

# NATIONAL Assessment Centre Services

Date In: 14/02/2022 18:42	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22001418/m4	SAS e-filing		
Veh No: SMN 3326 M	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 11/02/2022 12:10	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: SLS 7734C	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 2200388

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Ref: 1

Ref: 2/3

## Invoice Preparation Checklist

	Ant (\$)	Ant (\$)
1st Bill		Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
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:-		
ON*		
*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

Invoice dated

Fee Charged

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	14/02/2022 18:42 (SGT)
Date of Accident	11/02/2022 12:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTSIDE QUEENSTOWN COMMUNITY CENTRE ALONG STIRLING ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3326M
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	+65-94787404

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	LUAH CHOON SIN (LAI JUNXIN)
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NRIC No	SXXXX253J
Date Of Birth	03/01/1971
Occupation	Indoor
Date Of Driving Pass	23/09/1995
Driving experience	26 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94787404
Alt. Phone Number	-
Email Address	WILLIAMLUAH@HOTMAIL.COM
Address	BLK 659 CHOA CHU KANG CRESCENT
Address complement	#06-79
Postcode	680659
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	GRAB RENTAL
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220212/7006

#### 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	SLS7734C
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Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KADER MOHIDEEN DEER MOHAMED ALI
NRIC No	SXXXX326I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LUAH CHOON SIN (LAI JUNXIN)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, RIGHT SHOULDER AND RIGHT WRIST INJURIES (SLIGHT)
Injured person in which vehicle?	SMN3326M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## 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 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. 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.

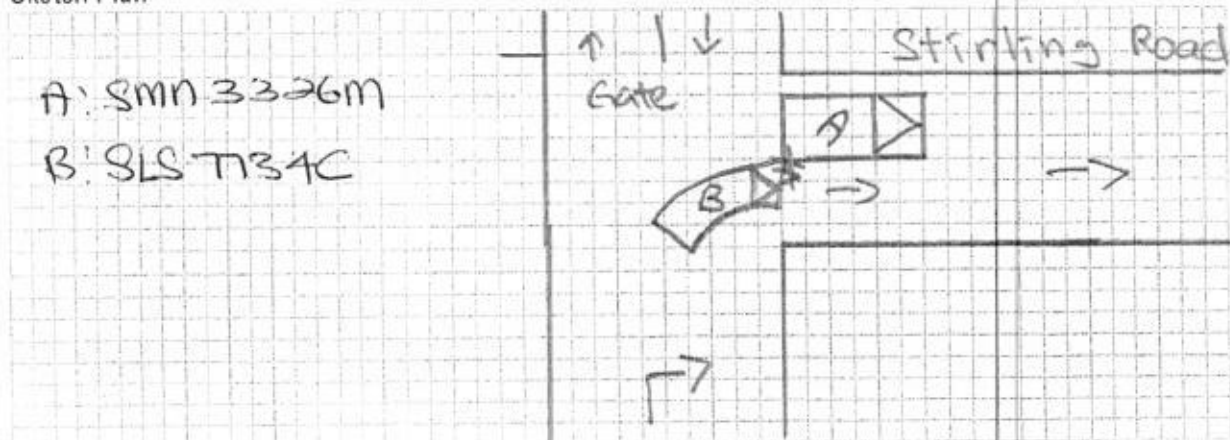


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel 14/02/22

#### Sketch Plan



Outside Queenstown Community Centre along Stirling Road.

Describe Circumstances of the Accident

With Police Report NO: T/20220212/7006

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

R 14/2/22

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20220212/7006

1 of 3

Report No. T/20220212/7006

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/02/2022 13:22	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LUAH CHOON SIN			Address: 659 CHOA CHU KANG CRESCENT #06-79 SINGAPORE 680659		
ID Type / ID No.: NRIC NO / S7101253J			Contact No.: Home/Office:		Mobile: 94787404
Nationality: SINGAPORE CITIZEN			Email: WILLIAMLUAH@HOTMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 03/01/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/02/2022 12:10	Type of Location: Bend
Location:  Outside queenstown community centre along stirring road				
Weather: Sunny	Road Surface: Dry			Road Speed Limit: 60 Km/h
Traffic Flow: One Way	Traffic Control: Not Controlled			Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLS7734C	Car	TOYOTA	Harrier	Black	Slightly Damaged	0
SMN3326M	Car	TOYOTA	C-HR	Yellow	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20220212/7006

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20220212/7006

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SMN3326M (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	LUAH CHOON SIN	ID No.	S7101253J
Related Vehicle	SMN3326M (Car)	Contact No.	94787404
Hospital/Clinic	CCK FAMILY CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/02/2022	Date	11/02/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the above mentioned date and time, I was parking outside Queenstown Community Centre along Stirling road towards Blk 41 about to alight Gojek female passenger, a black car suddenly hit on to rear right side of my car. To my surprise, the black car did not stop and drove off. After alighted the passenger, I managed to stop the black car at the main road before turning into HDB car park entrance QXQ48. The black car driver informed he was unaware of collision but admitted his mistake after showing the damages of our both cars on the spot. He accepted repair cost of my car by giving his contact number and identity particulars. I told him car leasing company will liaise with him as it is a rental car. My car suffered damages on the rear right.

On the same day, I was given 3 days medical leave for neck, right shoulder and right wrist injuries.





**SINGAPORE  
POLICE FORCE**



T/20220212/7006

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20220212/7006

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NEO ZHI YUAN  
Contact No.: 65476079

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

Date/Time:  
12/02/2022 13:22

Classification Of Case:

This report is lodged at Choa Chu Kang NPC Kiosk 1  
NP168

# ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 2 / 2022 (DD/MM/YYYY) TIME: 12 : 10 (HH/MM)

LOCATION: Outside Queenstown Community centre along Stirling Road

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SMN 3326M  
 b) INSURANCE COMPANY: DMHCSNA00002 632101  
 c) POLICY NUMBER: China  
 d) POLICY TYPE: (☒ COMPREHENSIVE / ☐ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota CHR  
 f) TYPE: (☒ SALOON / ☐ COUPE / ☐ MPV / ☐ VAN / ☐ LORRY / ☐ MOTORCYCLE / ☐ OTHERS)  
 g) VEHICLE CATEGORY: (☐ PRIVATE / ☐ COMMERCIAL / ☐ MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Rental (1797cc) (CA) #9  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

a) NAME: Kay auto leasing Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 201310521C CONTACT: 87973443  
 c) ADDRESS: 21 Toh Guan Road #01-16/17  
S608609

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

## DRIVER

a) NAME: Luah chuan sin (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S71012537 CONTACT: 94787404  
 c) ADDRESS: BK 659 #66-77  
Chor chun kang Crescent 3680659  
 \*d) DATE OF BIRTH: 3 / 1 / 1971 (DD/MM/YYYY)  
 e) OCCUPATION: (☒ DOOR / ☐ OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 23/09/1995

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

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: Traffic Police

## 3. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLS7734C MODEL: Harrier  
 b) DRIVER'S NAME: Kader Mohideen Deer Mohamed Ali  
 c) NRIC/FIN/PASSPORT: S74853261 CONTACT: \_\_\_\_\_

## THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email: from@kayauto.com

fax: -

VIDEO: -

Motor Hire Car

MZ406L/S

E S/N

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.: ZZR2B25075 Cha. No. ZYX102140072
1. Index Mark and Registration Number of Vehicle	SMN3326M	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	02/11/2021 (00:00:00)	
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.: DBS BANK 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



Authorised Signatory