NATIONAL Assessment Centre	e Services ( per many)			
Date In: 30 /12/19	Jeb description	Date & Time Completed	Done	by
Ref No NA/CTI19022826/13	SAS e-filing			
Veh No 5JR4672	E-mail (within 8hrs, AIC 2hrs)			
DOA 28/13/19 1030	i-Motor Claim Form			
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD TP (Reporting Only)	i-Photo Uploaded			11111
T'D I	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	LAYSUTO	Tel: Fax		=====
TP Particulars: Veh No:	SKC55772 INC	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Per	iod: ( )	Cover Type: (	)	CE CHILD
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [N	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-100	%]	7197 E. V.
Year of Registration: ( ) W	Varranty: YES ( )/NO (	)	01127	-
Excess: (\$ ) Loading: \$1,00	00 ( )/\$2,000 ( )			
General Remarks:-		ND POLICE CONTROL OF THE PARTY		
( ) Walk-In Customer: Customer's inform	mation strictly Confidential & S	trictly NO rafer of renairer		
( ) Total Loss Case : to e-mail Insure		mony tro total di topononi		
		Payring Co. (		
Drive-In ( )/ Towed-In ( ); Invoice:	YES ( ) / NO ( ) ;	Towing 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	( )			Bi cara de c
3) Upload Resurvey Photo [Repair Cost > \$30	000] ( )	<del>                                     </del>		
Injury:				
Date/Time Actions				A CONTRACT
				-
		7 12 V		
			Anit (\$)	Amt
NA2000299	Invoice Pro	eparation Checklist	1st Bill	
laimant's Particulars :-		it Reporting (\$30);		1 5
river/Owner:				1 5
4) FT : Follow-Through Survey		e Assessment (\$100); INC (\$80) Fee \$40/\$4	100	1
	2) DA : Damage 3) TF : Towing 4) FT : Fellow-	e Assessment (\$100); INC (\$80) Fee \$40/\$4 Through Survey \$12	0	3 3
ontact No:	2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow-	e Assessment (\$100); INC (\$80) Fee \$40/\$4	0	3 3
	2) DA : Damag 3) TF : Towing 4) FT : Fellow- 5) FT : Fellow- For claiming 6) TR : Re-insp	e Assessment (\$100); INC (\$80)  Fee \$40/\$4  Through Survey \$12  Through Survey (Resurvey) \$3  against INC Only (wef 10 Jan 2005)  action \$7	0	3 3
	2) DA : Damag 3) TF : Towing 4) FT : Fellow- 5) FT : Fellow- For claiming 6) TR : Re-insp	Assessment (\$100); INC (\$80)	0	3 3
amaged Portion:	2) DA : Damag  3) TF : Towing  4) FT : Follow-  5) FT : Follow-  For claiming  6) TR : Re-insp  7) N1 : Idac DA  8) NTUC Addit  OD*	Assessment (\$100); INC (\$80)	5	3 3
amaged Portion:	2) DA : Damag  3) TF : Towing  4) FT : Follow-  5) FT : Follow-  For claiming  6) TR : Re-insp  7) N1 : Idac DA  8) NTUC Addit  OD*  *N5: Courtes	Assessment (\$100); INC (\$80)	5 0	3 3
amaged Portion: C Checked by (Engr-In-Charge):	2) DA: Damag  3) TF: Towing  4) FT: Follow-  5) FT: Follow-  For claiming  6) TR: Re-insp  7) N1: Idae DA  8) NTUC Addit  OD*  *N5: Courtes  *N6: Repair  *N7: Fost Re	Assessment (\$100); INC (\$80)	0 0 5 0 0	3 3
amaged Portion:  C Checked by (Engr-In-Charge):  uditors' Comments :-	2) DA: Damag  3) TF: Towing  4) FT: Follow-  5) FT: Follow-  For claiming  6) TR: Re-insp  7) N1: Idac DA  8) NTUC Addit  OD*  *N5: Courtes  *N6: Repair  *N7: Fost Re  *N8: DV / Co	E Assessment (\$100); INC (\$80)	0 0 5 0 0 5 5 0 0 5 5 5	Add E
amaged Portion:  C Checked by (Engr-In-Charge):  uditors' Comments :-	2) DA: Damag  3) TF: Towing  4) FT: Follow-  5) FT: Follow-  For claiming  6) TR: Re-insp  7) N1: Idac DA  8) NTUC Addit  OD*  *N5: Courtes  *N6: Repair  *N7: Fost Re  *N8: DV / Co	Assessment (\$100); INC (\$80)	0 0 5 0 0 5 5 0 0 5 5 5 0	Add E
ontact No: amaged Portion: C Checked by (Engr-In-Charge): cuditors' Comments :- at. 1:	2) DA: Damag  3) TF: Towing  4) FT: Follow-  5) FT: Follow-  For claiming  6) TR: Re-insp  7) N1: Idac DA  8) NTUC Addit  OD*  *N5: Courtes  *N6: Repair  *N7: Fost Re  *N8: DV / Courtes  TP (N11): T	Assessment (\$100); INC (\$80)	0 0 5 0 0 5 5 0 0 5 5 5 0	3 3

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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.

 CC	:IDI	ΕNΤ	SI	ΑТ	EΜ	ΕŃ	т
	_		_	,	1		

 Date Of Report
 30/12/2019 16:44

 Date Of Accident
 28/12/2019 10:30

Exact Location Of Accident CTE B4 EXIT 11 TWDS CITY

Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR467Z

Insured/Policyholder

Name Of Registered Owner LA RENTALS PTE LTD

Co Reg No 2XXXXX059Z

Email Address JOEL@LAYOUTO.COM

Mobile Phone No

Alternative Phone No OFFICE-93874666

Vehicle Particulars

Manufacturer TOYOTA

Model ALTIS

Exact Purpose for which vehicle was being used at GRAB

time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY

Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number DMHCSNA00000451900

Cover Note Number

Driver

 Name of Driver
 KEE HAI WHATT

 NRIC No
 SXXXX088G

 Date Of Birth
 17/03/1958

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/01/1978

Driving Experience 41 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-99999999

Fax Number Contact Number

EMail Address NOEMAIL

233 PAYA LEBAR ROAD Address

#11-05

409044 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR 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

3

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

YES NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

FEMALE

**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

PLS REFER TO THE ATTACHED STATEMENT.

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

SKC5577Z BMW

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 17

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SML6886D

HYUNDAI ACCENT

PRIVATE CAR

#### 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.
- 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.
- 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.
- 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.
- 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:
  - 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 underlany regulations, laws or court orders.

Policyholder's Senature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

30/12/19

Name:

NRIC/FIN No .:

sketch Plan		CTE-	towards City	
	7			550487Z
	7			B-SKC55777 - (-SMLG886D
	<del>-</del>			_
	7	ADB	> =>	
DESCRIBE CIRCUMSTANC			to so di Cotsu	Co B
jamusel bu	ite intent	of me, I	towards City,	on time
and bang	against a	ar B		
		1		
DECLARATION OF THE PROPERTY OF	articulars are true in e	very respect.	Lyn	30/12/19
Policyholder's Signature Date & Time:		not the policyholder)	Reporting Centre P Name:	ersonnel's Signature
	Date & Tim	e:	NRIC/FIN No.:	

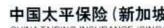
# ACCIDENT STATEMENT

ACCIDENT DATE: 28/		(MM:HH) (0 :30)	
LOCATION:CE	before EXH	f 1), towards City	
cjPOUCY NUMBE djPOUCY TYPE: (4 e)MAKE & MODEI fjTYPE: (5)LOON / gjVEHICLE CATEO hjPURPOSE OF US i)ARE YOU CLAIM IF NO, PLEASE ST. 2. INSURED / POUCY A]NAME: LA C b]NRIC/FIN/PASSE	COMPREHENSIVE / THIRD P. COMPREHENSIVE / THIRD P. COUPE / MPV /V AN / LOR COUPE / MPV /V AN / LOR CORY: (PRIVATE / COMME) ING AT ACCIDENT TIME: NG UNDER YOUP OWN INS ATE (THIRD PARTY CLAIM /	CONTACT: 9387 4606	
CIncluding driver DRIVER  (Including driver)  (2)  (3)  (4)  (5)  (5)  (6)  (7)  (7)  (8)  (8)  (8)  (9)  (9)  (1)  (1)  (1)  (1)  (1)  (1	A Paya Fewar R  17 3 /958 (DD  INDOOR / OUTDOOR)  G EXPRERIENCE: A 1 YE  EMPLOYEE OF THE INSUIT  SHIP OF THE DRIVER WI  ORY / WET / OTHERS  DUCE (YES / NO)	(MALE / FEMALE)  CONTACT:  ON HOLO SPOYE HO  D/MM/YYYY)  POUL  RED'S COMPANY? (YES / NO)  ITH INSURED: HOLO O O O O O O	19044
8. THIRD PARTY VEHIC	ATE WHICH POLICE STATION	WODEL: BMW	
c) NRIC/FIN/PASS	E:	CONTACT;	
d) VEHICLE NUMB	ER: 5(1) - 60 000	MODEL Hyundai Acce	nt.
I will tasy strate ) n NRIC/FIN/PASS	PORT:	CONTACT:	

email =

fax =

VIDEO =



中国太平保险 (新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Hire Car

MZ406L/B

Е SN

AN0606A

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)

Cov. Type:T

CERTIFICATE No.

DMHCSNA00000451900

Engine No.: 3ZZ4893558 Cha. No.:MR053ZEE106146436

Index Mark and Registration

SJR467Z

Number of Vehicle

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). S\$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:

(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.

(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 Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

Authorised Officer

★3 Anson Road #16-00 Springleaf Tower Singapore 079909

©6389 6111

₱6222 1033

www.sg.cntaiping.com



### Vehicle Details

CO Emission:

Vehicle No. Make / Model TOYOTA / COROLLA ALTIS 1.6 AUTO SJR467Z Vehicle Attachment 1: Vehicle Type: Z10 - Private Hire (Chauffeur) Motor Car No Attachment MR053ZEE106146436 Normal Propellant: Engine No.: 3ZZ4893558 Petrol Motor No.: Engine Capacity: 1598 cc Power Rating: Maximum Power Output: 80.0 kW (107 bhp) Maximum Laden Weight: Unladen Weight: 1630 kg 1195 kg Original Registration Date: Year Of Manufacture: 2009 05 Jun 2009 Lifespan Expiry Date: COE Category: A - Car (1600cc & below) POP Paid: COE Expiry Date: 04 Jun 2024 \$14,920.00 Road Tax Expiry Date: PARF Eligibility Expiry Date: 04 Jun 2020 Intended Transfer Date: Inspection Due Date: 04 Jun 2020 31 Mar 2020 CO2 Emission: CEV/VES Rebate Utilised Amount:

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 A	greement Number: LA23 1220 FTO 1
ر(Regist registere	reement is made on (Date) 3 /2 /9 between (Name) LA RENTALS PTE LTD ration No.) 201838059Z , a company incorporated in Singapore with its ed officer at 21 TOH GUAN ROAD EAST #01-16/17 TOH GUAN CENTRE S608609 nafter called the "OWNER") which expression shall where the context so admits, include the
successo	or(s) in title and Kee Hat What the after
called th	ne "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
SCHEDO	LE") and upon the terms and conditions stated hereunder.
SCHEDU	LE OF AGREEMENT
1.	PARTICULARS OF THE VEHICLE
a. i	Make/Model : TOYOTA AHAS
	Registration Number : STRA672
	Chassis Number : SSP Dev Lo Cool
G. 1	Chassis Number: SIRAGT 2 Engine Number: AS Per Los Corol
2. (	COMMENCEMENT
	Effective Date : 23 - (2 - (5)
b. (	Expiry Date : 22 - 6 - 20 11/15
3. 1	HIRE RENTAL
	Security Deposit \$500  -
	Daily Hire Rates : \$\ddot\{8\}-
c. 4	Additional Charges NT
4 1	DRIVERS
127 (2)	river.
Ham	kee Har Whatt
0.04	3 17-3-1958
Licen	se No. : 8129 30 889 A
Conta	act No. : 9632 3+23
	SIGNATORY OF HIRER:

CONTRACTOR OF THE PROPERTY OF