

# NATIONAL Assessment Centre Services

Date In: 24/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/CTI19022623/13	SAS e-filing		
Veh No: SJV9530T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/12/19 1810	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: SKM 7232C 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

NA2000145 Invoice Preparation Checklist

Claimant's Particulars :- 1) AR: Accident Reporting (\$30);

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

5) FT: Follow-Through Survey (Resurvey) \$30

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1: TP (N11): TP (Non INC) against INC \$20

Cat. 2 / 3: 9) N12: Idac 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 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. 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 Report	24/12/2019 17:18
Date Of Accident	23/12/2019 18:10
Exact Location Of Accident	BETWEEN NORTH BRIDGE RD AND PARLIAMENT PLACE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV9530T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LA RENTALS PTE LTD
Co Reg No	-
Email Address	FIONA@LAYAUTO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93874666
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	ALTIS
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
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00000451900
Cover Note Number	
<b>Driver</b>	
Name of Driver	KOH CHIEW LIAN
NRIC No	SXXXX998B
Date Of Birth	07/11/1961
Occupation	OUTDOOR
Date Of Driving Pass	22/10/1979
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93874666
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 10 LORONG 28 GEYLANG #06-07 SINGAPORE
Postcode	398415
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 ON COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### 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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
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	SKM7232C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHU LOO TONG
NRIC/Passport Number	
Contact Number	96674367
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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 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) 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.
- (d) 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
  - (ii) for complying with requirements under any regulations, laws or court orders.

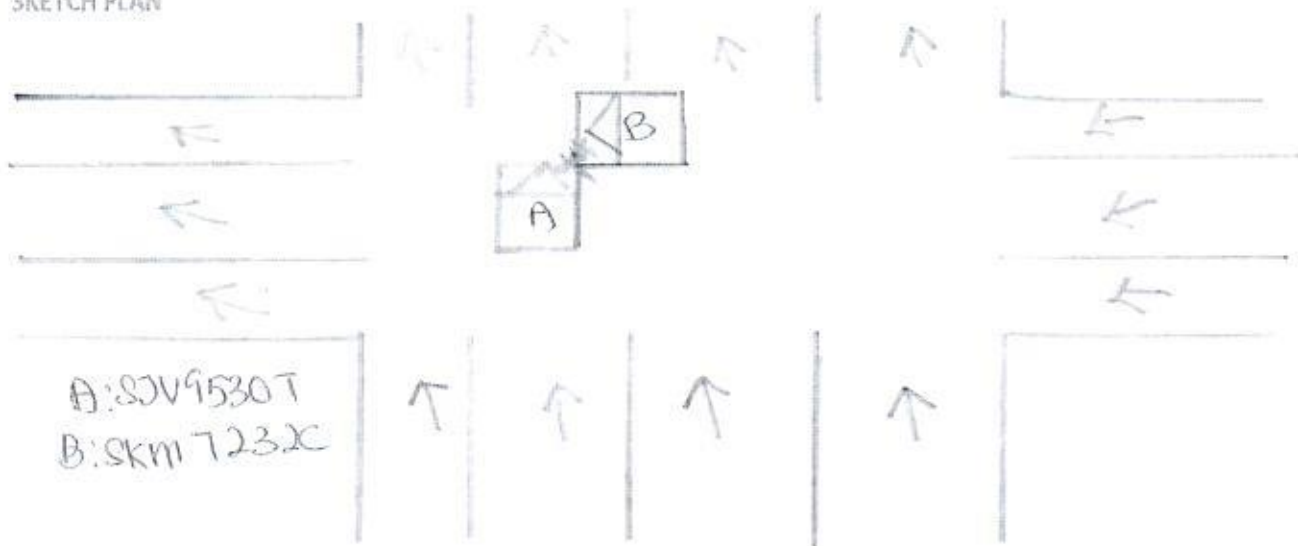
Policyholder's Signature  
Date & Time:



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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attech with Police Report

I was going straight with green light ahead, suddenly vehicle B came out from the right and crashed onto my vehicle.

### DECLARATION

I/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 & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:

**IMPORTANT NOTE:** Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119169330-01 Vehicle Registration No: SJV 9530T  
Name(as shown in NRIC) : KOH CHIEU LIAN NRIC/FIN/Passport No : S1490998B  
(\*Vehicle Driver / ~~Vehicle~~ Owner) (\*) Please delete as appropriate  
Address : Blk 10 Lorong 28 Geylang #06-07 Singapore( 398415 )  
Contact (Tel) : - Mobile No. : 93874666  
Email Address : ENO - Email  
Date of Accident : 23/12/2019 Time of Accident : 1810  
Place of Accident : Between north bridge road and parliament place  
Insurance Company: china fairing

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Error in VGH DETAIL.

A blue ink signature is written on a piece of white paper with horizontal blue lines. The signature is cursive and appears to be 'P. J. ...'. The first part of the signature is a large, sweeping 'P' that extends across the middle of the page. The second part is a smaller 'J' followed by some less distinct cursive letters.

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Parag Shrawa  
NRIC/FIN No.: S9526439F  
Date: 24/12/19



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119169330 Vehicle Registration No: SJV9530T  
Name(as shown in NRIC) : KOH CHIEW LIAN NRIC/FIN/Passport No : S1490998B  
(\*Vehicle Driver / ~~Vehicle~~ Owner) (\*) Please delete as appropriate  
Address : BLK 10 Lorong 28 Geylang #06-07 Singapore( ~~398415~~ )  
Contact (Tel) : 9 - Mobile No. : 93874666  
Email Address : NO email  
Date of Accident : 2<sup>3</sup> / 12 / 2019 Time of Accident : 1810  
Place of Accident : Between North Bridge Road and Parliament Place  
Insurance Company: Chime tai ping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

## WRONG IMAGES

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Parasuram  
NRIC/FIN No.: S9526439E  
Date: 24/12/19



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA119169330-02 Vehicle Registration No: SJV9530F  
Name (as shown in NRIC) : KOH CHIEW LIAN NRIC/FIN/Passport No : SXXXXX998B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 10 LOR 28 GEYLANG HO6-07 Singapore( 398415 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 93874666  
Email Address : \_\_\_\_\_  
Date of Accident : 23/12/19 Time of Accident : 18:10  
Place of Accident : NORTH BRIDGE RD & PARLIAMENT PLACE  
Insurance Company : CHINA TRIPINIA

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND POLICY NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

sfym 27/12/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

## ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 12 / 2019 (DD/MM/YYYY), TIME: 6 08 PM (HH:MM)

LOCATION: Between North Bridge Road and Parliament Place

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJV9530T  
b) INSURANCE COMPANY: China Taiping  
c) POLICY NUMBER: PMHCSNA00000451900  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: Toyota Altis  
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: Hier  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: LA Rentals Pte Ltd (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: CONTACT: 93874666  
C) ADDRESS: 21 Tan Guan Road East #01-16/17  
S 608609

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

### DRIVER

- a) NAME: Koh chiew Lian (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 1490998B CONTACT: 93874666  
c) ADDRESS: Blk 10 Lorong 28 Geylang #06-07  
S 398415

\*d) DATE OF BIRTH: 07 / 11 / 1961 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 40 year

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hier

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO) (NO)

7. a) REPORTED TO POLICE (YES/NO) (YES)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: clw 100 Tony MODEL: Bmw  
b) DRIVER'S NAME: SKM 7232C  
c) NRIC/FIN/PASSPORT: CONTACT: 96674367

### 9. THIRD PARTY VEHICLE

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

Email = from@layauto.com / Joel@layauto.com

fax =

vide.o =





Motor Hire Car

MZ406L/B

E SN

AN0606A

Cov. Type: T

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMHCSNA00000451900

Engine No.: 3ZZ4968394

Cha. No. MR053ZEE106166227

1. Index Mark and Registration Number of Vehicle SJV9530T

2. Name of Policy Holder LA RENTALS PTE LTD

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

Excess Sect. II S\$2,000.00

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

4. Date of Expiry of Insurance 09/12/2020

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.

ANY EMPLOYEE OF THE COMPANY

ANY AUTHORISED HIRER/DRIVER

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. : LAY AUTO PTE 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

## Vehicle Details

Vehicle No.	Make / Model
<b>SJV9530T</b>	<b>TOYOTA / COROLLA ALTIS 1.6 AUTO</b>
Vehicle Type :	Vehicle Attachment 1 :
<b>Z10 - Private Hire (Chauffeur) Motor Car</b>	<b>No Attachment</b>
Vehicle Scheme :	Chassis No. :
<b>Normal</b>	<b>MR053ZEE106166227</b>
Propellant :	Engine No. :
<b>Petrol</b>	<b>3ZZ4968394</b>
Motor No.:	Engine Capacity :
-	<b>1598 cc</b>
Power Rating :	Maximum Power Output :
-	<b>80.0 kW (107 bhp)</b>
Maximum Laden Weight :	Unladen Weight :
<b>1630 kg</b>	<b>1195 kg</b>
Year Of Manufacture :	Original Registration Date :
<b>2009</b>	<b>25 Feb 2010</b>
Lifespan Expiry Date :	COE Category :
-	<b>A - Car (1600cc &amp; below)</b>
Quota Premium :	COE Expiry Date :
<b>\$20,501.00</b>	<b>24 Feb 2020</b>
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
<b>24 Feb 2020</b>	<b>24 Feb 2020</b>
Inspection Due Date :	Intended Transfer Date :
<b>24 Feb 2021</b>	<b>31 Jan 2020</b>
CO2 Emission :	CEV/VES Rebate Utilised Amount :
-	-
CO Emission :	HC Emission :



# 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: LA1109201904

This agreement is made on (Date) 11/9/19 between (Name) LA RENTALS PTE LTD  
(Registration No.) 201838059Z, a company incorporated in Singapore with its  
registered officer at 21 TOH GUAN ROAD EAST #01-16/17 TOH GUAN CENTRE S608609  
(hereinafter called the "OWNER") which expression shall where the context so admits, include the  
successor(s) in title and Koh Chiew Lian after  
called the "HIRER") in respect of the hire of the motor vehicle ("THE VEHICLE") for the period ("THE  
PERIOD") at the rate of the hire rental ("THE RENTAL") set out in the schedule of this agreement ("THE  
SCHEDULE") and upon the terms and conditions stated hereunder.

## SCHEDULE OF AGREEMENT

### 1. PARTICULARS OF THE VEHICLE

- a. Make/Model : Toyota Ahi's
- b. Registration Number : SSV 9530 T
- c. Chassis Number : As per Log card.
- d. Engine Number : As per Log card.



### 2. COMMENCEMENT

- a. Effective Date : 11-9-19
- b. Expiry Date : 10-3-20

### 3. HIRE RENTAL

- a. Security Deposit : \$500/-
  - b. Daily Hire Rates : \$50/-
  - c. Additional Charges : N/A
- FCC 6day Rental at  
End Contract.

### 4. DRIVERS

#### 1<sup>st</sup> Driver

- Name : Koh Chiew Lian
- D.O.B : 7-11-1961
- License No. : S1470998B
- Contact No. : 96971066

SIGNATORY OF HIRER :