

# NATIONAL Assessment Centre Services

Date In: <b>27/12/2021</b>	Job description:	Date & Time Completed:	Done by:
Ref No: <b>NA/CTI 21013171/r3</b>	SAS e-filing		
Veh No: <b>SCH 7575J</b>	E-mail (within 2hrs. MP 2hrs.)		
DGA: <b>26/12/2021 21:45</b>	i-Motor Claim Form		
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within 01-2hrs. 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: <b>GX 1187 D</b>	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

<b>NA 2104820</b>	<b>Invoice Preparation Checklist</b>		<b>Amt (\$)</b>	<b>Amt (\$)</b>
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		<b>1st Bill</b>	<b>Add Bill</b>
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)			
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45			
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120			
<b>QC Checked by (Engr-In-Charge):</b>	5) RT: Follow-Through Survey (Resurvey) \$30			
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)			
<b>Cal 1:</b>	6) TR: Re-inspection \$75			
<b>Cal 2/3:</b>	7) N1: Idnc 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: Idnc 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	27/12/2021 18:18 (SGT)
Date of Accident	26/12/2021 21:45 (SGT)
Exact Location of Accident	18 Cross St, Singapore 048423
Additional Location Information	CROSS STREET EXCHANGE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCH7575J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LAY AUTO LEASING PTE LTD
Company Reg No	2XXXXX521C
Email Address	joel@layauto.com
Mobile Phone No	(Phone) +65-93874666
Alternative Phone No	+65-93874666

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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
Transmission	Auto
CC	1797

### 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	NG HOW CHUAN (HUANG HAOCHUAN)
NRIC No	SXXXX917C

Date Of Birth	23/07/1972
Occupation	Outdoor
Date Of Driving Pass	20/09/1993
Driving experience	28 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92393562
Alt. Phone Number	-
Email Address	joel@layauto.com
Address	BLK 28 JALAN BUKIT MERAH
Address complement	#15-4472
Postcode	152028
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 vehicle 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	PASSENGER
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : A/20211227/7024 AND D/20211227/7009

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX1187D
-----------------------------	---------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-89315540
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 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

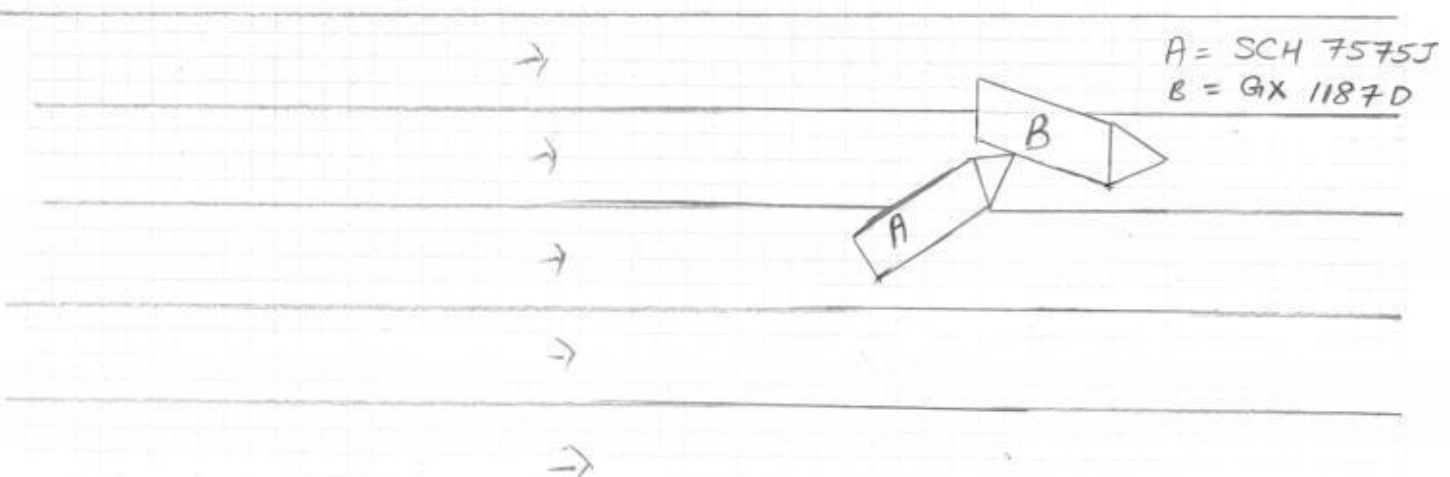
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



18 Cross Street Cross Street Exchange Singapore 048423.

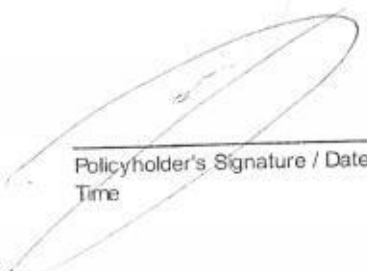
**Describe Circumstances of the Accident**


As per police report.


D/2021/227/7009 & A/2021/227/7024.

**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





# SINGAPORE POLICE FORCE



A/20211227/7024

1 of 2

**POLICE REPORT (NP299)**

Report No. A/20211227/7024

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 27/12/2021 16:44	Vide Report No.	Station Diary No.		
Name Of Informant NG HOW CHUAN	Address 28 JALAN BUKIT MERAH #15-4472 SINGAPORE 152028			
ID Type / ID No. NRIC NO / S7225917C	Contact No. Home/Office:	Mobile: 92393562		
Nationality SINGAPORE CITIZEN	Email Address HC_NG@HOTMAIL.COM			
Occupation Project Manager	Sex Male	Age 49	Date of Birth 23/07/1972	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 26/12/2021 09:45 - 27/12/2021 00:00	Location Of Incident 18 CROSS STREET CROSS STREET EXCHANGE SINGAPORE 048423			

**Brief details.**

Link to D/20211227/7009 for amend car accident at Cross Street My Vehicle SCH7575J, B Vehicle GX1187D

There was a vehicle stationary in front of me. After checking all blindspots, I made sure that there is no vehicle then I gradually filtered to lane 4 from the right. Suddenly Vehicle B filtered from lane 5 to lane 4 very dangerously without checking and hit against my vehicle, causing damage to the left of my vehicle.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2021 16:44
Officer In-Charge Of Case:	Classification Of Case:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20211227/7024

Subjects Involved			
Victim			
Person Name	NG HOW CHUAN		
ID Type	NRIC NO	ID No	S7225917C
Gender	Male	Age	49
Race	Chinese	Language	English
Occupation	Project Manager	Address	28 JALAN BUKIT MERAH #15-4472 SINGAPORE 152028
Mobile No	92393562	Is Informant A Victim?	Yes
Person Name	NG HOW CHUAN (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
27/12/2021 16:44

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



D/20211227/7009

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20211227/7009

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 27/12/2021 11:36	Vide Report No.	Station Diary No.
Name Of Informant NG HOW CHUAN	Address 28 JALAN BUKIT MERAH #15-4472 SINGAPORE 152028	
ID Type / ID No. NRIC NO / S7225917C	Contact No. Home/Office: Mobile: 92393562	
Nationality SINGAPORE CITIZEN	Email Address HC_NG@HOTMAIL.COM	
Occupation Project Manager	Sex Male	Age 49
Institution/School Name	Date of Birth 23/07/1972	Race Chinese
Date/Time Of Incident 26/12/2021 21:45 - 27/12/2021 00:00	Location Of Incident 28 JALAN BUKIT MERAH #15-4472 SINGAPORE 152028	

**Brief details.**

Car accident at Cross St

After checking the blind spot on my way, I confirmed that time is on vehicle, than I processed to fifer from land 3 from the right to land 4 while I was filtering to land 4, vehicle B filter dangerously from land 5 from the left to land 4 and hit onto my vehicle, causing damage to the left of my vehicle.

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
27/12/2021 11:36

Classification Of Case:



**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. D/20211227/7009

Report no A/20211226/0167

Subjects Involved			
Victim			
Person Name	NG HOW CHUAN		
ID Type	NRIC NO	ID No	S7225917C
Gender	Male	Age	49
Race	Chinese	Language	English
Occupation	Project Manager	Address	28 JALAN BUKIT MERAH #15-4472 SINGAPORE 152028
Mobile No	92393562	Is Informant A Victim?	Yes
Person Name	NG HOW CHUAN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

27/12/2021 11:36

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: 26 12 2021 (DD/MM/YYYY) TIME: 21 44 (HH/MM)

LOCATION: CROSS Street

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SCH7575 J.

b) INSURANCE COMPANY: China Taiping.

c) POLICY NUMBER: \_\_\_\_\_

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: Toyota New Hybrid. (A) (1797cc)

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: rental (hiner)

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 Anto Leung Hei (M / FEMALE)

b) NRIC/PN/PASSPORT: 20121021C CONTACT: 93874666

c) ADDRESS: 21 Ton Gm Rd East #61-16/17

\* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

## DRIVER

a) NAME: JOEL HOW CHENG (MALE / FEMALE)

b) NRIC/PN/PASSPORT: 3222541K CONTACT: 92393562

c) ADDRESS: 28 Salim Bukit Merah #15-4472

552028

d) DATE OF BIRTH: 26 / 07 / 1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 28 (20/9/1992)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hiner

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

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

6. WAS ANYBODY INJURED (YES / NO)

7. b) REPORTED TO POLICE (YES / NO) (Yes)

IF YES, PLEASE STATE WHICH POLICE STATION

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: 6X1187D. MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/PN/PASSPORT: \_\_\_\_\_ CONTACT: 89315540

## 9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/PN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Empid = joel @ layanto.com

fax = \_\_\_\_\_

VIDP = 93874666

Yes.

Signature

Motor Hire Car

MZ406L/B

R SN

AN0606A

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.: 2ZR0C67757

Cha. No.: ZWR800355418

 1. Index Mark and Registration  
Number of Vehicle

SCH7575J

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 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: Zhong YueQiang  
 Authorised Officer

  
 Authorised Signatory