NATIONAL Assessment Centre	Services (1873-18)	7.1		
Date In: 24/12/19	Job description	Date &Time Completed	Done by	
Ref No NA/CTI 19022620/13	SAS e-filing			
Veh No SJP2464C	E-mail (within 8hrs, AIC	2hrs;		
DOA 23/12/19 1120	i-Motor Claim Forn	1		
	i-Motor W/O (Within.	OD 2hrs, TP 4hrs)		-
OD TP (Reporting Only)	i-Photo Uploaded	1		
2021 14 1	Assessment/Survey Re	port		
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fa	ıx:	
TP Particulars: Veh No:	1X6753.L	NC( )/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Peri	od: (	) Cover Type: (	)	
Confirmed by : (	Date	Time:	)	
Insured/Driver Liability: ( %) [N	ote-Est. Status (WO):	N: 0-20%; P: 21-79%. F: 80-19	90%]	
Year of Registration: ( ) W	/arranty: YES ( ) / No	0( )		
Excess: (\$ ) Loading: \$1,00	0 ( )/\$2,000 ( )			
General Remarks:-	na day day na kanabala da	Said British and a said	. 83.7	
( ) Walk-In Customer: Customer's inform	mation strictly Confidentia	al & Strictly NO rafer of repairer.		
( ) Total Loss Case : to e-mail Insurer				
		) ; Towing Co. (		)
Drive-In ( ) / Towed-In ( ); Invoice:	YES ( ) / NO (	) , 10wing co. (		
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done by	
1) Apply for Transport Allowance ( )/Co	ourtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$30	000] ( )		19	
Injury:				
			MARIE CONTRACTOR	
Date/Time Actions		CALL CONTRACT PROTECTION (CALL CONTRACT	####	
				- 1776
			-	
			16.00	Amt (\$
NA2000158	Invoi	ce Preparation Checklist	S1153	Add Bil
		Accident Reporting (\$30);		
laimant's Particulars :-		Damage Assessment (\$100); INC (\$5 Towing Fee \$40	0/\$45	
river/Owner:	4) FT:	Follow-Through Survey	\$120	
ontact No:	5) FT :	Follow-Through Survey (Resurvey) laiming against INC Only (wef 10 Jan 2003	\$30	
		Re-inspection	\$75	
amaged Portion:	7) N1 :	Idae DA + SMRT Survey  OC Additional Services	\$160	
	8) NTC			
C Checked by (Engr-In-Charge):	*N5	Courtesy Car / Tpt Allowance	\$10	
Control of the Contro	The second secon	: Repair Co-ordination : Fost Repair Inspection	\$25	
Auditors' Comments :-	*N8	: DV / Collect Excess Coordination	\$5	
u. I:		N11) : TP (Non INC) against INC	301	
1 2/2	9) N12	m 41	100	en J
at. 2 / 3:	Invoto	ti di t	40-1-15-50	

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Driving Experience** 

Mobile Number Fax Number Contact Number

EMail Address

Gender

- 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 Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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

	ACCIDENT STATEMENT
Date Of Report	24/12/2019 17:43
Date Of Accident	23/12/2019 11:20
Exact Location Of Accident	TOH TUCK LINK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP2464C
Insured/Policyholder	
Name Of Registered Owner	LA RENTALS PTE LTD
Co Reg No	2XXXXX059Z
Email Address	FIONA@LAYAUTO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93874666
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00000451900
Cover Note Number	
Driver	
Name of Driver	YONG CHEE YUEN (RONG ZHIYUAN)
NRIC No	SXXXX559Z
Date Of Birth	21/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2013
	We will the transport of the particular and the particular particu

5 YEARS AND 11 MONTHS

(LOCAL) +65-90117727

MALE

NOEMAIL

Address

BLK 513 WOODLANDS DRIVE 14 #12-191 SINGAPORE

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GX6753L

Vehicle Make/Model/Colour

**Details Of Properties** Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

ADY TENG SOON LEAN

NRIC/Passport Number

GXXXX509R 91004255

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 18

### 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 Authorised 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. The 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 lodgment 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)
  - (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
- (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:

(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

for complying with requirements under any regulations, laws or court orders.

Policyho Date & Ti

REN

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

Reporting Centre Personnel's Signature

NRIC/FIN No

A: 23P 2464D	->		->	->	
B: GX6753L					
VENIVE : TOH TUCK LINK	4		0 X	C e	_
DESCRIBE CIRCUMSTANCES OF THE ACCII					
I was driving S.	JP 2464	+D alo	ST CA	oh Tuck	link
my front Lorry St	topped	and	1 try	to Ste	P
on the brake but	the	Car.	still n	nove for	iard
and hit onto 4	the Lo	rry 1	rear	bumper	V.
Λ					
We only the the foregoing particulars are true in	every respect.			9	<u> </u>
Polityholder's Signature Driver's S Date & Time: (If driver Date & Ti	is not the policyho	ider)	Reporting Ce Name: NRIC/FIN NS	ntre Personnel's Signa	iturë

# LA RENTALS PTE LTD

21 TOH GUAN ROAD EAST #01-16/17 TOH GUAN CENTRE SINGAPORE 608609

TEL: 6462-5828 FAX: 6523-6609 UEN NO 201838059Z

Rental Agreement Number: 121609201903	
16/5/15	between (Name)LA_RENTALS PTE_LTD
(Registration No.) 201838059Z	a company incorporated in Singapore with its
registered officer at21 TOH GUAN ROAD EAS	
_(hereinafter called the "OWNER") which expression struccessor(s) in title and	nall where the context so admits, include the need from after
called the "HIRER") in respect of the hire of the motor	Trible 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PERIOD") at the rate of the hire rental ("THE RENTAL") se	et out in the schedule of this agreement ("THE
SCHEDULE") and upon the terms and conditions stated he	reunder.
SCHEDULE OF AGREEMENT	$\wedge$
1. PARTICULARS OF THE VEHICLE a. Make/Model : Toyota Wis	A81 A
b. Registration Number : 032 34641	( L. 5 1 2)
c. Chassis Number :	
b. Registration Number : SSP 24641) c. Chassis Number : AS Per Lo	Score.
2. COMMENCEMENT	
a. Effective Date : 29 - 1 - 1	(6 month).
a. Effective Date : $29 - 9 - 19$ b. Expiry Date : $39 - 3 - 30$	(611101111)
<i>G</i> ,	
3. HIRE RENTAL	
a. Security Deposit : \$500 \ -	
b. Daily Hire Rates : #601 -	
c. Additional Charges :	
4. DRIVERS	
1 <sup>st</sup> Driver	
Name You chee Yven	
0.0.8 181 - 4-1882	
License No. : 882 (0559 2	
Contact No. : 90 11 77 27	
SIGNATORY OF HIRER:	3- 10-61



## Vehicle Details

Vehicle No.	Make / Model		
SJP2464D	TOYOTA / WISH 1.8 AUTO		
Vehicle Type:	Vehicle Attachment 1:		
Z11 - Private Hire (Chauffeur) Station Wagon /Jeep/Land Rover	No Attachment		
Vehicle Scheme :	Chassis No.:		
Normal	JTDER12W103002423		
Propellant:	Engine No. :		
Petrol	1ZZ3234960		
Motor No.:	Engine Capacity:		
-	1794 сс		
Power Rating :	Maximum Power Output:		
	97.0 kW (130 bhp)		
Maximum Laden Weight:	Unladen Weight:		
1885 kg	1310 kg		
Year Of Manufacture:	Original Registration Date :		
2009	16 Mar 2009		
ifespan Expiry Date :	COE Category :		
	E - Open Category		
PQP Paid:	COE Expiry Date:		
\$33,018.00	15 Mar 2029		
Road Tax Expiry Date :	PARF Eligibility Expiry Date:		
15 Mar 2020			
nspection Due Date :	Intended Transfer Date :		
5 Mar 2020	29 Feb 2020		
O2 Emission :	CEV/VES Rebate Utilised Amount :		

### ACCIDENT STATEMENT

ACCIDENT DAT	15:17 301	1)(DD/MI	M/YYYY), TIME:(	11 : 20 (HH:MM)
LOCATION:	Toh	Tuck	Line.	
a)VEHK b)INSUR c)POLK d)POLK e)MAKE f)TYPE:( g)VEHIC h)PURPO		China SHACO ENSIVE THI DYOTC V MPV /V AN VATE / COM PROUP OW	TOIDING  TO PARTY / THIRD  TO PARTY / MOTO  TO THE CONTROL OF THE CONTROL  TO THE CONTROL OF THE CONTROL OF THE CONTROL  TO THE CONTROL OF THE CONTROL OF THE CONTROL  TO THE CONTROL OF THE CONTROL OF THE CONTROL  TO THE CONTROL OF THE CONTROL OF THE CONTROL  TO THE CONTROL OF THE CONTROL OF THE CONTROL  TO THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL  TO THE CONTROL OF THE	ORCYCLE)
2. INSURED A)NAMI b)NRIC/ c)ADDR	FINIPASSPORT: 201	Ste L 83805 Guan	td 192 cont Road E	IMALE (FEMALE)
d)DATE e)OCCU f)YEARS 4. WAS DR IF NO, F 5. GJWEATH	ESS: BK5 3  ESS: BK5 3  OF BIRTH: 12  OF DRIVING EXPRERINGER AN EMPLOYER HER CONDITION: (ICL	OUTDOOR BENCE: E OF THE I	NSURED'S COM R WITH INSURE ING / OTHERS	S730513
6. WAS AN 7. a)REPOR IF YES, 8. THIRD PA	SURFACE: DB/ / WE YBODY INJURED (YES TED TO POUCE (YES PLEASE STATE WHICH RTY VEHICLE	NO I POLICE ST	ATION:	
9. THIRD PA	C/FIN/PASSPORTG S RTY VEHICLE ICLE NUMBER:	leng s	MODEL MODEL	ACT: 91004265
The state of the s	ER'S NAME:			ACT:

email = frona@layauto.com | Joel@layauto com | fax = vioro =



### 中国太平保险 (新加坡) 有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE\_LTD

Motor Hire Car

MZ406L/B

E SN

AN0606A Cov. Type:T

CERTIFICATE OF INSURANCE nor 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.

DMHCSNA00000451900

Engine No.: LDA24020890 Cha. No.: JHMFD36209S206237

Index Mark and Registration

Number of Vehicle

SJP2464D

2. Name of Policy Holder

LA RENTALS PTE LTD

Effective date of the Commencement of 10/12/2019 Insurance for the purposes of the Regulations, Ordinance or Enactment

Excess Sect. II

\$\$2,000.00

Excess Sect II (Outside Singapore).

\$\$4,000.00

4. Date of Expiry of Insurance

09/12/2020

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.

ANY EMPLOYEE OF THE COMPANY

ANY AUTHORISED HIRER/DRIVER

6. Limitations as to use:\*

Use for the carriage of passengers or goods in connection with the Policyholder's business.
 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.: SING INVESTMENTS & FINANCE LTD AS HP OWNER

\* 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: Ho Li Hwa Irene Authorised Officer

Authorised Signatory

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

C 6389 6111

6222 1033

www.sg.cntaiping.com