

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **1N1092114001**

Date In: 4/1/11 - 15:18	Job description	Date & Time Completed	Done by
Ref No: 10/1722/10059/24	SAS e-filing		
Veh No: 2H 28245	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3/1/11 - 11:15	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: 2H 28245	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	OD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:	*N8: DV / Collect Excess Coordination \$5		
Cat 1:	TP (N11): TP (Non INC) against INC \$20		
Cat 2 / 3:	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 Submission	04/01/2021 15:18 (SGT)
Date of Accident	03/01/2021 21:15 (SGT)
Exact Location of Accident	274 Bangkit Rd, Block 274, Singapore 670274
Additional Location Information	open space carpark
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	+-

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 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97777299
Alt. Phone Number	-
Email Address	eugeneyapyl@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	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
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

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	SGT9413U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHARON
Contact Number	(Phone) +65-82225852
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YAP YAN LIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLH2824S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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.

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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Bloc 274 Bangkit Road open space car park



Veh A: SLH2824S

Veh B: SGT9413U

Describe Circumstances of the Accident

On above date & time, I was driving my vehicle A (S4H2824S) travelling along Blk 274 Bangkit Road Open space car park on single lane, two way road. While I was driving towards exit gantries suddenly vehicle B (S5TA443U) which from the car park lot on my right, drove the vehicle out. As a result, the front portion of vehicle B collided onto the right portion of my vehicle.

Declaration

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

Witnessed by Reporting Centre Personnel

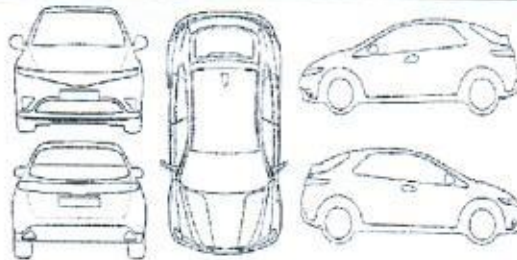
VEHICLE NO:	SLH2824S	MAKE & MODEL:	Audi A3	AUTO / MANUAL	
DATE OF ACCIDENT:	3 / 1 / 2021	CC:	1-4		
TIME OF ACCIDENT:	2115 HRS				
LOCATION OF ACCIDENT:	Along Blk 274 Bangert Road OSCF				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>				
NAME OF OWNER:	Rabbit Car Rental Pte Ltd				
TEL NO:	H/P: 86089649	OFFICE:		HOME:	
NRIC:	20916547M				
ADDRESS:	25 Kaki Bukit Road 4 #06-61 S(417800)				
EMAIL:	eugene.yap1@gmail.com				
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY				
FLEET POLICY:	<u>YES</u> / NO ?				
INSURANCE COMPANY:	China Taping				
TYPE OF COVERAGE:	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft				
POLICY NO:	DMHCSNA 00004272000				
NAME OF DRIVER:	AS ABOVE / IF NO: Yap Yan Lin				
NRIC:	S8530068G	ANY PASSENGER:	2	1(M), 1(F)	
DATE OF BIRTH:	9 / 9 / 1985	LICENCE PASSED DATE:	1 / 4 / 2011		
OCCUPATION:	<u>OUTDOOR</u> / INDOOR				
GENDER:	MALE / <u>FEMALE</u>				
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:	<u>NO</u> / IF YES, REG NO:	INSURER:			
RELATIONSHIP:	Hirer				
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:				
ROAD SURFACE:	DRY / <u>WET</u> / OTHER:				
ANY INJURIES:	<u>NO</u> / IF YES, WHO?				
NAME & CONTACT:	Yap Yan Lin 97777299				
NAME & CONTACT:	Ming Han 92391703, Ai Fang 98769088				
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?				
VEHICLE B REG NO:	SGT 9H3U	ANY PASSENGERS:	2		
NAME OF DRIVER:	Sharon	CONTACT NO:	82225852		
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:	Ming Han, Ai Fang	WITNESS CONTACT:	92391703, 98769088		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>				
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>				
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO				
ACCIDENT PORTION:	Right Portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>				
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Brandon				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

VEHICLE RENTAL AGREEMENT

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

DESCRIPTION OF VEHICLE ("The Vehicle")

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

Contract Date: 25-07-2020

1. Commencement Date: <u>25-07-2020</u>	
2. Period of Hirer: From <u>25-07-2020</u> to <u>25-08-2020</u>	
3. Rental Payment of SGD \$ <u>480.00</u> ("the Rental") for period <u>31</u> due on the <u>of Each Week</u> (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 <u>\$300</u> (hereinafter referred to as "The Deposit")	

PURPOSE OF RENTING VEHICLE (Please tick the following :)

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

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

SLH2824S

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 . \$S2,000.00

Excess Sect. I (Outside Singapore) \$S1,500.00

Excess Sect. II \$S2,000.00

4. Date of Expiry of Insurance

30/06/2021

Excess Sect.II (Outside Singapore), \$S1,500.00

EX ON WINDSCREEN . \$S100.00

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