

NATIONAL Assessment Centre Services

Date In: 02/12/2021 18:04	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 21012256 /M4	SAS e-filing		
Veh No: SKU 75494	E-mail (within 8hrs. MP 2hrs)		
D.O.A: 31/10/2021 19:40	i-Motor Claim Form		
OD TP: Reporting 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: Bicycle	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

NA 2104575

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) RT: 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*		
	*N5: Courtesy Car / Tpt 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: 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	02/12/2021 18:04 (SGT)
Date of Accident	31/10/2021 19:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HAVELOCK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU7549Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LAY AUTO LEASING PTE LTD
Company Reg No	2XXXXX521C
Email Address	fiona@layauto.com
Mobile Phone No	(Phone) +65-87973443
Alternative Phone No	+65-87973443

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00002632101
Cover Note Number	-

DRIVER

Name of Driver	GOH CHIN CHIEH (WU JUNJIE)
NRIC No	SXXXX626H

Date Of Birth	21/09/1985
Occupation	Indoor
Date Of Driving Pass	23/12/2010
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94691039
Alt. Phone Number	-
Email Address	fiona@layauto.com
Address	BLK 203 BOON LAY DRIVE
Address complement	#10-15
Postcode	640203
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 Bicyclist
Weather Conditions	DRIZZLING
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : T/20211101/2057

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

Name of Driver	DAVID
Contact Number	(Phone) +65-83337113
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	BICYCLE

INJURED PERSONS DETAILS

INJURED 1

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

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 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.



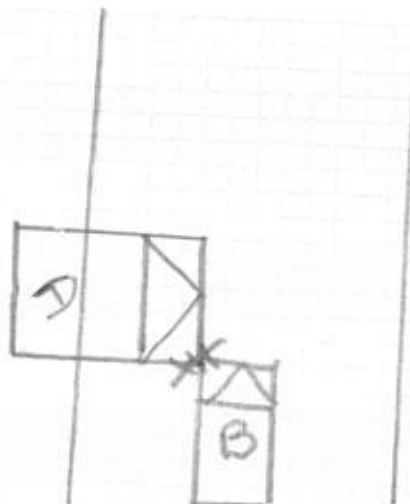
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A: SKU7549X
B: Bicycle



Havelock Road

Describe Circumstances of the Accident

With police Report : T/2021/1101/2057

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

Reu 02/12/2021

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20211101/2057

1 of 4

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20211101/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2021 15:00		Vide Report No.:		Station Diary No.: 67	
Informant's Particulars					
Name of Informant: GOH CHIN CHIEH			Address: APT BLK 203 BOON LAY DRIVE #10-15 SINGAPORE 640203		
ID Type / ID No.: NRIC NO / S8526626H			Contact No.: Home/Office: Mobile: 94691039		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 21/09/1985	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 31/10/2021 19:40	Type of Location: Bend
Location: HAVELOCK ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU7549Y	Car	TOYOTA	WISH 1.8 CVT	Grey	No Damage	0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: Used



SINGAPORE POLICE FORCE



T/20211101/2057

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 4

Report No. T/20211101/2057

CONTINUATION OF REPORT

Driver			
Name	GOH CHIN CHIEH		ID No. S8526626H
Related Vehicle	SKU7549Y (Car)		Contact No. 94691039
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Cyclist			
Name	DAVID		ID No. NIL
Related Vehicle	NIL		Contact No. 83337113
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

Brief Details.

On the 31/10/2021 at about 1940hrs, I was driving my vehicle bearing registration plate number SKU7549Y along Havelock Road heading towards Picking St. While driving along Havelock Road, I intended to turn left from the filter lane to head towards Clemenceau Ave. At the point in time, it was drizzling and there was a vehicle in front of me just before the zebra crossing. I saw the vehicle moving and I did not see any pedestrian crossing and I followed the vehicle in front. While moving past the zebra crossing, I heard a bang and I stopped and alighted the vehicle. I noticed one bicycle was lying along the zebra crossing on my right of the vehicle and one male Chinese was standing beside the bicycle. I then asked if he was badly injured and he informed that he was not. I told the cyclist to meet me along Clemenceau Ave as there was traffic behind. I then stopped my vehicle and met the cyclist along Clemenceau Avenue.

At the point of time, there was no visible injury on the cyclist. The cyclist then took photograph of my vehicle. I also made a check on my vehicle, there was no visible damages on it. I also offered him if he wishes to visit the doctor and I will be paying for the medical expenses and he informed me that he will be visiting one. We then exchange contact number and left the scene. On the same day at about 2200hrs, I received a message from the cyclist and he was requesting for my NRIC number and full name which I only provided my name. He then told me that he will be lodging a police report thus I am lodging this report as well.

I wish to state that I do not have any in-car camera. I wish to state that I was not sure if I collided into the cyclist.



**SINGAPORE
POLICE FORCE**



T/20211101/2057

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 4

Report No. T/20211101/2057

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20211101/2057

4 of 4

Report No. T/20211101/2057

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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

D /

Sgt 1 ANG BINGLUN, BRENDON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:

01/11/2021 15:00

Classification Of Case:

SN 34

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 31/10/2021 (DD/MM/YYYY) TIME: 19 40 (HH/MM)

LOCATION: Havelock Road

1. DETAILS OF VEHICLE

A) VEHICLE NUMBER: QKU 7541K
 B) INSURANCE COMPANY: China 2632101
 C) POLICY NUMBER: DMHCSNA0000
 D) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 E) MAKE & MODEL: Toyota Wish (A)
 F) TYPE (SALE/COLE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS): MOTORCYCLE
 G) VEHICLE CATEGORY: PRIVATE / COMMERCIAL
 H) PURPOSE OF USING AT ACCIDENT TIME: Rental
 I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO): NO
 J) NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY): REPORTING ONLY

2. INSURED / POLICY HOLDER

A) NAME: LAY KAY AUTO LEASING (MALE / FEMALE)
 B) NRIC/IN/PASSPORT: 201310521C CONTACT: 87973443
 C) ADDRESS: 21 Toh Guan Rd #01-16
56086071

* CONTINUE TO 3. IF DRIVER ALSO POLICY HOLDER

DRIVER

A) NAME: Goh Chin Chieh (MALE / FEMALE)
 B) NRIC/IN/PASSPORT: S8526626H CONTACT: 94691039
 C) ADDRESS: Blk 203 #10-15
Boon Lay Drive
8640203

D) DATE OF BIRTH: 21/9/1985 (DD/MM/YYYY)

E) OCCUPATION: INDOOR / OUTDOOR

F) YEARS OF DRIVING EXPERIENCE: 11 yrs

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

5. G) WEATHER CONDITION: WET / RAINING / OTHERS Drizzling

H) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED: YES / NO

7. D) REPORTED TO POLICE: YES / NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

A) VEHICLE NUMBER: David MODEL:
 B) DRIVER'S NAME:
 C) NRIC/IN/PASSPORT: CONTACT: 83337113

THIRD PARTY VEHICLE

A) VEHICLE NUMBER: MODEL:
 B) DRIVER'S NAME:
 C) NRIC/IN/PASSPORT: CONTACT:

Email: fiona@kayauto.com

NOTE: NO

Our Ref : SNM21D206868/SKU7549Y/C02

Date : 29 Nov 2021

Via Ordinary Mail

LAY AUTO LEASING PTE LTD
21 TOH GUAN ROAD EAST
#01-16/17 TOH GUAN CENTRE
SINGAPORE 608609

Dear Policyholder

RE: ACCIDENT INVOLVING OUR VEHICLE NOS. SKU7549Y AND BICYCLE ON 31 Oct 2021 ALONG Havelock Road
Policy : DMHCSNA00002632101

We refer to the above-mentioned accident.

Please be informed that you or your driver has not filed an accident report within 24 hours as per the Motor Claims Framework.

We would urge you to comply with the condition to file your accident report with your vehicle to us IMMEDIATELY, through our designated Accident Reporting Centres which are also our authorised workshops, regardless of whether or not it would give rise to a claim. You may log onto our website www.sg.cntaiping.com for location of the respective centres/workshops.

Please take note that your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with this condition.

Please contact our claims department at 63896116 should you require our assistance or clarification.

Regards

(This is a computer generated letter and no signature is required)

cc : AN0606A LAY AUTO PTE LTD



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

R SN

AND606A

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.

DMHCSNA00002632101

Engine No.: 2ZR1570834

Cha. No.: JTDGG20WX0J002570

1. Index Mark and Registration
Number of Vehicle

SKU7549Y

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

16/03/2021
(00:00:00)

Excess Sect. I. S\$2,000.00

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

Excess Sect. II S\$1,500.00

Excess Sect. II (Outside Singapore) S\$3,000.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

15/03/2022

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.: LAY AUTO PTE LTD

* 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

杨亚美

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com