

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA2003591

Date In: 19/12-14:34	Job description	Date & Time Completed	Done by
Ref No: NA/C73 2004/12/14	SAS e-filing		
Veh No: 5JH4887	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 16/12-08:50	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: JMA45853	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:- (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

NA2003591	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add'l Bill
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	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	17/03/2020 14:34
Date Of Accident	16/03/2020 08:50
Exact Location Of Accident	MANDAI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4808T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LA RENTALS PTE LTD
Co Reg No	2XXXXX059Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93874666
Alternative Phone No	OFFICE-93874666

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	MOHAMED FADDLI BIN AHMAD
NRIC No	SXXXX346H
Date Of Birth	19/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1998
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97480871
Fax Number	
Contact Number	OFFICE-97480871
EEmail Address	NOEMAIL

Address	BLK 705 CHOA CHU KANG STREET 53 #04-90
Postcode	680705
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	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?	YES
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)	2
Passenger 1	NAME: : - 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

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	SMQ4585J
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOW YEN PING JENNICIA
NRIC/Passport Number	SXXXX546H
Contact Number	97817693
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MOHAMED FADDLI BIN AHMAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJN4808T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## 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:

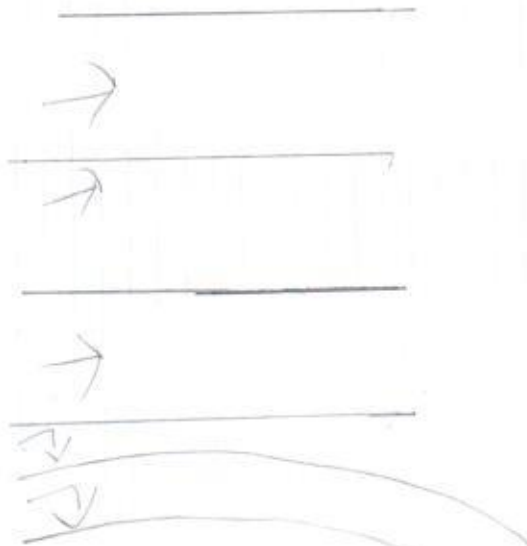
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



Mandal Ave

A-SJNH087  
B-SM048557

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary due to heavy traffic in front, suddenly vehicle B hit against the rear left of my vehicle, causing damage to the rear left of 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 03 / 2020 (DD/MM/YYYY), TIME: @ 8.50 am (HH:MM)

LOCATION: MANDAI ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 4808T  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY  
 e) MAKE & MODEL: Toyota Agya  
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SEDAN  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) PRIVATE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Hire  
 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: 201835059Z CONTACT: 9387 4666  
 c) ADDRESS: 21 Tan Guan Road East #01-16/A

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

## DRIVER

- a) NAME: MOHD FADLI BIN AHMAD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1677346 H CONTACT: 97480871  
 c) ADDRESS: B/K 705 Chai Chu Kang St 53  
#04-90  
 d) DATE OF BIRTH: 19 / 08 / 1964 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR) OUTDOOR  
 f) YEARS OF DRIVING EXPERIENCE: 21 years  
 g) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner / Driver  
 h) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) OTHERS  
 i) ROAD SURFACE: (DRY / WET / OTHERS) OTHERS  
 j) WAS ANYBODY INJURED (YES / NO) YES  
 k) REPORTED TO POLICE (YES / NO) YES  
 IF YES, PLEASE STATE WHICH POLICE STATION:

## 3. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMQ4585J MODEL: Mercedes  
 b) DRIVER'S NAME: Chowden Ping Jennica  
 c) NRIC/FIN/PASSPORT: S7103546H CONTACT: 97817693

## 4. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email =

fax =

video =

joel @ lay auto . com  
 9387 4666

Got Injury

driver only

verify Already

No of passengers  
 (including driver)  
(2)  
 Female ~~Driver~~  
 Passenger

No of passengers  
 (including driver)

No of passengers  
 (including driver)

**LIFELINE NEIGHBOURHOOD MEDICAL CLINIC PTE LTD** **RECEIPT**  
 BLK 280, BUKIT BATOK EAST AVE. 3  
 #01-333, SINGAPORE 650280  
 TEL : 6567 8316

No. 67224

Date 17/3/20

Received from Mohd Fudli bin Ahmad

the sum of Dollar Thirty, eight only  
 being payment for Medication & Consultation fee.

\$ 38/-

**LIFELINE MEDICAL GROUP**

B No. 58603

- |  |  |
|--|--|
| <input type="checkbox"/> LIFELINE BISHAN MEDICAL CLINIC<br>BLK 501, BISHAN STREET 11, #01-376, SINGAPORE 570501. TEL: 6259 8969                          | <input type="checkbox"/> DR. GOR MING KIONG<br>MBBS (Singapore)                            |
| <input type="checkbox"/> LIFELINE BUKIT PANJANG MEDICAL CLINIC<br>BLK 103, GANGSA ROAD, #01-37, SINGAPORE 670103. TEL: 6760 5788                         | <input type="checkbox"/> DR. ALAN CHIN<br>MBBS (Singapore)<br>M Med (Family Medicine)      |
| <input type="checkbox"/> LIFELINE MEDICAL GROUP<br>BLK 118, RIVERVALE DRIVE, #02-18, SINGAPORE 540118. TEL: 6881 2392                                    | <input type="checkbox"/> DR. GOR YANN PHO<br>MBBS (UK)<br>M Med (Family Medicine)          |
| <input type="checkbox"/> LIFELINE AESTHETICS & LASER CENTRE<br>BLK 118, RIVERVALE DRIVE, #02-19, SINGAPORE 540118. TEL: 6881 6898                        | <input type="checkbox"/> DR. BEINDA AMI WUONWORTH<br>MBBS (Singapore)                      |
| <input checked="" type="checkbox"/> LIFELINE NEIGHBOURHOOD MEDICAL CLINIC<br>BLK 280, BUKIT BATOK EAST AVE. 3, #01-333, SINGAPORE 650280. TEL: 6567 8316 | <input type="checkbox"/> DR. BERNARD CHEDKIG<br>MBBS (Singapore)                           |
| <input type="checkbox"/> LIFELINE PUNGGOL MEDICAL CLINIC<br>BLK 198, PUNGGOL FIELD, #02-03, SINGAPORE 620198. TEL: 6315 5428                             | <input type="checkbox"/> DR. WONG MUN CHONG<br>MBBS (Singapore)<br>M Med (Family Medicine) |
| <input type="checkbox"/> LIFELINE YISHUN RING MEDICAL CLINIC<br>BLK 946, YISHUN RING ROAD, #01-5613, SINGAPORE 760846. TEL: 6752 2017                    | <input type="checkbox"/> DR. WONG CHEE HONG<br>MBBS (Singapore)                            |

Name :

Mohd Fudli bin Ahmad

This is to certify that the ~~apovenamge~~ patient is unfit for duty from 17/3/20 to 18/3/20, two day/s, inclusive of today.

☐ Time in : ✓ Time out : —

☐ Remarks : —

Date 17/3/20

DR Bernard Chedkig (M.B.B.S. Singapore)  
 DOCTOR CHES-02198D



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, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00000451900

Engine No.: 3ZZ4816269

Cha. No.:MR053ZEE106125255

1. Index Mark and Registration  
Number of Vehicle

SJN4808T

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.: 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