

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA12 0042242

Date In: 15/04/2020 16:40	Job description	Date & Time Completed	Done by
Ref No: NA/CT120005224/F	SAS e-filing		
Veh No: SJNA808T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 14/04/2020 1800	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: PC 683TH 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA 2002607	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		Int. Bill	Add. Bill
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)			
Dat. 1:	6) TR: Re-inspection \$75			
Dat. 2 / 3:	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1*			
	*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: Idao 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	15/04/2020 16:40
Date Of Accident	14/04/2020 18:00
Exact Location Of Accident	UPPER JURONG ROAD/PIONEER RD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4808T
Insured/Policyholder	
Name Of Registered Owner	LA RENTALS PTE LTD
Co Reg No	2XXXXX059Z
Email Address	JOEL@LAYAUTO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93874666

Vehicle Particulars

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	THIRD PARTY
Vehicle Category	PRIVATE CAR

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	SIT ENG SENG
NRIC No	SXXXX231C
Date Of Birth	07/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	29/04/1976
Driving Experience	43 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97569281
Fax Number	
Contact Number	
EMail Address	JOEL@LAYAUTO.COM

Address	BLK 646 JURONG WEST STREET 61 #04-148
Postcode	640646
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)	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	PC6837H
Vehicle Make/Model/Colour	YUTONG BUS
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SIT ENG SENG
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & SHOULDER

SJN4808T

YES

NO

SKETCH PLAN

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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.

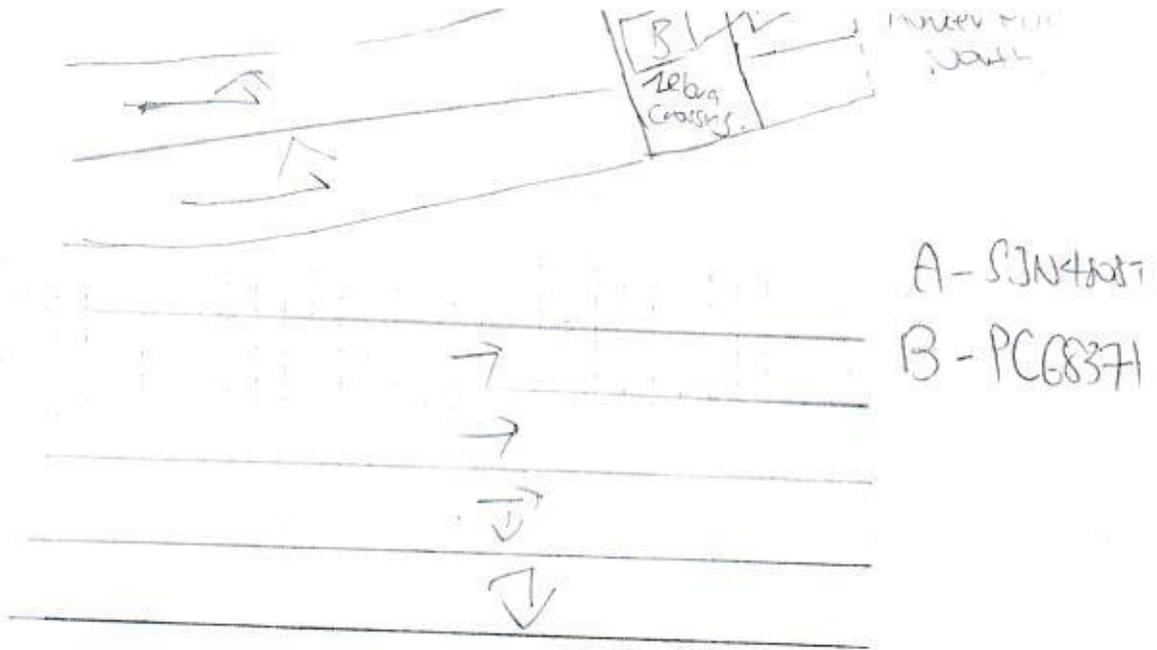


Policyholder's Signature
Date & Time:

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

I was stationary while waiting for traffic to clear, suddenly vehicle B hit against my rear of my vehicle, causing damage to the rear 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.:

ORIGINAL

ENDORSEMENT

Page 10

Issued on 13/12/2019 in

Policy No.:

DMHCSNA00000451900

apply to the within mentioned Policy:-

1. Vehicle is to be used for rental to hirers for Uber/Limousine/Grabcar or own personal use. (LTA Vehicle Type: Z10, Z11, R10 or R11)
2. In the event of claims, the Insured must submit hirer's rental contract and hirer's NRIC and Driving Licence.
3. Section II Excess will be increased to \$6,000 if the hirer is less than 22 years old or possess less than 18 months driving experience. Age shall be based on the actual age on the date of accident. If hirer is a foreigner, driving experience shall be based on License obtained from the Country of Origin.
4. There is no waiver of excess for this fleet.
5. This account is subject to half-yearly review. Should there be a significant deterioration in claim experience, we reserve our right to revise our terms and quotation.

Subject otherwise to the terms, exceptions and conditions of the Policy.

Risk No.13	Motor Hire Car		
Make/Model	: Toyota Corolla Altis 1.6 (A)	No. of seats	: 5
Registration	: SJN4808T	Body Type	: Saloon
Engine No.	: 3ZZ4816269	Capacity cc's	: 1598
Chassis No.	: MR0532EE106125255	Certificate Ref.	: M2406L/B
Year of Manuf/Regn	: 2008/2009		
Type of Cover	: Third Party		
Financial Interest	: SING INVESTMENTS & FINANCE LTD AS HP OWNER		

Excess Sect. II	: S\$2,000.00
Excess Sect.II (Outside Singapore).	: S\$4,000.00
Named Drivers	: ANY EMPLOYEE OF THE COMPANY
Named Drivers	: ANY AUTHORISED HIRER/DRIVER

MEMORANDUM - TERMS AND CONDITIONS:

It is hereby declared and agreed that the following terms and conditions apply to the within mentioned Policy:-

1. Vehicle is to be used for rental to hirers for Uber/Limousine/Grabcar or own personal use. (LTA Vehicle Type: Z10, Z11, R10 or R11)
2. In the event of claims, the Insured must submit hirer's rental contract and hirer's NRIC and Driving Licence.
3. Section II Excess will be increased to \$6,000 if the hirer is less than 22 years old or possess less than 18 months driving experience. Age shall be based on the actual age on the date

Continued on page 11

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 4 / 20 (DD/MM/YYYY) TIME: 18 00 (HH:MM)
LOCATION: Upper Jurong Road / Pioneer Rd North.

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SJN 4808 T
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER:
d) FOLD TYPE (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota A112
f) TYPE (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: On the way back home.
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
j) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

A) NAME: IA Rentals Pte Ltd (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 201838592 CONTACT: 93874666
C) ADDRESS: 21 Tan Guan Road East #01-16/17

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: P.T Eng Jeng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1102231 C CONTACT: 93560281
c) ADDRESS: 64b Jurong West St. 61 #01-148

(d) DATE OF BIRTH: 07 / 03 / 1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 44

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

h) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

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

j) WAS ANYBODY INJURED (YES / NO)

k) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

3. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: PC 6837 H MODEL: Mitsubishi Bus

b) DRIVER'S NAME: Norman Bin Yusoff

c) NRIC/FIN/PASSPORT: S70320167 CONTACT:

4. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

Both of passengers (including driver) (1)

1st party vehicle

2nd party vehicle

3rd party vehicle

Email = Joel@layauto.com
Fax =
Video =

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 : LA24032002

This agreement is made on (Date) 24/03/20 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 Xue Cheng To 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 Hilux 1.6A
- b. Registration Number : SJN4808T
- c. Chassis Number :
- d. Engine Number : As per log card

2. COMMENCEMENT

- a. Effective Date : 25/03/20
- b. Expiry Date : 29/04/20

3. HIRE RENTAL

- a. Security Deposit : \$500/- N-01718 @ 24/3/20 \$250/-
- b. Daily Hire Rates : \$50/- T-01720 @ 25/3/20 \$250/-
- c. Additional Charges : NIL

4. DRIVERS

1st Driver

- Name : Sit Eng Beng
- D.O.B : 07/03/1956
- License No. : S1162231C
- Contact No. : 9756 9281

SIGNATORY OF HIRER : _____