

NATIONAL Assessment Centre Services

Form 1 (2010) **NA12006074**

Date In: 18/01/2020 14:52	Job description	Date & Time Completed	Done by
Ref No: NA/CT/200074324	SAS e-illing		
Veh No: SKB 7675R	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 17/01/2020 18:15	I-Motor Claim Form		
TP: 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/WK21		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SV 663C** 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 () / Non-INC ()	Date	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

NA2003749

Claimant's Particulars	Invoice Particulars	Amount (\$)	Balance (\$)
Driver/Owner:	1) AI: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bagr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wof 10 Jan 2015)		
	6) TR: Re-inspection \$75		
	7) NI: IDAO + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Coordination \$10		
	*NI: Post Repair Inspection \$25		
	*NR: DV / Cabnet Excess Coordination \$3		
	*NP: NI1: TP (Non INC) against INC \$20		
	9) NI2: 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	18/07/2020 14:52
Date Of Accident	17/07/2020 18:15
Exact Location Of Accident	AYE BEFORE JALAN BUKIT MERAH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB7675R
Insured/Policyholder	
Name Of Registered Owner	LA RENTALS PTE LTD
Co Reg No	2XXXXX059Z
Email Address	JOEL@LAYAUTO.COM
Mobile Phone No	(LOCAL) +65-93874666
Alternative Phone No	OFFICE-97608746
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	COMMERCIAL VEHICLE
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	ANG POH GIAP (HONG BAOYE)
NRIC No	SXXXX437G
Date Of Birth	15/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	10/03/2005
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93874666
Fax Number	
Contact Number	OTHERS-97608746
EEmail Address	JOEL@LAYAUTO.COM

Address BLK 251 JURONG EAST STREET 24
#03-134

Postcode 600251

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 CHAIN COLLISION

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 3

Was any body injured in the Accident? NO

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? YES

If Yes, Please state which Police Station

Police Station Name JURONG EAST NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200718/2050

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 SJV663C

Vehicle Make/Model/Colour HYUNDAI AVANTE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver JAMES JEOW QI LONG

NRIC/Passport Number SXXXX797E

Contact Number 83236625

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLT5466J
Vehicle Make/Model/Colour	MAZDA 6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TONG LUN, LESLIE
NRIC/Passport Number	SXXXX484J
Contact Number	
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:

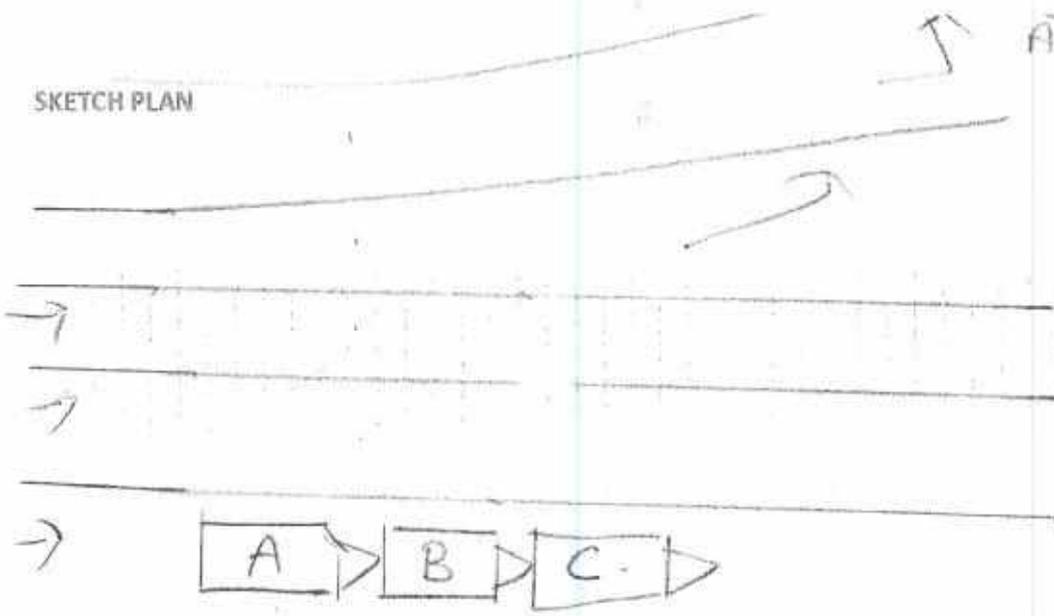
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



A - SCB767SR
 B - SJV663C
 C - SLT5466J

AYE BUKAN JAWAN POLICE MARKET EXIT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B jammed brake on the last lane dangerously. suddenly, I could not brake on time. I've made a police report as I suspect this is a fraud case started by vehicle B and C. Within Friends of vehicle B (claimed that they are from vehicle B's workshop) arrived the scene in less than 5 min. Thus, I suspect this is a accident fraud case.

Police Report 1/20/2018/2050

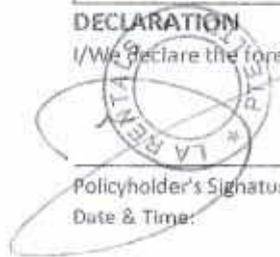
DECLARATION

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: 17 / 07 / 2020 (DD/MM/YYYY) TIME: 6:18 (HH:MM)

LOCATION: Aye before Jalan bulkit merah exit

1. DETAILS OF VEHICLE

VEHICLE NUMBER: SPB7675R.
INSURANCE COMPANY: China Taifeng.
POLICY NUMBER:
POLICY TYPE: (COMP/THIRD PARTY/THIRD PARTY FIRE & THEFT)
MAKE & MODEL: Toyota Vios.
TYPE: (SA/COUPE/MPV/AN/UTV/MOTORCYCLE/OTHER)
VEHICLE CATEGORY: (M/CO/CM/MOTORCYCLE)
PURPOSE OF USE AT ACCIDENT TIME: Leisure.
ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)?

2. INSURED / POLICY HOLDER

NAME: LA Rentals etc Ltd. (MALE/FEMALE)
NRIC/FIN/PASSPORT: 201830092 CONTACT: 93874666.
ADDRESS: 21 Telok Ayer Rd East #01-16/17

* CONTINUE TO 3. IF DRIVER ALSO POLICY HOLDER

DRIVER

NAME: Ang Poh Giap (MALE/FEMALE)
NRIC/FIN/PASSPORT: 57937437 CONTACT: 97608746
ADDRESS: Blk 251 Jurong East St 24 #03-134
(5) 600251

DATE OF BIRTH: 15 / 11 / 1979 (DD/MM/YYYY)
OCCUPATION: (INDOOR/OUTDOOR)
YRS OF DRIVING EXPERIENCE: 15.
WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner/Hiree.
WEATHER CONDITIONS: (CLEAR/RAINING/OTHER)
ROAD SURFACE: (DRY/WET/OTHER)
WAS ANYBODY INJURED (YES/NO)?
REPORTED TO POLICE (YES/NO)?
IF YES, PLEASE STATE WHICH POLICE STATION:

3. THIRD PARTY VEHICLE

(1) VEHICLE NUMBER: SJU663C MODEL: Hyundai Avante.
(2) DRIVER'S NAME: James Jean Qi Long
(3) NRIC/FIN/PASSPORT: S9913797E CONTACT:
THIRD PARTY VEHICLE: [LT5466].
(4) VEHICLE NUMBER: MODEL: Mazda 6
(5) DRIVER'S NAME: Tan Tong Lun Leslie
(6) NRIC/FIN/PASSPORT: S8235484J CONTACT:

With 2nd party... (1)

email = joel@layauto.com.
fax =
VDP# =



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20200718/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2020 14:06		Vide Report No.:		Station Diary No.: 44	
Informant's Particulars					
Name of Informant: ANG POH GIAP			Address: APT BLK 251 JURONG EAST STREET 24 #03-134 SINGAPORE 600251		
ID Type / ID No.: NRIC NO / S7937437G			Contact No.:		Mobile: 97608746
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 15/11/1979	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Real Estate Agent		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/07/2020 18:15	Type of Location: Expressway
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY JALAN BUKIT MERAH Along AYE (Tuas) towards AYE (City) before Jalan Bukit Merah exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV663C	Car				Slightly Damaged	0
SKB7675R	Car				Seriously Damaged	0
SLT5466J	Car				Slightly Damaged	1



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No: T20200718/2050

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Jamas Jeow qi Long	ID No.	S9913797E
Related Vehicle	SJV663C (Car)	Contact No.	83236625
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ANG POH GIAP	ID No.	S7937437G
Related Vehicle	SKB7675R (Car)	Contact No.	97608746
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Tan Tong Lun, Leslie	ID No.	S8235484J
Related Vehicle	SLT5466J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/07/2020 at about 1815hrs, I was travelling on my vehicle (A) registration bearing: SKB7675R along AYE (Tuas) towards AYE (City) on the extreme right lane. Just before the exit of Jalan Bukit Merah, the vehicle (B) registration bearing: SJV663 ahead of my vehicle suddenly engage emergency brake which caused me to engage sudden brake. But I was not able to prevent collision with the vehicle ahead of me. Thus, my vehicle collide with the vehicle (B) SJV663C. I was informed by the driver of vehicle (B) that there was another vehicle (C) registration bearing: SLT5466J ahead of him engaged sudden brake which caused vehicle (B) to engage sudden brake. No one was injured at the point of time.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20200718/2050

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Report No. T/20200718/2050

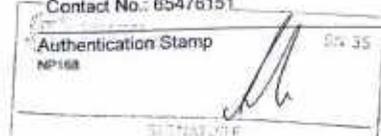
CONTINUATION OF REPORT

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: D / Sgt 3 SUKUMARAN S/O SIVANDARAJOO	
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: 18/07/2020 14:06	
Classification Of Case:	

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: LA13042001

This agreement is made on (Date) 13/4/20 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 Ang Poh Seng 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 Vios
- b. Registration Number : CCB7675R
- c. Chassis Number :
- d. Engine Number :

2. COMMENCEMENT

- a. Effective Date : 5/5/20
- b. Expiry Date : ~~9/6/20~~ 4/8/20

3. HIRE RENTAL

- a. Security Deposit : \$500/-
- b. Daily Hire Rates : \$50/-
- c. Additional Charges :

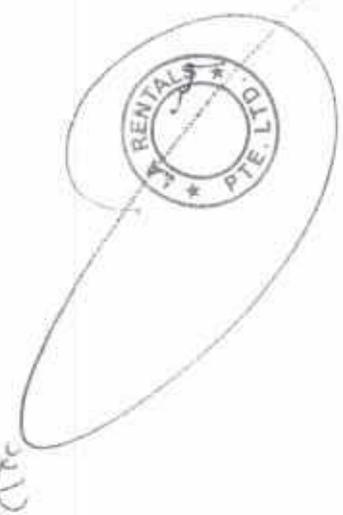
Rental to be \$30/day from 5/5/20 to 1/6/20

4. DRIVERS

1st Driver

- Name : Ang Poh Seng
- D.O.B : 15/11/1979
- License No. : ~~S797~~ S7937437G
- Contact No. : 97608740

SIGNATORY OF HIRER :



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.: 1NZY344078

Cha. No. MR053HY9305248451

1. Index Mark and Registration Number of Vehicle SKB7675R

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 06/03/2020 (15:08:50)

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.

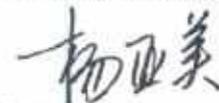
HIRE PURCHASE CO.: LAY AUTO PTE LTD AS HP OWNER

* 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.



Authorised Signatory

Issued By: Ho Li Hwa Irene
Authorised Officer