

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MLAN006944**

Date In: 15/12-17/07	Job description	Date & Time Completed	Done by
Ref No: NA/C72208504/24	SAS e-filing		
Veh No: JKW48520	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/12-16/75	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: **9BD86444**

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 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

Invoice Preparation Checklist

Am't (\$)

1st Bill

Am't (\$)

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idau 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: Idau Mobile 30

Invoice dated Fee Charged

Invoice dated Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

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	15/08/2020 17:07
Date Of Accident	14/08/2020 16:35
Exact Location Of Accident	YISHUN AVE 9
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	(LOCAL) +65-93874666
Alternative Phone No	OFFICE-93874666

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	LIM SWEE TECK
NRIC No	SXXXX957E
Date Of Birth	17/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	25/11/1978
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98590493
Fax Number	
Contact Number	OFFICE-98590493
EEmail Address	NOEMAIL

Address	68 JALAN GELENGGANG
Postcode	578242
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200814/2089.

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	FBD8644U
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
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.

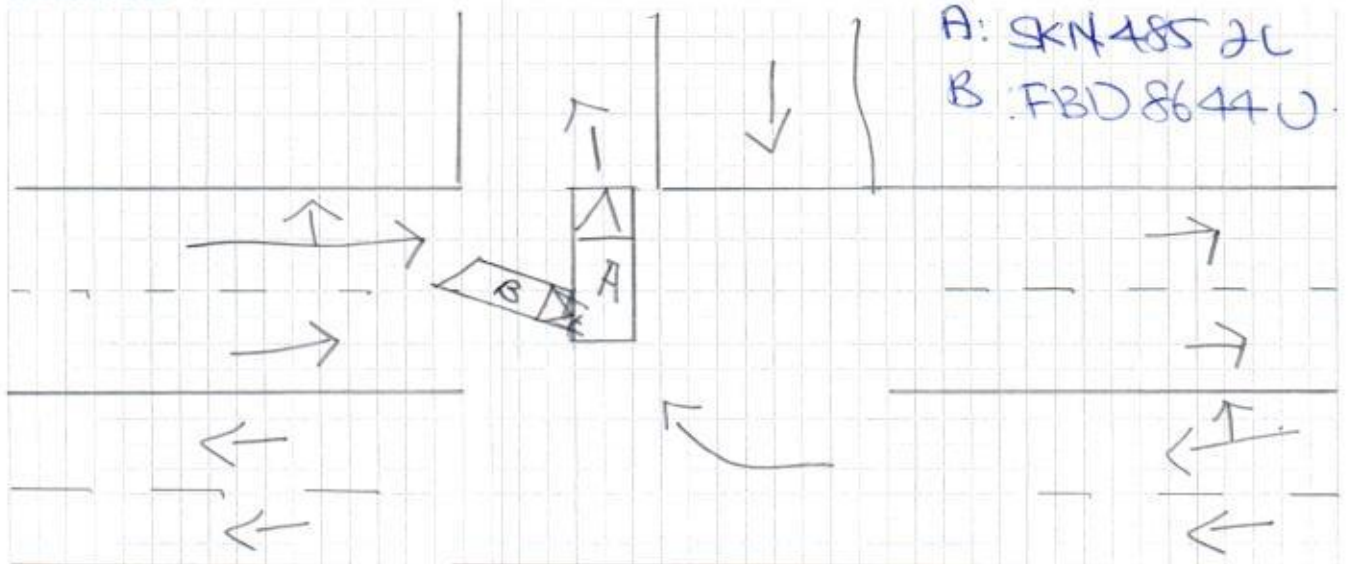
LA RENTAS

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

Attached with Police Report.

There was no car in sight when I made the turn into Polychrome.

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: 14 / 8 / 2020 (DD/MM/YYYY) TIME: 16 35 (HH:MM)
LOCATION: Yishun Ave 9

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SKN 485 2 C
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMHCSNA 00000451200
d) POLICY TYPE (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota AHIS
f) TYPE: Saloon / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Hire
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)? NO
* 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: 2018380592 CONTACT: 9387 4666
c) ADDRESS: 21 Toh Guan Road East Toh Guan Centre #01-16/17 S 608609
* CONTINUE TO 3.6 IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Lim Swee Teck (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S14 24957E CONTACT: 98590 493
c) ADDRESS: 68 Jalan Gelanggang Singapore 57842

d) DATE OF BIRTH: 17 / 3 / 1960 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 42 years

3. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) Hire

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

a) WEATHER CONDITION: DRY / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

c) WAS ANYBODY INJURED: NO

d) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

3. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: FB086440 MODEL: Yamaha

b) DRIVER'S NAME

c) NRIC/FIN/PASSPORT: CONTACT:

4. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:

b) DRIVER'S NAME

c) NRIC/FIN/PASSPORT: CONTACT:

Contact: hona@kyauto.com / Joel@kyauto.com

Phone:

Mobile:



SINGAPORE POLICE FORCE



T/20200814/2089

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20200814/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2020 18:22	Vide Report No.:	Station Diary No.: 58
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Informant's Particulars			
Name of Informant: LIM SWEE TECK		Address: 68 JALAN GELENGGANG SINGAPORE 578242	
ID Type / ID No.: NRIC NO / S1424957E		Contact No.: Home/Office: Mobile: 98590493	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 17/03/1960	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Private Hire Driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/08/2020 16:35	Type of Location:
Location: YISHUN AVENUE 9				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD8644U	Motorcycle				Slightly Damaged	0
SKN4852C	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200814/2089

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE **
569929
Tel No: 1800-4519999

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Report No. T/20200814/2089

CONTINUATION OF REPORT

Rider			
Name	K Ravi Chandran	ID No.	S1774745B
Related Vehicle	FBD8644U (Motorcycle)	Contact No.	98678421
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	Slight
Driver			
Name	LIM SWEE TECK	ID No.	S1424957E
Related Vehicle	SKN4852C (Car)	Contact No.	98590493
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

Brief Details.

On 14/08/2020 at around 1632hrs, I was driving along Yishun Avenue 9 and was turning right into Yishun Polyclinic. While my car was in the midst of entering the Polyclinic's carpark, suddenly, one motorcycle collided into the left rear end of my car. The motorcyclist fell out of his motorcycle. I went to check on him and he managed to stand up on his own. We exchanged particulars and ambulance arrived at scene shortly. The ambulance conveyed the motorcyclist away. I have no video recording of the incident.



**SINGAPORE
POLICE FORCE**



T/20200814/2089

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20200814/2089

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:

F /

Sgt 3 ONG KOK CHUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

14/08/2020 18:22

Classification Of Case:

FIN 003

S1424957E

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: LA280720

This agreement is made on (Date) 28/7/20 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 Lim Swee Teck 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 Logbook
- d. Engine Number : As per Logbook

2. COMMENCEMENT

- a. Effective Date : 28-7-20
- b. Expiry Date : 8-9-20

3. HIRE RENTAL

- a. Security Deposit : \$500/-
- b. Daily Hire Rates : \$45/-
- c. Additional Charges : Nil

4. DRIVERS

1st Driver

Name : Lim Swee Teck
D.O.B : 17.3.1960
License No. : 81424957E
Contact No. : 98590493

SIGNATORY OF HIRER : [Signature]

Motor Hire Car

MZ406L/B

E SN

AN0606A

Cov. Type:T

CERTIFICATE OF INSURANCEMotor 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