

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MA120058924-01

Date In: 13/7/2014.35	Job description	Date & Time Completed	Done by
Ref No: NA120058924/24	SAS e-filing		
Veh No: SC475753	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/7/2014.35	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: SC P21685	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:- (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

NA2003648	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add 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)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QJ1*			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N-in INC) against INC \$20			
	9) N12: Idao 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	13/07/2020 14:35
Date Of Accident	11/07/2020 14:30
Exact Location Of Accident	MARTIN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCH7575J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAY AUTO LEASING PTE LTD
Co Reg No	2XXXXX521C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93874666
Alternative Phone No	OFFICE-93874666

### Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID 1.8X CVT
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	REPORTING ONLY
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	DMHCSNA00001672000
Cover Note Number	

### Driver

Name of Driver	NG HOW CHUAN (HUANG HAOCHUAN)
NRIC No	SXXXX917C
Date Of Birth	23/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1993
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92393562
Fax Number	
Contact Number	OFFICE-92393562
Email Address	NOEMAIL

Address	BLK 28 JALAN BUKIT MERAH #15-4472
Postcode	152028
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 - MAJOR/MINOR RD
Weather Conditions	DRIZZLING
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?	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	SCP2168S
Vehicle Make/Model/Colour	MERCEDES E200
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RUTH
NRIC/Passport Number	
Contact Number	96216882
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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:

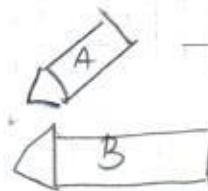
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Building

SKETCH PLAN

A - SCH7573

B - SCP21605



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I turned right from the building, I stoppeel in the middle of the road while waiting for traffic to clear. There is no traffic accident occurred. No collision and no damage on scene.

Vehicle B insisted that I have damaged her vehicle, thus I made this report to protect myself.

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: 11 / 02 / 20 (DD/MM/YYYY) TIME: 14:30 (HH:MM)  
 LOCATION: Martin Road River Valley

1. DETAILS OF VEHICLE  
 (a) VEHICLE NUMBER: SCH7575J  
 (b) INSURANCE COMPANY: China Tai Ping  
 (c) POLICY NUMBER: -  
 (d) COVERAGE TYPE (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 (e) MAKE & MODEL: Toyota Noah Hybrid  
 (f) TYPE (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 (g) VEHICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 (h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
 (i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 (j) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REFERRING ONLI)

2. INSURED / POLICY HOLDER  
 (a) NAME: Lay Auto Leung Pte Ltd (MALE / FEMALE)  
 (b) NRIC/PIN/PASSPORT: 20310121C CONTACT: 93874666  
 (c) ADDRESS: \_\_\_\_\_

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

Signature of person  
 (conducting driver)

3. DRIVER  
 (a) NAME: Ng Hon CHUAN (MALE / FEMALE)  
 (b) NRIC/PIN/PASSPORT: S722591C CONTACT: 9239582  
 (c) ADDRESS: 21K 28 Jalan Bukit Merah #15-4475 S152028

(d) DATE OF BIRTH: 23 / 07 / 1972 (DD/MM/YYYY)

(e) OCCUPATION: (INDOOR / OUTDOOR)

(f) YEARS OF DRIVING EXPERIENCE: 27

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) Drizzling

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

6. WAS ANYBODY INJURED (YES / NO)

7. WAS REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

(a) VEHICLE NUMBER: SCP2168S MODEL: Mercedes E200

(b) DRIVER'S NAME: Ruth

(c) NRIC/PIN/PASSPORT: \_\_\_\_\_ CONTACT: 9621 6882

9. THIRD PARTY VEHICLE

(a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

(b) DRIVER'S NAME: \_\_\_\_\_

(c) NRIC/PIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email: joel@layauto.com

fax: 93874666

VIDE0 =



# LAY AUTO LEASING PTE LTD

21 TOH GUAN ROAD EAST #01-16/17 TOH GUAN CENTRE S608609

TEL: 6462 5828 FAX: 6468 1179 UEN NO 201310521C

Rental Agreement Number : LA14012001

This agreement is made on (Date) 14/01/20 between (Name) LAY AUTO LEASING PTE LTD  
(Registration No.) 201310521C, 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 \_\_\_\_\_ 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 N200 hybrid
- b. Registration Number : SN7575J
- c. Chassis Number : \_\_\_\_\_
- d. Engine Number : As per logbook



### 2. COMMENCEMENT

- a. Effective Date : 29/01/20
- b. Expiry Date : 29/01/22 (2 years)

### 3. HIRE RENTAL

- a. Security Deposit : \$1,000/-
- b. Daily Hire Rates : \$80/-
- c. Additional Charges : NIL

### 4. DRIVERS

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

- Name : Ng How Chuan
- D.O.B : 23/07/1972
- License No. : S725917C
- Contact No. : 92393562

SIGNATORY OF HIRER : \_\_\_\_\_



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120058924 Vehicle Registration No: SCH7575J  
Name (as shown in NRIC) : LAY AUTO LEASING PTE LTD NRIC/FIN/Passport No : SCH7575J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 93874666  
Email Address : \_\_\_\_\_  
Date of Accident : 11/07/2020 Time of Accident : 14:30  
Place of Accident : MARTIN RD  
Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd.

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend to reporting only

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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



Motor Hire Car

MZ406L/B

E 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.		DMHCSNA00001672000	Engine No.: 2ZR0C67757	
			Cha. No.: ZWR800355418	
1. Index Mark and Registration Number of Vehicle	SCH7575J	AUTOSAFE *****		
2. Name of Policy Holder	LAY AUTO LEASING PTE LTD			
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16/03/2020 (15:03:03)		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	15/03/2021		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.				
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