

NATIONAL Assessment Centre Services: (Part 1 Jan 05) MMA 1200 54509

Date In: 25/6/20 17:01	Job description	Date & Time Completed	Done by
Ref No: MA1 C72 2000 6698/64	SAS e-filing		
Veh No: SKN 4852C	E-mail (within 2hrs, AIC 2hrs)		
TEFA: 25/6/20 08:55	I-Motor Claim Form		
OP: IP? Repairing 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/Whsp		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: SMD 4452C	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 repolier.

() 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	Action:

<p>MA2003378</p> <p>Customer's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engi-In-Charge):</p> <p>Auditors' Comments:</p> <p>Tel: 11</p> <p>Fax: 11</p>	Invoice Preparation Checklist		Am't (\$)	PAID (\$)
	1) AIR: Accident Reporting (\$30);		30.00	
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TP: Towing Fee \$40/\$45			
	4) PT: Follow-Through Survey \$120			
	5) PT: Follow-Through Survey (Resurvey) \$30			
	For obtaining status: INC Only (wof 10 Jan 2005)			
	6) TR: Re-Inspection \$75			
	7) NI: Idas DA + SMRT Survey \$160			
	8) NIUC Additional Services:			
<p>ON:</p> <p>*N5: Courtesy Car / Tpt Allowance \$3</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$3</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idas Mobile \$0</p>				
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	25/06/2020 17:01
Date Of Accident	25/06/2020 08:55
Exact Location Of Accident	TAMPINES AVE 12 FILTER RD TWDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN4852C
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	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
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	ABDUL RAHMAN BIN AHMAD
NRIC No	SXXXX407D
Date Of Birth	31/08/1955
Occupation	OUTDOOR
Date Of Driving Pass	24/08/1981
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86667133
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 449 TAMPINES ST 42 #06-80
Postcode	520449
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?	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	SMD4452C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOSEPH
NRIC/Passport Number	
Contact Number	83221731
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

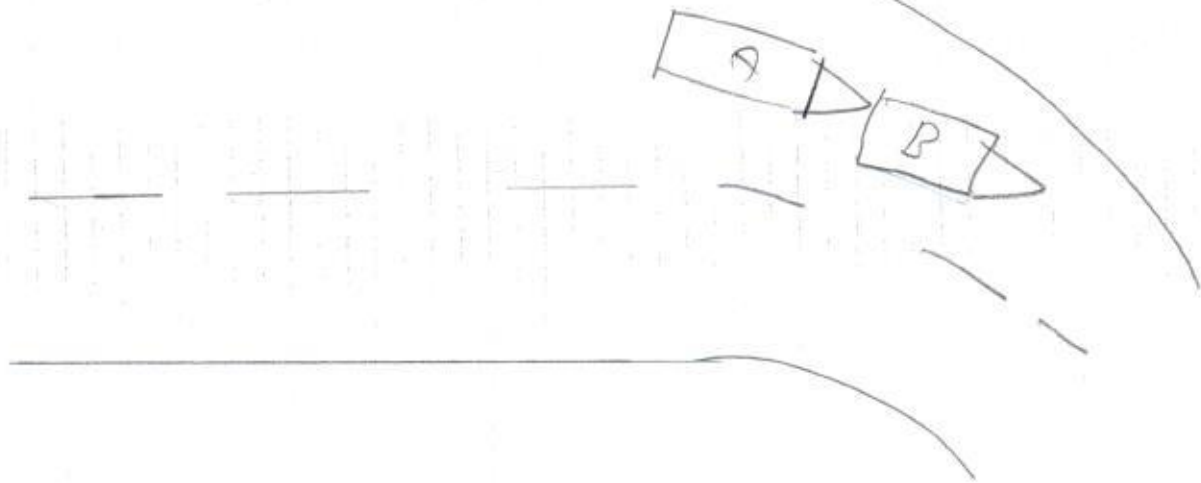
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

A- SPN 4852 C

B- SMD 4452 C

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going straight towards the bend, vehicle B cut into my lane and jammed brake dangerously, causing myself to do an emergency brake. I could not stop in time as vehicle B cut into my lane too abruptly and dangerously.

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: 25 / 6 / 2020 (DD/MM/YYYY) TIME: 0855am (HH:MM)

LOCATION: TAMPINES AVE 12 FILTER RD TOWARD TPE

1. DETAILS OF VEHICLE

VEHICLE NUMBER: SKN4852C
 INSURANCE COMPANY: China Tai Ping
 POLICY NUMBER: _____
 POLICY TYPE (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT): _____
 MAKE & MODEL: Toyota Atrios 1.6A
 TYPE (SEDAN / COUPE / MPV / VAN / Lorry / MOTORCYCLE / OTHERS): SEDAN
 VEHICLE CATEGORY (PRIVATE / GOVT / SCHOOL / MOTORCYCLE): PRIVATE
 PURPOSE OF USING AT ACCIDENT TIME: Grab
 ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO): NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REFERRING ONLY): _____

2. INSURED / POLICY HOLDER

NAME: LA Rental Pte Ltd (MALE / FEMALE)
 NRIC/PN/PASSPORT: 2018380592 CONTACT: 93844666
 ADDRESS: _____

* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER

DRIVER

NAME: ABDUL RAHMAN B. AHMAD (MALE / FEMALE)
 NRIC/PN/PASSPORT: S1201407D CONTACT: 86667133
 ADDRESS: BLK 449 #06-80 TAMPINES ST 42
 DATE OF BIRTH: 31 / 08 / 1955 (DD/MM/YYYY)
 OCCUPATION: (INDOOR / OUTDOOR) INDOOR
 YEARS OF DRIVING EXPERIENCE: _____

14. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner / Hired
 15. (1) WEATHER CONDITION (CLEAR / RAINING / OTHERS) _____
 (2) ROAD SURFACE (DRY / WET / OTHERS) _____
 16. WAS ANYBODY INJURED (YES/NO) NO
 17. IS REPORTED TO POLICE (YES/NO) NO
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

3. THIRD PARTY VEHICLE

(1) VEHICLE NUMBER: SMD4452C MODEL: Toyota Atrios 1.6A
 (2) DRIVER'S NAME: Joseph
 (3) NRIC/PN/PASSPORT: _____ CONTACT: 83221731

4. THIRD PARTY VEHICLE

(1) VEHICLE NUMBER: _____ MODEL: _____
 (2) DRIVER'S NAME: _____
 (3) NRIC/PN/PASSPORT: _____ CONTACT: _____

Email: Joel @ layauto.com

fax: _____

VIDEO: _____

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.: 3ZZ4905834

Cha. No.:MR053ZEE106148456

1. Index Mark and Registration
Number of Vehicle

SKN4852C

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.: 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 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

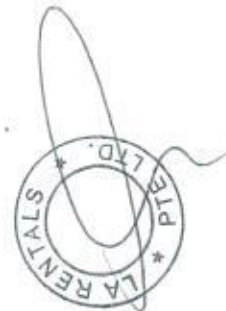
Rental Agreement Number : LA16062020

This agreement is made on (Date) 16/6/20 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 Abdul Rahman Bin Ahmad 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 AHIS
- b. Registration Number : SKN4852C
- c. Chassis Number : As per log card
- d. Engine Number : As per log card



2. COMMENCEMENT

- a. Effective Date : 17-6-20
- b. Expiry Date : 24-7-20

3. HIRE RENTAL

- a. Security Deposit : \$300/-
- b. Daily Hire Rates : \$46/-
- c. Additional Charges : NIL

4. DRIVERS

1st Driver

- Name : Abdul Rahman Bin Ahmad
- D.O.B : 31-8-1955
- License No. : S1201407D
- Contact No. : 86667133

SIGNATORY OF HIRER : [Signature]