

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 17/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA1C11230073671d4	SAS e-filing		
Veh No: 8LZ7607A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/07/2023 18:00	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	i-Motor W/O (Within: OD 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: SMZ 362SL 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: (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

NA2302168	Invoice Preparation Checklist	Am (\$)	Am
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	Int 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		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idao 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 (Non INC) against INC \$20		
	9) N12: Idao 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	17/07/2023 16:27 (SGT)
Reported by	Actual Driver
Date of Accident	14/07/2023 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YIO CHU KANG ROAD SLIP ROAD TO CTE (CITY)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ7607A
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VINZ LEASING PTE LTD
Company Reg No	2XXXXX117H
Email Address	denard93_7@hotmail.com
Mobile Phone No	(Phone) +65-88338778
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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 - Reporting only
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	DENARD KUOK KAH HAO
NRIC No	SXXXX345D
Date Of Birth	12/09/1993
Occupation	Outdoor

Date Of Driving Pass	07/05/2013
Driving experience	10 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96796672
Alt. Phone Number	-
Email Address	denard93_7@hotmail.com
Address	180B RIVERVALE CRESCENT
Address complement	# 04-365
Postcode	542180
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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 ATTACHED 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	SMZ3625L
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)	.....	-



## SKETCH PLAN

### IMPORTANT NOTICE

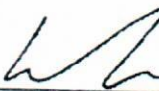
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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.

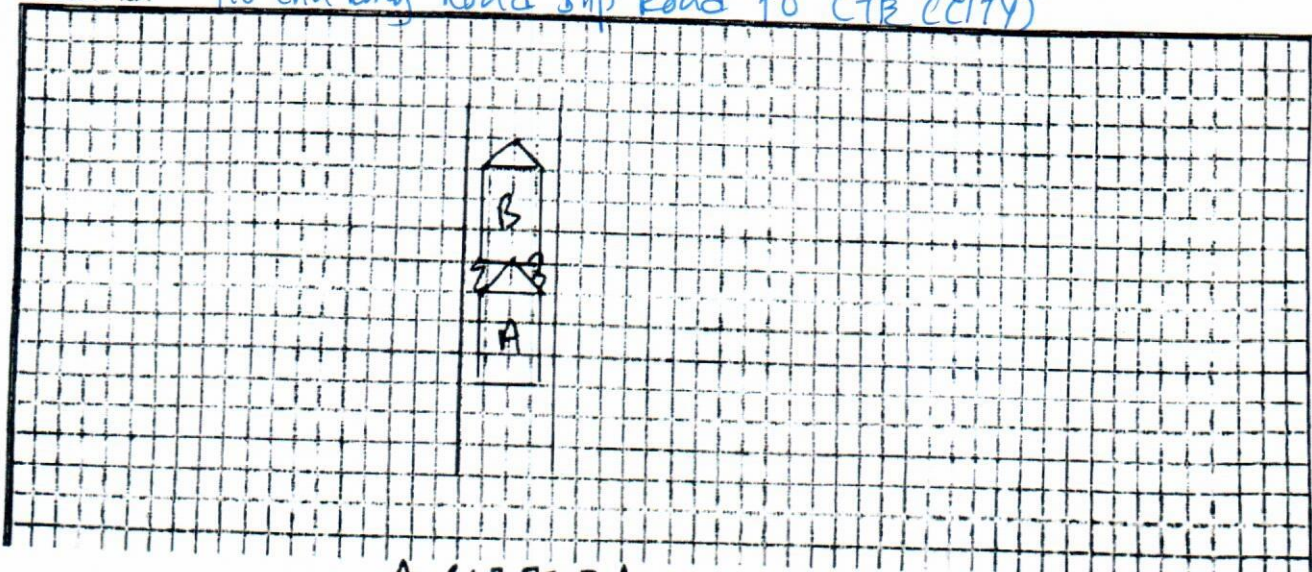
Policyholder's Signature / Date  17/7/2023

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)  17/7/2023

Sketch Plan

410 Chu Keng Road Shp Road to CTB CCITY



A: SL77607A

B: SM73625L




Describe Circumstance of the Accident

On the stated date and time, I was travelling along the stated location. The vehicle in front proceeded to move off onto the major road but suddenly braked in which I could not brake in time. Hence, colliding onto vehicle B.

Declaration

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

  
Policyholder's Signature / Date

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

 17/7/2023  
Witnessed by Reporting Centre Personnel



VINZ LEASING PTE LTD

202241117H

53 UBI AVE 1

#01-44 (S)408934

**CAR RENTAL AGREEMENT**

RENTAL NO: 0049

HIRER'S NAME:	DENARD KUOK KAH HAO
HIRER'S NRIC:	S9333345D
HIRER'S ADDRESS:	180B RIVERVALE CRESCENT #04-365 (S)542180
DATE OF BIRTH	12/9/1993
DRIVING LICENCE PASS DATE:	7/5/2013
CONTACT NUMBER:	96796672
EMAIL:	Denard93_7@hotmail.com
PURPOSE OF RENTAL:	PHV
EMERGENCY CONTACT:	96396893 - MING JIAO (WIFE)

**RENTAL VEHICLE DETAILS**

CAR PLATE NO.:	SLZ7607A	MAKE & MODEL :	TOYOTA PRIUS HYBRID
CHASIS NO.:	ZVW50054463	ENGINE NO.:	2ZRR946877
WEEKLY RENTAL:	\$546/- (DAILY @ \$78/-)	CDW RATE:	\$35/- (DAILY @ \$5/-)
TOTAL WEEKLY PAYMENT: \$581/-			
DRIVING LICENCE TYPE: CLASS 3 / PDVL / TDVL / LESS THAN 2YEARS			
EXCESS : \$2500/\$2500 , EXCESS \$4000/\$4000 LESS THAN 2 YEARS LICENCE			
CONTRACT TERM :	3 MONTHS		
START DATE & TIME:	30/6/2023	END DATE & TIME:	2/10/2023
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 : 14/07/2023 Accident Time: 1800 (24-HR-FORMAT)  
Accident Place : Vio chu kang Rd slip road to CTE (city)  
Vehicle Reg. No (Car plate No.) : SCZ7607A CC: 1800 Vehicle Make/Model: Toyota Prius  
Insurance Company : China Taiping Policy No. DMHCSNA00004872300  
Name of Registered Owner : Company / Individual VINE Leasing Pte Ltd.  
ID of Registered Owner : Co Reg No: 20224117H Owner's NRIC No: \_\_\_\_\_  
OWNER EMAIL ADDRESS: reporting.gt@gmail.com Co Contact No: 8833 8778 Owner's Contact No: \_\_\_\_\_  
DRIVER'S Name : Denard Kuok DRIVER'S NRIC No: S9333345D  
DRIVER'S Date of Birth : 12/09/1993 DRIVER'S License Pass Date 07/05/2013  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Wife  
DRIVER'S Address : 180B, Riverdale cres, #04-365, S(542180)  
DRIVER'S Contact No./ Alt No. : 1) 9679 6672 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : denard93\_7@hotmail.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): 2 Name & Gender: unknown / male  
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 (PH)  
Any injuries, if yes (name of the injured person) \_\_\_\_\_

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>SMZ 3625L</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



**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)

E SN

AN0695A

Cov. Type: C

**CERTIFICATE No.**

DMHCSNA00004872300

Engine No.: 2ZRR946877

Cha. No.: ZVW506054463

1. Index Mark and Registration  
Number of Vehicle

SLZ7607A

AUTOSAFE  
=====

## 2. Name of Policy Holder

VINZ LEASING PTE. LTD.

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
(00:00:00) Ordinance or Enactment

09/03/2023

Excess Sect. I. S\$2,000.00

Excess Sect. I (Outside Singapore) S\$4,000.00

Excess Sect. II S\$1,500.00

## 4. Date of Expiry of Insurance

27/02/2024

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