

NATIONAL Assessment Centre Services (wef 1 Jan 2005) **MAA0086101**

Date In: 4/12-16.71	Job description	Date & Time Completed	Done by
Ref No: NA/C172010613/24	SAS e-filing		
Veh No: 60348076	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 23/9/20 - M: T0	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: FBKJ709A	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:	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

NA205335 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Ref. 1: Ref. 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		ft Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$50)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QD*: *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 (N11 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	02/10/2020 16:31
Date Of Accident	23/09/2020 19:50
Exact Location Of Accident	CHOA CHU KANG NORTH 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4807L
Insured/Policyholder	
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	DYNA 150 5MT
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNA00018532000
Cover Note Number	

Driver

Name of Driver	CHIA POH FATT
NRIC No	SXXXX251B
Date Of Birth	24/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	19/08/1992
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97206076
Fax Number	
Contact Number	OFFICE-97206076
Email Address	NOEMAIL

Address	BLK 790 CHOA CHU KANG NORTH 6 #06-240
Postcode	680790
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	SIDE SWIPE
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?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200923/2121.

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	FBK5709A
Vehicle Make/Model/Colour	
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.

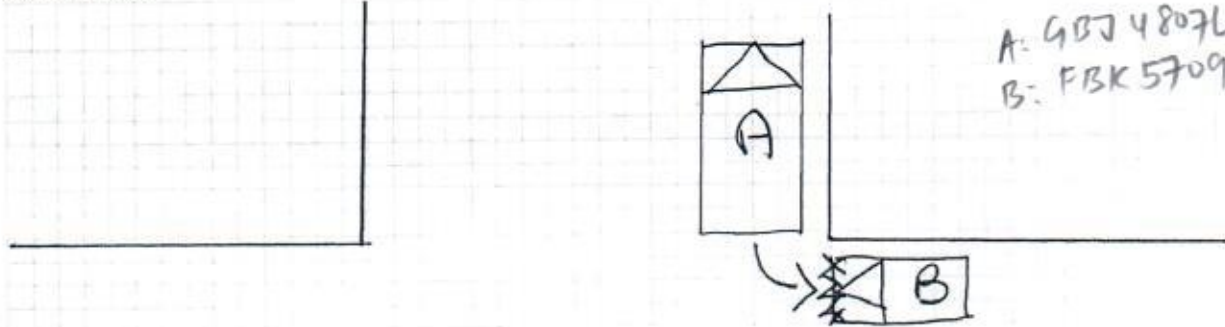

Policyholder's Signature
Date & Time:


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


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

Choa Chy kang North 6

SKETCH PLAN



A: GBJ 4807L
B: FBK 5709A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

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: 23/9/2020 (DD/MM/YYYY), TIME: 19:51 (HH:MM)

LOCATION: choa chu kang North 6

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ4807L
b) INSURANCE COMPANY: China
c) POLICY NUMBER: DMCV SNA 00018532000
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Toyota Dyna
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Rental
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Lay Auto Leasing Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 20310521C CONTACT: 93874666
c) ADDRESS: 21 Toh Guan Road East Toh Guan Centre #01-16/17 S608609

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHIA POH FATT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1702251B CONTACT: 97206076
c) ADDRESS: choa chu kang North 6 B1K 790 #06-240 Singapore 680790

* d) DATE OF BIRTH: 24/06/1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 28

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) Rental
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

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

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: choa chu kang

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: FBK5709A MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

email =

fax =

video =



SINGAPORE POLICE FORCE

Police Station Of Origin:
Choa Chu Kang N.P.O
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20200623/2121

1 of 3

Report No: T/20200623/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
23/09/2020 19:51

Video Report No:

Station Diary No:
123

Informant's Particulars

Name of Informant:
OHIA POH PATTI

Address:
APT BLK 790 CHOA CHU KANG NORTH 6 #08-240
SINGAPORE 680790

ID Type / ID No:
NRIC NO / S1702251B

Contact No:
Home/Office: Mobile: 97206076

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 55 Date of Birth: 24/06/1985

Type of Informant:
Driver

Race:
Chinese

Language: Institution / School Name:

Occupation:
MARINE FITTER

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:	23/09/2020 17:40	Type of Location:	A small road just outside the coffee shop
-------------------	------------	--------------	----	------------------------	------------------	-------------------	---

Location:

CHOA CHU KANG NORTH 6

Weather:	Clear	Road Surface:	Dry	Road Speed Limit:
Traffic Flow:	Two Way	Traffic Control:	Not Controlled	Traffic Volume:
Type of Collision:	Reversing	Anyone conveyed by ambulance:	No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
FBK5709A	Motorcycle	YAMAHA	FZN150	Red	Slightly Damaged	0
GBJ4807L	Lorry	TOYOTA	DYNA 150 5MT	Silver	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/20200923/2121

26/3

Report No. T/20200923/2121

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Rider				
Name	EDDIE BIN AMAT		ID No.	S7147691
Related Vehicle	FBK5709A (Motorcycle)		Contact No.	NIL
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	NIL
Driver				
Name	CHIA POH FAIT		ID No.	S1702251B
Related Vehicle	GBJ4807L (Lorry)		Contact No.	97206076
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 23/09/2020 at about 1740hrs, I parked my vehicle at the small road at the side just outside the coffee shop. I then went to the coffee shop to buy a newspaper at Blk 787 Choa Chu Kang North 6. Afterward, I proceed back to my vehicle. As I was moving off, without noticing any vehicle I reversed and suddenly knocked onto a motorbike that was parked behind me.

I came down to make a check on the motorbike and pick it up. The rider shouted at me from far distance. There was a slight scratches on the front of the motorbike. However, he also mentioned to me that there was a slight cracked on the left of the motorbike instead when the motorbike initially fall to the right side. He told me that I need to pay a lot of money thus I disagree and came to the police to lodge a report.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang NIP-C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No. 1800-7669999



T720200923/2121

3 of 3

Report No. T720200923/2121

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

JV
Sgt 2 SHARIFFUDIN BIN ROSMAN

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
23/09/2020 19:51

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case

Authentication Stamp
NP168



LAY AUTO LEASING PTE LTD

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

TEL: 6466-5828 FAX: 6468-1179 UEN NO 201310521C

Rental Agreement Number: LA2603201901

This agreement is made on (Date) 26/3/19, 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 JMUS Pte Ltd (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 : Brand New Toyota Dyna 1903MT.
- b. Registration Number : GBJ4807L.
- c. Chassis Number : AS per board.
- d. Engine Number : AS per board.



2. COMMENCEMENT

- a. Effective Date : 08/05/2019.
- b. Expiry Date : 07/05/2021 (2 years)

3. HIRE RENTAL

- a. Security Deposit : \$1,500/-
- b. Monthly Hire Rates : \$1,500/- Before GST
- c. Additional Charges : NIL.

4. DRIVERS

1st Driver

- Name : CHIA KIM JAW
- D.O.B : 26/09/1968
- License No. : S6885125D
- Contact No. : 9128-1866

SIGNATORY OF HIRER :



LAY AUTO LEASING PTE LTD

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

TEL: 6466-5828 FAX: 6468-1179 UEN NO 201310521C

2nd Driver

Name : CHIA POH FATT
D.O.B : 24/06/1965
License No. : S1702257B
Contact No. : 9720-6076

5. OVERDUE INTEREST

18% per annum from due date to date of actual payment received.

6. Excess amount being \$ 2,000 (Third Party Only) for use in Singapore only and pursuant to Clause 8(a)ii.
7. Excess amount being \$ 2,500 (Own Damage Only) for use in Singapore only and pursuant to Clause 8(a)ii

TERMS OF AGREEMENT

1. DEPOSIT

- (a) The HIRER upon signing this AGREEMENT, shall pay to the OWNER a deposit ("THE DEPOSIT") as specified in the SCHEDULE as security for the due performance of the HIRER's obligations hereunder. The Deposit shall be maintained at the same amount throughout the entire PERIOD OF HIRE.
- (b) The OWNER shall be entitled (but not obliged) at any time, during or after the PERIOD OF HIRE, to apply The Deposit or any part thereof towards the discharge, wholly or in part, of any obligation of the HIRER, but the HIRER shall not be entitled to set off any part of The Deposit against any rental or its other obligations hereunder.
- (c) In the event the OWNER does apply any part of The Deposit in accordance with the provision in Clause 1(b) above, the HIRER shall on a written demand being made by the OWNER, forthwith further deposit a sum equivalent to the amount so applied by the OWNER to top up/bring the deposit to the original amount as specified in the SCHEDULE.
- (d) Provided that the HIRER shall have fully discharged its obligations, The Deposit shall be refunded, interest-free, upon the expiry of the Period of Hire.

SIGNATORY OF HIRER :



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ407/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)

E SN

AN0606A

Cov. Type:C

CERTIFICATE No

DMCVSNA00018532000

Engine No.: 1KD2854455

Cha. No.:JTFAT35Y60K213154

1 Index Mark and Registration
Number of Vehicle

GBJ4807L

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
(16:39:09)

Excess Sect I. S\$2,000.00

Excess Sect. II S\$2,000.00

4 Date of Expiry of Insurance

15/03/2021

EX ON WINDSCREEN S\$100.00

5 Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6 Limitations as to use*

(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.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

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