCY CONTACT:	92302438 - Ben (Husband)

RENTAL VEHICLE DETAILS

CAR PLATE NO.:	SLW6798D	MAKE & MODEL :	TOYOTA C-HYR HYBRID 1.8A
CHASIS NO.:	ZYX102087546	ENGINE NO.:	2ZR8251320
WEEKLY RENTAL:	\$518/- (DAILY @ \$74/-)	CDW RATE:	\$35/- (DAILY @ \$5)
TOTAL WEEKLY PAYMENT: \$553			
DRIVING LICENCE TYPE: CLASS 3 / PDVL / TDVL / LESS THAN 2 YEARS			
EXCESS : \$2500/\$2500 , EXCESS \$4000/\$4000 LESS THAN 2 YEARS LICENCE			
CONTRACT TERM :	6 MONTHS		
START DATE & TIME:	10/3/2023	END DATE & TIME:	11/9/2023
START MILEAGE:		END MILEAGE:	

Hirer/Authorized Ride('Hirer')(Relief)

Hirer must produce a valid Singapore NRIC and Driving License or a valid International Driving License & valid Foreign.

Driving Licence and Passport or FIN card. Hirer guarantees that he / she is not under any suspension order on his/her Driving License.

Terms of Payment / Security Deposit Amount : \$500.00

Hire charges and Security Deposit for the hire period is payable by The Hirer at the time of taking over the vehicle. The Hirer is to pay a mandatory amount of security deposit. It will be refunded back to The Hirer by bank transfer, 14 days from the end of the hiring period. The Company will use the security deposit to offset any repairs, fines or summons incurred by The Hirer during the rental period. All rental charges paid in advance is non-refundable.



Date of Accident : 27/06/2023 Accident Time: 0950 (24-HR-FORMAT)
 Accident Place : 143 Bukit Timah Rd (Shell Station)
 Vehicle Reg. No (Car plate No.) : SLW6798D cc: 800 Vehicle Make/Model: Toyota CHR
 Insurance Company : China Taiping Policy No. PMHCSNA00004872300
 Name of Registered Owner : Company / Individual Vinz Leasing Pte Ltd
 ID of Registered Owner : Co Reg No: 202241117H Owner's NRIC No: _____
 OWNER EMAIL ADDRESS: reporting.g+@gmail.com : Co Contact No: 88338778 Owner's Contact No: _____
 DRIVER'S Name : Fong May Yee DRIVER'S NRIC No: 887330368
 DRIVER'S Date of Birth : 10/10/1987 DRIVER'S License Pass Date 24/09/2012
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: wife
 DRIVER'S Address : 271C, Punggol Walk, #03-543, S(823271)
 DRIVER'S Contact No./ Alt No. : 1) 8133 1270 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : jacelyn.fongmy@gmail.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): 1 Name & Gender: _____
 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 injuries, if yes (name of the injured person) _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>ABB9305C</u>	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 _____

Motor Hire Car

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ406L/B

N SN

AN0695A

Cov. Type:C

CERTIFICATE No.

DMHCSNA00004872300

Engine No.: 2ZR8251320

Cha. No.: ZYX102087546

1. Index Mark and Registration
Number of Vehicle

SLW6798D

AUTOSAFE
=====

2. Name of Policy Holder

VINZ LEASING PTE. LTD.

3. Effective date of the Commencement of

28/02/2023

Insurance for the purposes of the Regulations, (10:35:51)
Ordinance or Enactment

4. Date of Expiry of Insurance

27/02/2024

Excess Sect. I.	S\$2,000.00
Excess Sect. I (Outside Singapore)	S\$4,000.00
Excess Sect. II	S\$1,500.00
Excess Sect. II (Outside Singapore)	S\$3,000.00
EX ON WINDSCREEN	S\$100.00

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.: TECK WEI CREDIT PTE LTD

* 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: Chai HuiLin Lynn
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com