

NATIONAL Assessment Centre Services. [part 1 Jan 09]

Date In: 24/06/20	Job description	Date & Time Completed	Done by
Ref No NA/CFI20006632/13	SAS e-filing		
Veh No SLJ46354	E-mail (within 3hrs, AIG 2hrs)		
ICLA 23/06/20 1430	I-Motor Claims Forum		
OT - <input checked="" type="radio"/> TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wks)		

Preferred Wksp / INC Assgn Wksp / QW: ( ) Tol: ( ) Fax: ( )

TP Particulars: Veh No: **GBB408Z** 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: ( )

Comments: (INC/Non-INC/OT/TP)	Date 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	Action

NA2002338	Invoice Description	Amount	Balance
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bgr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claimant's use only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q12:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Casual Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idas Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

NA2002338

## 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	24/06/2020 15:29
Date Of Accident	23/06/2020 14:30
Exact Location Of Accident	TOH GUAN FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ4635Y
<b>Insured/Policyholder</b>	
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	AXIO
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00000481900
Cover Note Number	

### Driver

Name of Driver	DAUD MOHAMED BIN HAJI OMAR
NRIC No	SXXXX524H
Date Of Birth	16/11/1955
Occupation	OUTDOOR
Date Of Driving Pass	08/09/1977
Driving Experience	42 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97412826
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 119 SIMEI STREET 1 #04-514
Postcode	520119
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	SIDE SWIPE
Weather Conditions	AFTER RAIN
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?	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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200623/2114

#### 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	GBB408Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANG ZI JIAN

NRIC/Passport Number SXXX639F  
Contact Number 96432322  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name DAUD MOHAMED BIN HAJI OMAR  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLJ4635Y  
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.

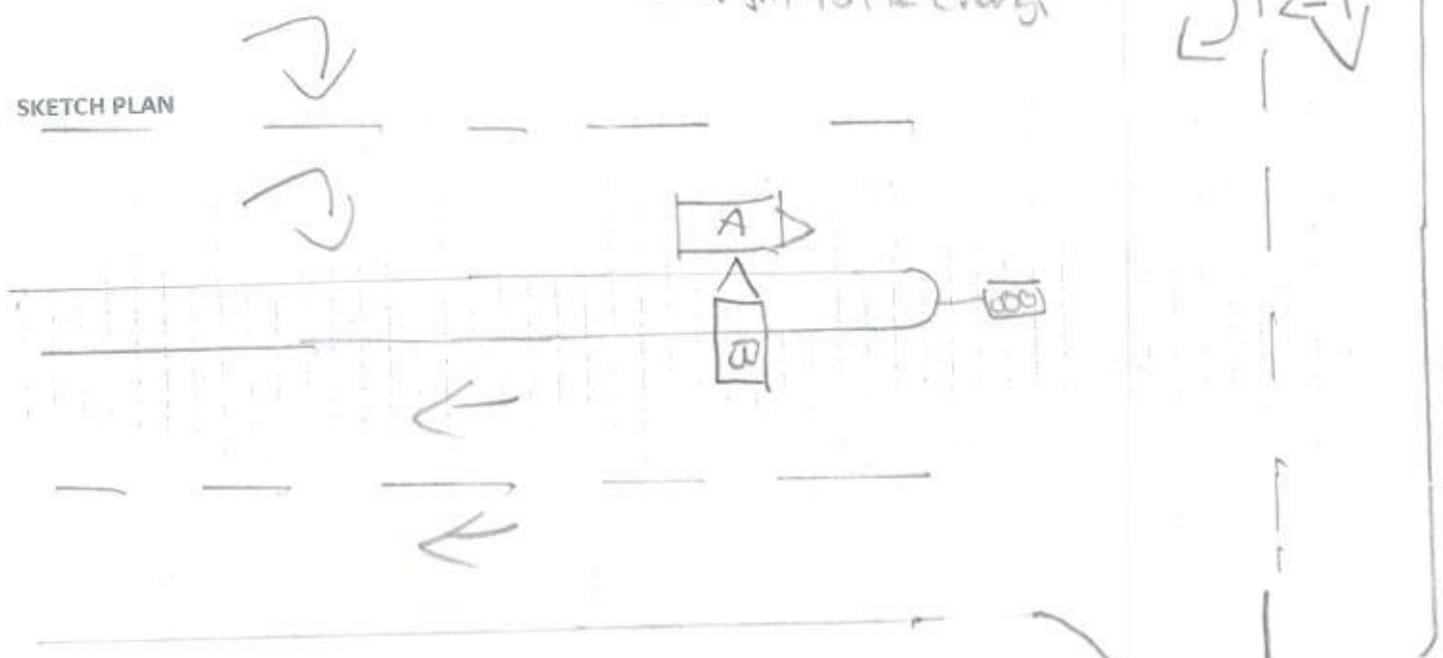
Policyholder's Signature  
Date & Time:

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

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

Turn right to PIE charge

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

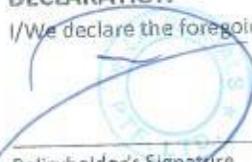
I was stationary while waiting for traffic <sup>light</sup> to turn green. Suddenly vehicle B from the opposite direction, moved onto the divider and hit against the side of my vehicle, causing damage to my vehicle.

A - SLJ46354

B - GBB4082

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:

 24/06/20  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20200623/2114

1 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20200623/2114

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/06/2020 22:26	Vide Report No.:	Station Diary No.: 50
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**Informant's Particulars**

Name of Informant: DAUD MOHAMED BIN HAJI OMAR		Address: APT BLK 119 SIMEI STREET 1 #04-514 SINGAPORE 520119	
ID Type / ID No.: NRIC NO / S1217524H		Contact No.: Home/Office:	Mobile: 97412826
Nationality: SINGAPORE CITIZEN		Email: syazlynn1234@gmail.com	
Sex: Male	Age: 64	Date of Birth: 16/11/1955	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2020 14:30	Type of Location: Flyover
Location: Along Road 1 TOH GUAN ROAD				
Incident happened at Toh Guan Flyover traffic light junction.				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: between stationary and moving vehicle - head to side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB408Z	Lorry	NISSAN	CABSTAR	Silver		0
SLJ4635Y	Car	TOYOTA	COROLLA AXIO	Black	Seriously Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ4635Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			



Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

2 of 3  
Report No. T/20200623/2114

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Ang Zi Jian	ID No.	S8437639F
Related Vehicle	GBB408Z (Lorry)	Contact No.	96432322
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	DAUD MOHAMED BIN HAJI OMAR	ID No.	S1217524H
Related Vehicle	SLJ4635Y (Car)	Contact No.	97412826
Hospital/Clinic	SIMEI CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	23/06/2020	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 23/06/2020 at 1430hrs while I was waiting at the traffic light at Toh Guan Flyover to head towards PIE (Changi) a lorry hit me on my right side. I have 2 passengers with me and both of them were sitting at the back. I went to check on my passenger and they had no injuries. I felt a little giddy. I then got the particulars of the lorry driver. From there, I drove back to the previous location where I pick up the 2 passenger as they decided not to head to their intended location. I then drove to my rental company to inform them on the incident. I went to Simei clinic at 2030hrs to inform him of my headache, knee pain and stiff neck and got 4 days MC. I am lodging this report for record purpose.



**SINGAPORE  
POLICE FORCE**



T/20200623/2114

3 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20200623/2114

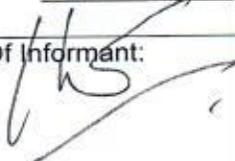
**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Insp KHALIF ADAM MALIK TIMBOEL MANIK
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Signature Of Informant: 
Date/Time: 23/06/2020 22:26
Classification Of Case:

Authentication Stamp  
NP168



ACCIDENT STATEMENT

ACCIDENT DATE: 3/06/20 (DD/MM/YYYY) TIME: 2:30 PM (HH:MM)

LOCATION: Tan Guan Flyover.

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLJ46354.
b) INSURANCE COMPANY: China Taiping.
c) POLICY NUMBER:
d) POLICY TYPE (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT):
e) MAKE & MODEL: Toyota Axio 1.5A.
f) TYPE (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS):
g) VEHICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE):
h) PURPOSE OF USING AT ACCIDENT TIME: Grab.
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: LA Rentals Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201838059Z CONTACT: 93744666
c) ADDRESS: 21 Tan Guan Rd East #4-16/17

\* CONTINUE TO 3. IF DRIVER ALSO POLICY HOLDER

DRIVER
a) NAME: DAUD MOHAMMED BIN HASI OMAR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1217524/11 CONTACT: 97412826
c) ADDRESS: BLK 119 SIMEI ST1 #04-514

a) DATE OF BIRTH: 16/11/1955 (DD/MM/YYYY)

b) OCCUPATION: (INDOOR / OUTDOOR)

c) YEARS OF DRIVING EXPERIENCE: 30+

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

e) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Wet Road after rain.

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

g) WAS ANYBODY INJURED (YES / NO)

h) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

3. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBB4082 MODEL:

b) DRIVER'S NAME: Ang Zi Jun.

c) NRIC/FIN/PASSPORT: S0432639E CONTACT: 96432322

4. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

Witnesses (including driver)

Witnesses

SMILE =
FAX =
VIDEO =

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)

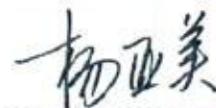
CERTIFICATE No.	DMHCSNA00000481900	Engine No.: 2NR8652702	
		Cha. No.: NRE1610020102	
1. Index Mark and Registration Number of Vehicle	SLJ4635Y	AUTOSAFE	*****
2. Name of Policy Holder	LA RENTALS PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment.	10/12/2019	Excess Sect. I .	SS2,000.00
		Excess Sect. I (Outside Singapore)	SS4,000.00
		Excess Sect. II	SS2,000.00
4. Date of Expiry of Insurance	09/12/2020	Excess Sect. II (Outside Singapore).	SS4,000.00
		EX ON WINDSCREEN .	SS100.00
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. : SWEE SENG CREDIT 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

# 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

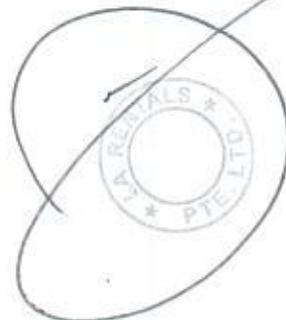
Rental Agreement Number: LA01042001

This agreement is made on (Date) 01/04/20 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 David Mohamed Bin Haji Omar 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 Axio 1.5A  
b. Registration Number : SLJ46354  
c. Chassis Number :  
d. Engine Number : As per log card.



### 2. COMMENCEMENT

- a. Effective Date : 01/04/20  
b. Expiry Date : 01/07/20 (3 months)

### 3. HIRE RENTAL

- a. Security Deposit : \$500/-  
b. Daily Hire Rates : \$55/-  
c. Additional Charges : NIL

### 4. DRIVERS

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

- Name : David Mohamed Bin Haji Omar  
D.O.B : 16/11/1955  
License No. : S121752414  
Contact No. : 9741 2826 / 9670 9667 (Rui's)

SIGNATORY OF HIRER : [Signature]