

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 01/08/2023	Job description	Date & Time Completed	Done by
Ref No: NA/4123007731/d4	SAS e-filing		
Veh No: SLW 4905A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/07/2023 09:40	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 <u>Fax</u> / <u>Hand to Owner</u> / <u>Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **SHA 2037G**

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

NA2302269	Invoice Preparation Checklist	Amt (\$)	An
Claimant's Particulars:	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idao DA + SMRT Survey \$160		
Driver/Owner:	8) NTUC Additional Services:-		
	OD*		
Contact No:	*N5: Courtesy Car / Tpt Allowance \$5		
Damaged Portion:	*N6: Repair Co-ordination \$10		
QC Checked by (Engr-In-Charge):	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idao Mobile \$0		
Cat. 2 / 3:	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 First Submission	01/08/2023 08:47 (SGT)
Reported by	Actual Driver
Date of Accident	31/07/2023 09:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS CITY BEFORE AMK AVENUE 1 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4905A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	1AXIS PRESTIGE LEASING PTE LTD
Company Reg No	2XXXXXX962N
Email Address	reporting.gt@gmail.com
Mobile Phone No	(Phone) +65-96971707
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	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00017352200

DRIVER

Name of Driver	HOO SIEW HENG
NRIC No	SXXXX576C
Date Of Birth	20/09/1967
Occupation	Outdoor

Date Of Driving Pass	31/07/1986
Driving experience	37 YEARS
Gender	Male
Mobile Number	(Phone) +65-90212327
Alt. Phone Number	-
Email Address	hoosiewheng@yahoo.com
Address	APT BLK 260B ANG MO KIO STREET 21
Address complement	# 02-157
Postcode	562260
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	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)	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	ALYSSA
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/20230731/7044

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	SHA2037G
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	HOO SIEW HENG
Gender	Male
Phone No	(Phone) +65-90212327
Address	APT BLK 260B ANG MO KIO STREET 21
Address Complement	# 02-157
Post Code	562260
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN-GIVEN 3 DAYS OF MC
Injured person in which vehicle?	SLW4905A
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 willful misrepresentation or withholding of material facts may allow insurance companies to **rescind 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 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 elsewhere.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) understand, acknowledge, agree and consent that
 - (b) 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 processed 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 purposes 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").
 - (c) 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
 - (d) my Personal Information may/are 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.



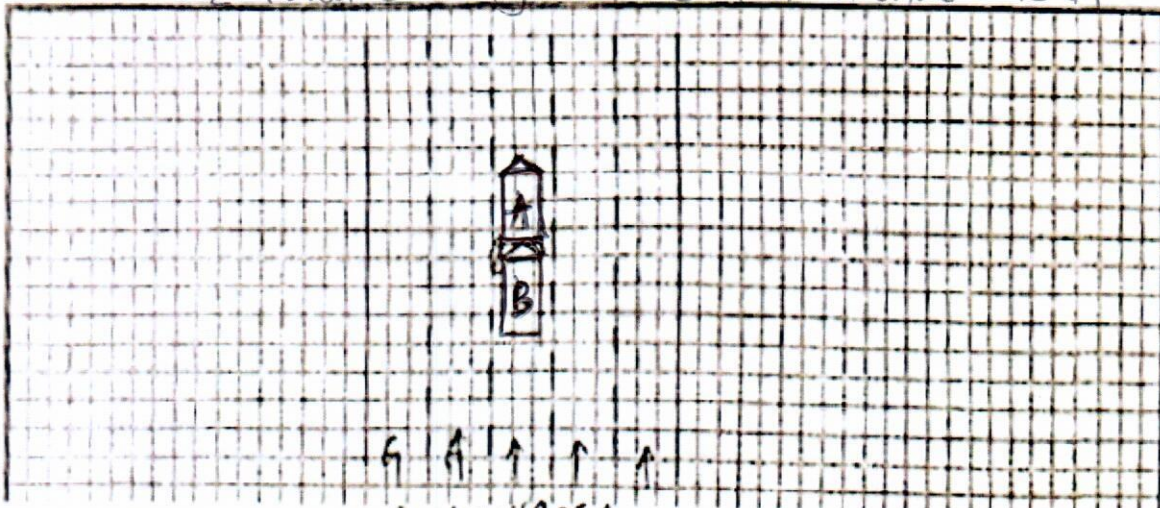
Policyholder's Signature / Date & Time

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

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

Witnessed 1/8/2023

Sketch Plan *CTE towards city Before AMK Avenue 1 Exit*



A: 5LW4905A

B: SHA20376

Describe Circumstance of the Accident

Refer to police report 1/20230751/7044.

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

1/8/2023

Witnessed by Reporting Centre Personnel



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

Report No. T/20230731/7044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2023 13:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HOO SIEW HENG			Address: 260B ANG MO KIO STREET 21 #02-157 SINGAPORE 562260		
ID Type / ID No.: NRIC NO / S2606576C			Contact No.: Home/Office: Mobile: 90212327		
Nationality: SINGAPORE CITIZEN			Email: HOOSIEWHENG@YAHOO.COM		
Sex: Male	Age: 55	Date of Birth: 20/09/1967	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/07/2023 09:40	Type of Location: Straight Road
Location: BERWICK DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA2037G	Car					0
SLW4905A	Car					0

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



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

CONTINUATION OF REPORT

Driver			
Name	HOO SIEW HENG	ID No.	S2606576C
Related Vehicle	SLW4905A (Car)	Contact No.	90212327
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	31/07/2023	Date	31/07/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, I was travelling along CTE towards City before Ang Mo Kio Ave 1 exit. Suddenly, I felt a huge impact from the rear of my vehicle. I alighted and realized vehicle bearing registration number (SHA2037G) had collided onto my rear. Subsequently, I felt unwell after the accident and consulted a GP and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20230731/7044

3 of 3

Report No. T/20230731/7044

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

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476204

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
31/07/2023 13:28

Classification Of Case:

This Car Rental Agreement ("Agreement") is made and entered into as of 15/6/23, between 1AXIS PRESTIGE LEASING PTE. LTD. ("Owner"), and Hoo Siew Heng ("Renter")

Owner and Renter may also be referred to as "Party" in the singular or "Parties" in the plural in this agreement subject to the following terms and conditions.

RENTER - means the person(s) signing this agreement, Any other person or entity to which the charges incurred under the agreement are to be billed, permitted to drive the vehicle with written consent of the Owner

VEHICLE - means the motor vehicle or any substitute or replacement vehicle described in this agreement and other Form of Records, includes tires, tools, accessories, equipment, keys and vehicle documents of vehicle

OWNER - means, 1AXIS PRESTIGE LEASING PTE. LTD. (Company).

RENTAL VEHICLE

Vehicle Make	Vehicle Model	Vehicle Plate Number	Vehicle Colour
<u>Honda</u>	<u>Shuttle Hybrid</u>	<u>SLW 4405A</u>	<u>Blue</u>

Owner agrees to rent Vehicle to Renter for the following period:

Start Date: 15/6/23 End Date: 15/9/23 Contract Period: 3 months

☒ **NO CONTRACT**

The Parties agree that this Agreement will run perpetually until either party provides a termination notice of at least fourteen (14) days OR pay the rental in-lieu of the shortfall days if notice is less than fourteen (14) days.

☐ **CONTRACT**

The Parties agree that this Agreement terminates upon the End Date specified above. Notwithstanding anything to the contrary in this Agreement or any Exhibits, RENTER may terminate this agreement ONLY to End Date specified above, if given fourteen (14) days' notice prior End Date. If this agreement is terminated prior to the End Date, the Owner reserves the right to forfeit full deposit and one month's worth of rental.



RENTAL FEES

The Renter hereby agrees to pay the Owner for use of Vehicle as follows:

Rental Fees: \$ 68 per 01 (day(s)) month.

Payment Reminders will be send up to 2 weeks(or earlier if Renter is under Early Bird Promo) prior to rental expiry date

WITNESS WHEREOF, the Parties have signed this Agreement as of the day and year written.

ACCEPTED BY RENTER	ACCEPTED BY OWNER
Name: <u>Hoo Siew Heng</u>	Name: <u>1Axis Prestige Leasing Pte Ltd</u>
NRIC Number: <u>S2606576C</u>	Registration Number: <u>20212100206</u>
Signature: 	Signature/Company Stamp: 

Date of Accident : 31/07/2023 Accident Time: 0940 (24-HR-FORMAT)
Accident Place : CTE towards City before Amk Ave1 Exit.
Vehicle Reg. No (Car plate No.) : SW490SA CC: 1500 Vehicle Make/Model: Honda Shuttle
Insurance Company : China Taiping Policy No. DMHCEN A00017352200
Name of Registered Owner : Company / Individual Axis Prestige Leasing Pte Ltd
ID of Registered Owner : Co Reg No: 202121962N Owner's NRIC No: _____
OWNER EMAIL ADDRESS: reporting.gt@gmail.com : Co Contact No: _____ Owner's Contact No: _____
DRIVER'S Name : Hoo Siew Heng DRIVER'S NRIC No: S2606576C
DRIVER'S Date of Birth : 20/09/1967 DRIVER'S License Pass Date 31/07/1986
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: driver
DRIVER'S Address : 260B, Ang Mo Kio St 21, # 02-157, S(562260)
DRIVER'S Contact No./ Alt No. : 1) 90212327 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : hoosiewheng@yahoo.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: Alyssa / female
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) Hoo Siew Heng, neck pain

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SHA 2037G</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

MZ406L/B

E SN

AN0055A

Cov. Type:C

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)

CERTIFICATE No.

DMHCSNA00017352200

Engine No.: LEB6542517

Cha. No.: GP71202094

1. Index Mark and Registration
Number of Vehicle

SLW4905A

AUTOSAFE

=====

2. Name of Policy Holder

1AXIS PRESTIGE LEASING PTE LTD

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

21/12/2022

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

18/09/2023

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.: SKYWAY CREDIT & LEASING 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