

NATIONAL Assessment-Centre Services.

(part 1 Jan'03)

SM 0920CU 0004

Date In: 30/12/20 09:56	Job description	Date & Time Completed	Done by
Ref No: NAICTZ 20014712/h4	SAS e-filing		
Veh No: SLX 5125 Y	E-mail (within 3hrs, AIC 2hrs)		
ITIA: 29/12/20 15:50	I-Motor Claim Form		
OD: TP / Repairing Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: Barrier	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/Non-INC/CO-ORDINATION)	Date 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:

NA200830

Client's Particulars:	Invoice Description: (INC/Non-INC/CO-ORDINATION)	Amount: (
Driver/Owner:	1) AR: Accident Reporting (\$30);	30
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (N11): TP (Non-INC) against INC \$20	
	9) N12: Idao 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 Submission 30/12/2020 09:56 (SGT)
 Date of Accident 29/12/2020 15:50 (SGT)
 Exact Location of Accident AYE, Singapore
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX5125Y

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner LA RENTALS PTE LTD
 Company Reg No 2XXXXX059Z
 Email Address FIONA@LAYAUTO.COM
 Mobile Phone No (Phone) +65-87973443
 Alternative Phone No +65-87973443

VEHICLE PARTICULARS

Manufacturer Toyota
 Model ALTIS
 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 - Reporting only
 Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
 Type of Coverage ThirdParty
 Fleet Policy No
 Policy Number DMHCSNA00008822000
 Cover Note Number -

DRIVER

Name of Driver SHAHUL HAMEED BIN ABDUL RAZAK
 NRIC No SXXXX980Z
 Date Of Birth 14/04/1989

Date Of Driving Pass	13/07/1974
Driving experience	46 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87973443
Alt. Phone Number	-
Email Address	FIONA@LAYAUTO.COM
Address	BLK 721 TAMPINES ST 71 #03-224
Address complement	-
Postcode	520721
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	Collided into Property
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	Male

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

REFER TO 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	BARRIER
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-

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

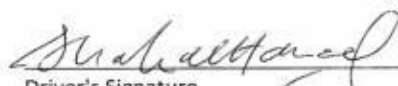
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.



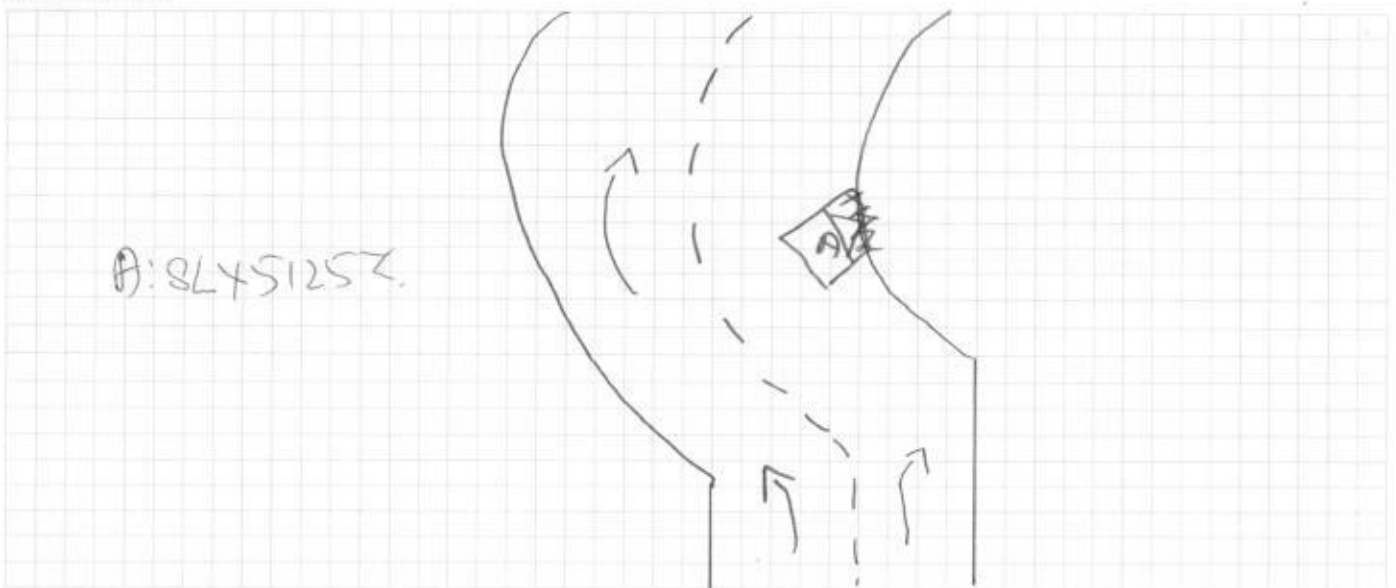
Policyholder's Signature
Date & Time:


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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was ferrying a customer to his destination @ Joh Truck Rd. I was exiting AVE to take the slip road @ to PIE Sarong @ Clementi Ave 6. While rounding the bend, (I was on the right lane) the vehicle suddenly skidded towards the barrier on the right. I was driving slowly while rounding the bend, and no other vehicle in front of my car. A Heavy vehicle was driving behind me, also at a slow speed. Upon impact, the heavy vehicle stopped behind me also. No collision involved. My customer was not affected by this accident. He assured me that he is all right.

My car's front right portion was damaged, the part of the bumper was damaged on the right side.

DECLARATION

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

Policeholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature



Motor Hire Car

MZ407

N SN

AN0606A

Cov. Type:T

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.	DMHCSNA00008822000	Engine No.: 3ZZ4893816	Cha. No.:MR053ZEE106146333
1. Index Mark and Registration Number of Vehicle	SLX5125Y		
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	09/12/2020 (00:00:00)	Excess Sect. II	S\$1,250.00
		Excess Sect.II (Outside Singapore).	S\$2,500.00
4. Date of Expiry of Insurance	08/12/2021		
5. Persons or Classes of Persons entitled to drive*	Any employee or any person who is driving with the Policyholder's order or with their permission. 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. 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.		

* 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: _____
Zhong YueQiang
Authorised Officer

Authorised Signatory

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: LA150220201

This agreement is made on (Date) 15/12/20 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 5608609
(hereinafter called the "OWNER") which expression shall where the context so admits, include the
successor(s) in title and Shahul Hameed Bin Abdul Razak 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 : Tata AHIS
- b. Registration Number : SLX S125X
- c. Chassis Number : As per Log Card
- d. Engine Number : As per Log Card

2. COMMENCEMENT

- a. Effective Date : 15-12-20
- b. Expiry Date : 16-3-21

3. HIRE RENTAL

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

4. DRIVERS

1st Driver

- Name : Shahul Hameed Bin Abdul Razak
- D.O.B : 14-4-1949
- License No. : 80155980Z
- Contact No. : 96267675

SIGNATORY OF HIRER

ACCIDENT STATEMENT

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ACCIDENT DATE: 29 / 12 / 2020 (DD/MM/YYYY), TIME: 2:50 (HH:MM)

LOCATION: AYE toward Clementi Ave 6 Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLX5125X
 b) INSURANCE COMPANY: China
 c) POLICY NUMBER: DMHCSHA 0000 88 22 000
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Altis
 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: LA Rentals Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 208380592 CONTACT: 87973443
 c) ADDRESS: 21 Toh Guan Road East Toh Guan Centre S608609

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Shahul Hamceel Bin Abdul Razak (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 301559802 CONTACT:
 c) ADDRESS: Blk 721 #03-224 Tampines Street 71 S 520721
 *d) DATE OF BIRTH: 14 / 4 / 1979 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 16

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

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 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:

* No of passenger
 (including driver)
 (2)
 Male

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

email = fiona@layauto.com

fax =

VIDEO = No.