

**NATIONAL Assessment Centre Services** [ver 10/05]

Date In: 23/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/CTE 20014353/13	SAS e-filing		
Veh No: 5LH28J45	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/12/20 1805	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: ( N-51 )	Tel:	Fax:
TP Particulars:	Veh No: 5HC2919B	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

NA2108482	<b>Invoice Preparation Checklist</b>		Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
Contact No:	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	on:			
Auditors' Comments:	*N5: Courtesy Car / Tp Allowance \$5			
	*N6: Repair Co-ordination \$10			
Cat. 1:	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Cat. 2 / 3:	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idao 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 willful 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 Submission	23/12/2020 11:32 (SGT)
Date of Accident	22/12/2020 18:05 (SGT)
Exact Location of Accident	Bedok, Singapore
Additional Location Information	ALONG BLK 220A BEDOK CENTRAL CARPARK ENTRANCE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2824S
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RABBIT CAR RENTAL PTE LTD
Company Reg No	2XXXXX547M
Email Address	eugeneyapyl@gmail.com
Mobile Phone No	(Phone) +65-86089649
Alternative Phone No	+65-86089649

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00004272000
Cover Note Number	-

### DRIVER

Name of Driver	YAP YAN LIN
NRIC No	SXXXX068G
Date Of Birth	09/09/1985
Occupation	Outdoor

Date Of Driving Pass .....	01/04/2011
Driving experience .....	9 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97777299
Alt. Phone Number .....	-
Email Address .....	jenique.yap@gmail.com
Address .....	BLK 333A YISHUN STREET 31
Address complement .....	#12-203
Postcode .....	761333
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	SHC2919B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## SKETCH PLAN

### IMPORTANT NOTICE

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

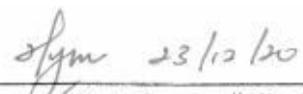
I understand, acknowledge, agree and consent that:

- (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.

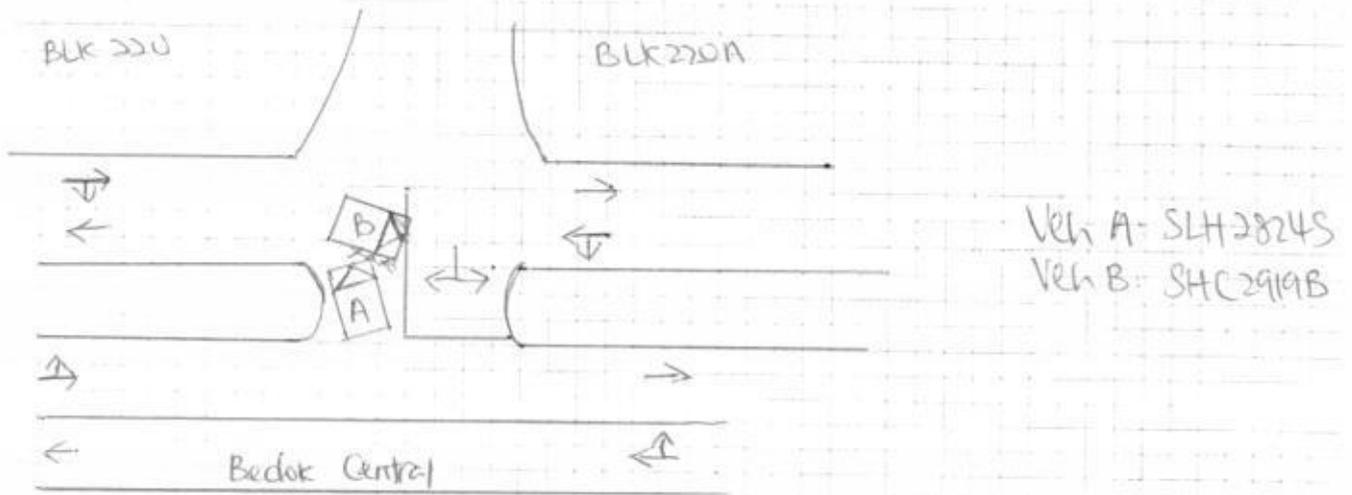


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SLH2824S) traveling along Bedok Central towards New Upper Changi Road on single lane, two way road. When I approached the entrance of BLK 220A, I then made my left turn to the service road. I noticed vehicle B (SHC2919B) came out from the car park and wanted to turn completely right to the main road. As such, I applied brake and stopped my vehicle to give way to vehicle B. Out of sudden, the right portion of vehicle B collided onto the front right portion of my vehicle. I wanted to stated that, my vehicle was completely stop before the collision happen.

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.:

VEHICLE NO:	SLH28248	MAKE & MODEL:	Audi A3	AUTO / MANUAL
DATE OF ACCIDENT:	22/12/2020	CC:	1-4	
TIME OF ACCIDENT:	1805 HRS			
LOCATION OF ACCIDENT:	Along BLK 220A Bedok Central car park entrance			
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	Rabbit Car Rental Pte Ltd			
TEL NO:	H/P: 86089649	OFFICE:	HOME:	
NRIC:	201916547M			
ADDRESS:	25 Kaki Bukit Road 4 #06-61 S(417800)			
EMAIL:	eugenyapyl@gmail.com			
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	YES / NO?			
INSURANCE COMPANY:	China Taiping			
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO:	DMHCSNA00004272000			
NAME OF DRIVER:	AS ABOVE / IF NO: Yap Yan Lin			
NRIC:	S8530068G	ANY PASSENGER: 1 (F)		
DATE OF BIRTH:	9/9/1985	LICENCE PASSED DATE: 1/4/2011		
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	MALE / FEMALE			
CONTACT NO:	H/P: 97777299	OFFICE:	HOME:	
ADDRESS:	BLK 333A Yishun Street 31 #12-203 S(761333)			
EMAIL:	jenique.yap@gmail.com			
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:			
RELATIONSHIP:	INSURER / OTHER: Hirer			
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:			
ROAD SURFACE:	DRY / WET / OTHER:			
ANY INJURIES:	NO / IF YES, WHO?			
NAME & CONTACT:				
NAME & CONTACT:				
POLICE REPORT:	NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?			
VEHICLE B REG NO:	SHC 2919B	ANY PASSENGERS: 1		
NAME OF DRIVER:	CONTACT NO:			
VEHICLE C REG NO:	ANY PASSENGERS:			
VEHICLE D REG NO:	ANY PASSENGERS:			
VEHICLE E REG NO:	ANY PASSENGERS:			
VEHICLE F REG NO:	ANY PASSENGERS:			
VEHICLE G REG NO:	ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	YES / NO			
WAS THERE ANY AUDIO RECORDED?	YES / NO			
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO			
ACCIDENT PORTION:	Front Right Portion			
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Brandon			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

Motor Hire Car

MZ406L/B

N SN

AN0214A

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. DMHCSNA00004272000

Engine No.: CZC564627

Cha. No.:WAUZZZ8V9G1105834

1. Index Mark and Registration Number of Vehicle SLH2624S

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder RABBIT CAR RENTAL PTE. LTD.

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 01/07/2020

Excess Sect. I. S\$2,000.00

Excess Sect. I (Outside Singapore) S\$1,500.00

Excess Sect. II S\$2,000.00

4. Date of Expiry of Insurance 30/06/2021

Excess Sect. II (Outside Singapore), S\$1,500.00

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.



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. : HAMILTON CAPITAL 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

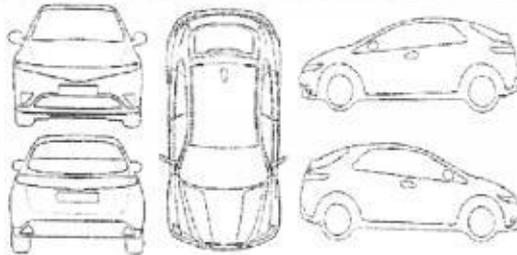
Issued By: Chua Suat Lay Sally  
Authorised Officer

**VEHICLE RENTAL AGREEMENT**

<b>(Owner)</b>	Name: <b>Rabbit Car Rental Pte Ltd</b> Address: <b>8 Sin Ming Industrial Estate Sector C # 01-52 Sin Ming Industrial Estate Singapore 575643</b>	ROC No.: <b>201916547M</b> Executive:
<b>(Hirer)</b>	Name: <b>YAP YAN LIN</b> Address: <b>BLK 333A YISHUN STREET 31 #12-203 Singapore 761333</b>	DOB: <b>09-09-1985</b> NRIC: <b>S8530068G</b> Contact No.: <b>87777299</b>
<b>(Relief Driver)</b>	Name: Address:	DOB: NRIC: Contact No.:

**DESCRIPTION OF VEHICLE ("The Vehicle")**

Make/ Model: <b>AUDI A3</b> Chassis/ Engine No.:	Vehicle Registration No.: <b>SLH2824S</b>
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**RENTAL PAYMENT DETAILS**

Contract Date: 25-07-2020

1. Commencement Date: 25-07-2020
2. Period of Hirer: From 25-07-2020 to 25-08-2020
3. Rental Payment of SGD \$ 480.00 ("the Rental") for period 31 due on the of **Each Week** (payable in advance) ("Due Date"). Late Payment will be charged at **\$50** for each and every payment due.
4. The Hirer shall upon signing The Agreement, pay to the owner a security deposit amount of **\$300** (hereinafter referred to as "The Deposit")

**PURPOSE OF RENTING VEHICLE (Please tick the following :)**

	Personal Usage	
<input checked="" type="checkbox"/>	Private Hire Usage	
	Leasing & Others (Please Specify):	

The Owner's Signature	Date	The Hirer's Signature
	25-07-2020	