

NATIONAL Assessment Centre Services

Date In: 22/09/20	Job description	Date & Time Completed	Done by
Ref No: NA/CT/20010165/13	SAS e-filing		
Veh No: SJN4808T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/09/20 1940	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: (LAY AUTO	Tel:	Fax:
TP Particulars:	Veh No: SKP9402A	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

NA2005023	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) NT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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: Idac 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	22/09/2020 15:11
Date Of Accident	20/09/2020 19:40
Exact Location Of Accident	CRAWFORD ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4808T
Insured/Policyholder	
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	ALTIS
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	THIRD PARTY
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
Cote Note Number	

Driver

Name of Driver	NG BENG NAN
NRIC No	SXXXX188A
Date Of Birth	27/04/1967
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1986
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97670864
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 608 CLEMENTI WEST STREET 1 #06-78
Postcode	120608
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 ON 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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200921/2118

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	SKP9402A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NGO PEI SHAN, DEBBIE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG BENG NAN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJN4808T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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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)

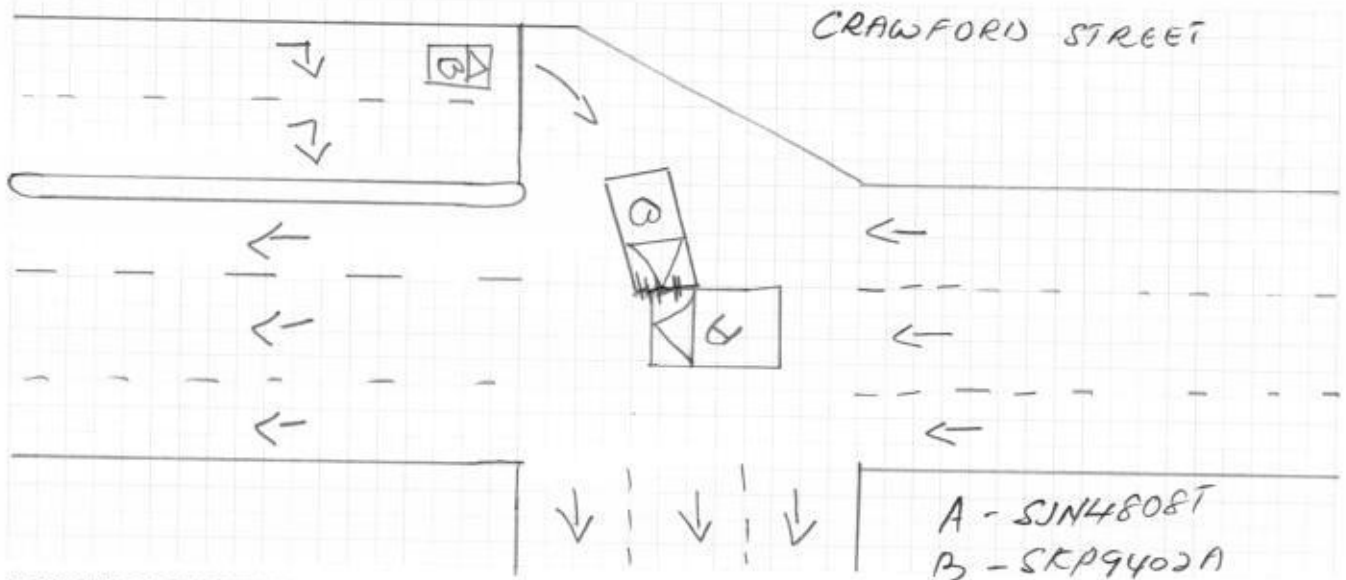
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached with police report. T/20200921/2118

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

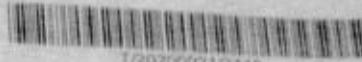
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999



T/2020/921/2118

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Report No: T/2020/921/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2020 17:39	Video Report No.:	Station Diary No.: 40
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Informant's Particulars

Name of Informant: NG BENG NAN		Address: APT BLK 608 CLEMENTI WEST STREET 1 #06-78 SINGAPORE 120608	
ID Type / ID No.: NRIC NO / S1830188A		Contact No.: Home/Office: Mobile: 97670864	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 27/04/1967	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/09/2020 19:40	Type of Location: T-Junction
Location: CRAWFORD STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

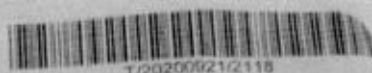
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN4808T	Car				Seriously Damaged	0
SKP9402A	Car				Seriously Damaged	0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



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Report No. T/20200921/2118

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No. 1800-7759999

CONTINUATION OF REPORT

Driver			
Name	NG BENG NAN	ID No.	S1830188A
Related Vehicle	SJN4808T (Car)	Contact No.	97670864
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	20/09/2020	Date Discharge	21/09/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	NGO PEI SHAN, DEBBIE	ID No.	S9521388Z
Related Vehicle	NIL	Contact No.	93494752
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 20/09/2020 at about 1940hrs I was driving my Grab car (SJN4808T) along Crawford St towards Lavender St. I could not remember which lane I was at. While approaching the traffic junction of Crawford St and North Bridge Rd, the traffic lights was green. Thus I continued to drive through. While driving through the traffic junction, suddenly another car (SKP9402A) from the opposite lane which was executing a right turn into North Bridge Rd collided into my car.

The front of the other car had collided at the front right side of my car nearer to the wheel area including a portion of the driver's door. Due to the impact, my car was being pushed to the left and as a result knocked onto a lamp post.

After the accident, the impact had caused me to be in a daze for awhile. After sometime I then slowly opened my car door and alighted. The other driver was already out of her car. I remember some passerby called for police and ambulance who attended to us subsequently. I was then also being conveyed to Tan Tock Seng Hospital.

My car was badly damaged at the front and front-right side. The other car was mainly damaged at the front part. The other driver did not complaint of any injuries and was not attended by paramedics. I felt chest pain and some abrasion to my left forearm. I was only discharge from Tan Tock Seng hospital on 21/9/2020 at 1147hrs and was given 2 days medical leave.



SINGAPORE
POLICE FORCE

Police Station Of Origin
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999



T/20200921/2118

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Report No. T/20200921/2118

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 CHONG ZHEN LOON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/09/2020 17:39

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt JOFILIANO BIN MOHAMED ALI

Contact No.: 65476960

S/N 40

Classification Of Case:

Authentication Stamp

NP158

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 9 / 2020 (DD/MM/YY) TIME: 7 40pm (HH:MM)

LOCATION: Crawford street

1. DETAILS OF VEHICLE

VEHICLE NUMBER: SJN 4808T
 INSURANCE COMPANY: China Topping
 POLICY NUMBER: DMHCSNA0000045H00
 TYPE OF VEHICLE: TOYOTA ALTIS
 MAKE & MODEL: Toyota ALTIS
 TYPE: SALOON (COLOUR: WHITE) (VAN / TRUCK / MOTORCYCLE / OTHERS)
 USE: COMMERCIAL (PASSENGER / COMMERCIAL / MOTORCYCLE)
 PURPOSE OF USING AT ACCIDENT TIME: Hirer
 WERE YOU CLAIMING UNDER YOUR OWN INSURANCE? YES
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING OFFICE

2. INSURED / POLICY HOLDER

NAME: LA Rentals Pte Ltd (NAME / FEMALE)
 DR. LIC. / FIN. PASSPORT: 2018 380592 CONTACT: 93874666
 ADDRESS: 21 Toh Guan Road East Toh Guan Centre
S 605609

*CONTINUE TO 3. IF DRIVER ALSO POLICY HOLDER

DRIVER

NAME: Ng Beng Nan (NAME / FEMALE)
 DR. LIC. / FIN. PASSPORT: S1830188A CONTACT: S12068
 ADDRESS: Blk 608 #06-78 Clementi West
Street 1 S12068
 DATE OF BIRTH: 27 / 4 / 1967 (DD/MM/YY)

RE OCCUPATION: OLD

IF PART OF HIRING EXPERIENCE: 34 year

WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? YES / NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

WEATHER CONDITION: 08 (CLEAR / RAINING / OTHERS)

DAY OF THE WEEK: 08 (WED / OTHERS)

WAS ANYONE INJURED OR KILLED?

IF YES, PLEASE STATE WHICH POLICE STATION:

3. THIRD PARTY VEHICLE

VEHICLE NUMBER: SKP9402A (NAME)
 DRIVER'S NAME: Ngo Pei Shan Debbie
 DR. LIC. / FIN. PASSPORT: S9521388Z CONTACT:

THIRD PARTY VEHICLE

VEHICLE NUMBER: (NAME)
 DRIVER'S NAME: (NAME)
 DR. LIC. / FIN. PASSPORT: (NAME) CONTACT:

Email: Joel@kyauto.com / Fiona@kyauto.com

fax:

video:

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.: 3ZZ4816269

Cha. No.: MR053ZEE106125255

1. Index Mark and Registration
Number of Vehicle

SJN4808T

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.: SING INVESTMENTS & FINANCE 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

Vehicle Details

Vehicle No.	Make / Model
SJN4808T	TOYOTA / COROLLA ALTIS 1.6 AUTO
Vehicle Type:	Vehicle Attachment 1:
Z10 - Private Hire (Chauffeur) Motor Car	No Attachment
Vehicle Scheme:	Chassis No.:
Normal	MR053ZEE106125255
Propellant:	Engine No.:
Petrol	3ZZ4816269
Motor No.:	Engine Capacity:
-	1598 cc
Power Rating:	Maximum Power Output:
-	80.0 kW (107 bhp)
Maximum Laden Weight:	Unladen Weight:
1630 kg	1195 kg
Year Of Manufacture:	Original Registration Date:
2008	18 Feb 2009
Lifespan Expiry Date:	COE Category:
-	E - Open Category
PQP Paid:	COE Expiry Date:
\$12,864.00	17 Feb 2024
Road Tax Expiry Date:	PARF Eligibility Expiry Date:
17 Feb 2021	-
Inspection Due Date:	Intended Transfer Date:
17 Aug 2021	30 Sep 2020
CO2 Emission:	CEV/VES Rebate Utilised Amount:
-	-
CO Emission:	HC Emission:

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 : LA01072020

This agreement is made on (Date) 1/7/20 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 Ng Beng Nan 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 Ahi S.
- b. Registration Number : SJN 4805T
- c. Chassis Number : Asper Log card
- d. Engine Number : Asper Log card

2. COMMENCEMENT

- a. Effective Date : 03-7-20
- b. Expiry Date : 02-10-20

3. HIRE RENTAL

- a. Security Deposit : \$500/- (C01839)
- b. Daily Hire Rates : \$45/-
- c. Additional Charges : Nil

4. DRIVERS

1st Driver

Name : Ng Beng Nan
D.O.B : 27-4-1967
License No. : S1830188 A
Contact No. : 97670864 96587581 (Brother)

SIGNATORY OF HIRER :

