

Date In: 8/21/20 14:50	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAL 07220002209/64	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SMJ 8368E	I-Motor Claim Form		
IP: 7/2/20 05:50	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
<input checked="" type="checkbox"/> IP Reporting Only	I-Photo Uploaded		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wkst		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

IP Particulars: Vch No: SG 1017J. 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:	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:

Claimant's Particulars:	Invoice Description	Amount (\$)	Amount (\$)
MA 200 1229	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bugs-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (w/c 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NI: Post Repair Inspection \$25		
	*NR: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non-INC) against INC \$20		
	9) N12: Idas Mobile \$0		
	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	08/02/2020 14:50
Date Of Accident	07/02/2020 05:50
Exact Location Of Accident	PASIR RIS DR 6 CROSS JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ8368E
Insured/Policyholder	
Name Of Registered Owner	LA RENTALS PTE LTD
Co Reg No	2XXXXX059Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93874666

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID 1.5G AUTO
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00000481900
Cover Note Number	

Driver

Name of Driver	NG SZE CHONG(HUANG SHIZHONG)
NRIC No	SXXXX915E
Date Of Birth	18/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2005
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93889024
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 429 PASIR RIS DR 6 #08-09
Postcode	510429
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 - CROSS JUNCTION
Weather Conditions	CLEAR
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?	
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 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	SG1017J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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



Pauv Ris Drive G

A - SM2836RE
B - SG1017J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning right to Pauv Ris Drive G, the traffic light showed green light. Suddenly vehicle B crashed onto my vehicle at the traffic Junction. My vehicle was damaged due to this collision.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 07/02/2020 (DD/MM/YYYY), TIME: 05.50 (HH:MM)

LOCATION: Pasir Ris Dr. 6 cross junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMTJ 8368 E
b) INSURANCE COMPANY: China Tai Ping
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Civic hybrid
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Going home
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / 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: 201820592 CONTACT: 93874666
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG SZE CHON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: J7920915/E CONTACT: 93889024
c) ADDRESS: Blk 429 Pasir Ris Dr. 6 #08-09
5(510429)

*d) DATE OF BIRTH: 18/07/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner/Driver

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SG 107J MODEL: Bus
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 68126439

9. THIRD PARTY VEHICLE

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

No. of passengers
(including driver)
(1)

No. of passengers
(including driver)

No. of passengers
(including driver)

Email = joel@layauto.com
fax = _____
VIDE.O = NO. 93874666

Motor Hire Car

MZ406L/B

N SN

AN0606A

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. DMHCSNA00000481900

Engine No.: LEB5621336

Cha. No.:GB71084068

1. Index Mark and Registration
Number of Vehicle

SMJ8368E

AUTOSAFE

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 I . S\$2,000.00

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

Excess Sect. II S\$2,000.00

4. Date of Expiry of Insurance

09/12/2020

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

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.

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. : SING INVESTMENTS & FINANCE LTD AS HP OWNER

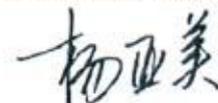
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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

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: LA22031908

This agreement is made on (Date) 22/03/19 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 Ng Sze Chong 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 : Honda Freed Hybrid.
- b. Registration Number : SMJ8368E
- c. Chassis Number : AS per logcard
- d. Engine Number : AS per logcard



2. COMMENCEMENT

- a. Effective Date : 22/03/2019 (1 year)
- b. Expiry Date : 22/03/2020

3. HIRE RENTAL

- a. Security Deposit : \$1000/-
- b. Daily Hire Rates : \$82/-
- c. Additional Charges : NIL

FOC 7 days Rental End of Contract

4. DRIVERS

1st Driver

- Name : Ng Sze Chong
- D.O.B : 18/07/1979
- License No. : S7920915E
- Contact No. : 9388 9024

SIGNATORY OF HIRER :