

NATIONAL Assessment Centre Services

NA2005/28

Date In: 26/09/2020 17:28	Job description	Date & Time Completed	Done by
Ref No: NA/CT/20010328/Y	SAS e-filing		
Veh No: SMG 5984J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/09/2020 22:05	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SHC 7330R	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:	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] ()		

Date/Time	Actions

NA2005/28	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: 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) NI: Idco 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: Idco 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	26/09/2020 12:28
Date Of Accident	25/09/2020 22:05
Exact Location Of Accident	PIE ENTERING CTE ANG MO KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ5984J
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-96627004

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00000481900
Cover Note Number	

Driver

Name of Driver	LOH KOK WAH
NRIC No	SXXXX603F
Date Of Birth	17/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1983
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93874666
Fax Number	
Contact Number	OTHERS-96627004
EMail Address	JOEL@LAYAUTO.COM

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LOH KOK WAH
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMQ5984J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

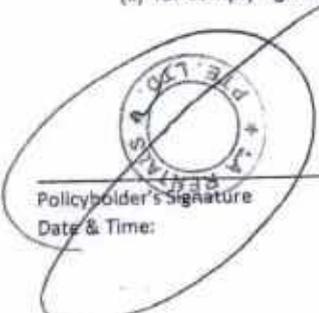
SKETCH PLAN

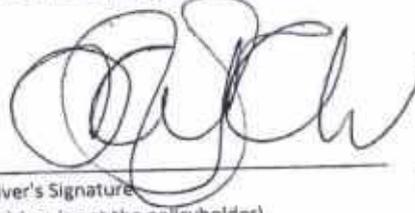
IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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/mall 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.

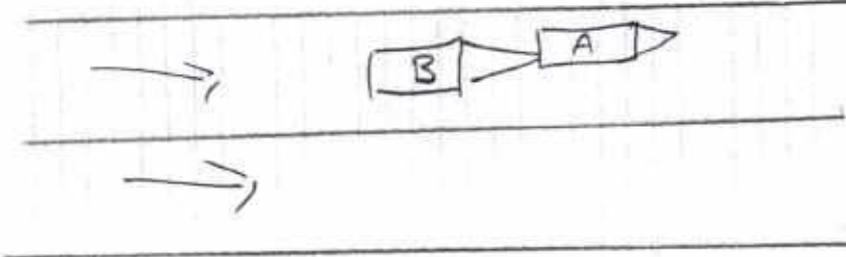

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

towards
CTE Ay Makio.
SLEMPPE



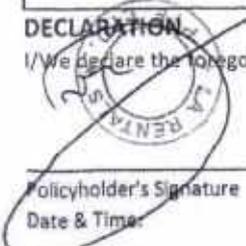
A- SMQ 59843
B- JHC 7330R

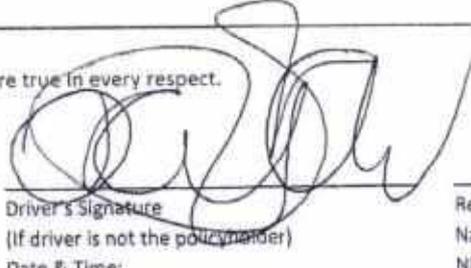
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report. T/20200925/7045

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**



T/20200925/7045

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200925/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2020 23:56	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LOH KOK WAH		Address: 307 CHOA CHU KANG AVENUE 4 #06-693 SINGAPORE 680307	
ID Type / ID No.: NRIC NO / S1617603F		Contact No.: Home/Office:	Mobile: 96627004
Nationality: SINGAPORE CITIZEN		Email: rjoelt88888@gmail.com	
Sex: Male	Age: 57	Date of Birth: 17/01/1963	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/09/2020 22:05	Type of Location: Flyover
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One 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	Conditio	No of
SHC7330R	Car					0
SMQ5984J	Car					1

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



**SINGAPORE
POLICE FORCE**



T/20200925/7045

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200925/7045

CONTINUATION OF REPORT

Driver			
Name	LOH KOK WAH	ID No.	S1617603F
Related Vehicle	SMQ5984J (Car)	Contact No.	96627004
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 25 September 2020 at about 2205 hrs I was driving my vehicle SMQ5984J along PIE entering CTE on lane 2. Suddenly I felt an impact coming from the rear of my vehicle . I got down my vehicle and realised that a vehicle SHC7330R Had collided onto the rear of my vehicle .

I sustained injuries from the above mentioned accident and was given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20200925/7045

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200925/7045

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
25/09/2020 23:56

Classification Of Case:



LA RENTALS PTE LTD

21 TOH GUAN ROAD EAST #01-16/17 SINGAPORE 608609

TEL: 6466-5828 FAX: 6468-1179 UEN NO 201838059Z

Rental Agreement Number : LA10062020

This agreement is made on (Date) 10/6/20, 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 Loh kok wah (hereinafter 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 wish
- b. Registration Number : SMQ5984J
- c. Chassis Number :
- d. Engine Number : As per log card



2. COMMENCEMENT

- a. Effective Date : 10-6-20
- b. Expiry Date : 8-10-20



3. HIRE RENTAL

- a. Security Deposit : \$ 300/-
- b. Monthly Hire Rates : \$ 55/-
- c. Additional Charges : Nil

4. DRIVERS

1st Driver

- Name : Loh kok wah
- D.O.B : 17/1/1963
- License No. : S1617603F
- Contact No. : 96627004

SIGNATORY OF HIRER :

[Signature]

Intemedical 24 Hr Clinic
525 Ang Mo Kio Avenue 10, #01-2407
Singapore 560525 Tel: 69192998

96255478
Kolin

Medical Certificate

Date : 25 Sep 2020
MC No. : 0000045939

This is to certify that:

Name : LOH KOK WAH
NRIC : S1617603F

is Unfit for Duty for 3 days
from 25/09/2020 to 27/09/2020 inclusive.

Intemedical 24-Hr Clinic
Blk 525 Ang Mo Kio Ave 10
#01-2407
Singapore 560525
Tel: 69192998

ONG SWEE SENG RAYMOND
MBBS (SINGAPORE)

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Motor Hire Car

MZ406LUB

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. DMHCSNA00000481900

Engine No.: 2ZRA747496

Cha. No.:JTDGG20W905001984

1. Index Mark and Registration Number of Vehicle SMQ5984J

AUTOSAFE
=====

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. I. S\$2,000.00

Excess Sect. I (Outside Singapore) S\$4,000.00

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

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.

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. : SWEE SENG CREDIT PTE LTD AS HP OWNER

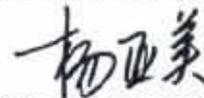
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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