

# NATIONAL Assessment Centre Services

Date In 16/09/12	Job description	Date & Time Completed	Done by
Ref No NA/CIT2009112/13	SAS e-filing		
Veh No SMJ 473T	E-mail (within 3hrs. AP 2hrs)		
DOA 15/09/12 1000	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 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: SMC16504	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

NA2202537

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) 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		
Cat 1:	Invoice date:	Fee Charged	
Cat 2/3:	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 Actual 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	16/09/2022 09:22 (SGT)
Reported by	Driver
Date of Accident	15/09/2022 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	12 LOBBY SPRINGLEAF TOWER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ4713T
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LA RENTALS PTE LTD
Company Reg No	2XXXXX059Z
Email Address	joel@layauto.com
Mobile Phone No	(Phone) +65-87977939
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1600

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00003122201

#### DRIVER

Name of Driver	HEW KAM MENG
NRIC No	SXXXX621J
Date Of Birth	23/07/1964
Occupation	Outdoor

Date Of Driving Pass	26/04/1988
Driving experience	34 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87977939
Alt. Phone Number	-
Email Address	joel@layauto.com
Address	BLK 548 CHOA CHU KANG ST 52
Address complement	#08-33
Postcode	680548
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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

PLS REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC1650Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD FAISAL BIN ABDUL HAMID
NRIC No	SXXXX008A



Contact Number	.....	(Phone) +65-92718041
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

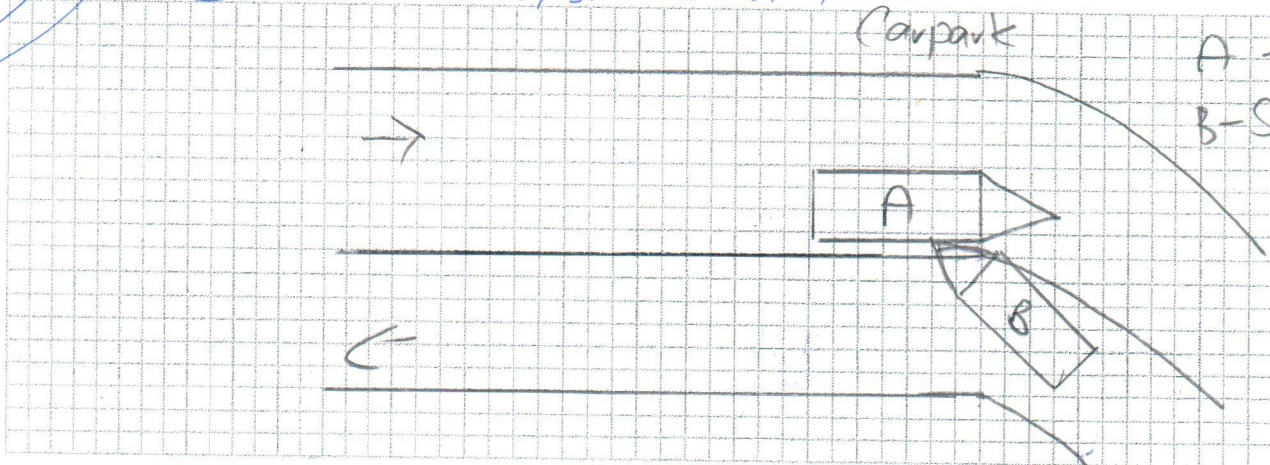
Witnessed by Reporting Centre Personnel

Sketch Plan

12 LOBBY SPRINGLEAF TOWER

Carpark

A - SMJ47BT  
B - SM116507







## ACCIDENT STATEMENT

ACCIDENT DATE: 15/9/2022 (DD/MM/YYYY), TIME: 10:00 (HH:MM)

LOCATION: L2 Lobby Spring Leaf Tower

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMJ4713T  
 b) INSURANCE COMPANY: China Tai Ping  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda Shuttle  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PMV usage  
 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: LA Rental Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: Haw Kam Meng (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S26026213 CONTACT: 97977939  
 c) ADDRESS: 34th Choa Chu Kang St. 52 #08-33  
S680548

\* d) DATE OF BIRTH: 23/07/1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 34 years

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear  
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMC1650Y MODEL: Toyota Prius  
 b) DRIVER'S NAME: Muhamad Faizal Bin Abdul Hamid  
 c) NRIC/FIN/PASSPORT: S9313008A CONTACT: 92718041

### 9. THIRD PARTY VEHICLE

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

Email = joel@layauto.com

fax =

VIDEO =

Motor Hire Car

MZ407

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.

DMHCSNW00003122201

Engine No.: LEB7105966

Cha. No. GP72004606

1. Index Mark and Registration  
Number of Vehicle

SMJ4713T

AUTOSAFE

=====

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

06/03/2022  
(00.00:00)

Excess Sect. I.

Excess Sect. I (Outside Singapore)

Excess Sect. II

Excess Sect. II (Outside Singapore).

EX ON WINDSCREEN.

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.

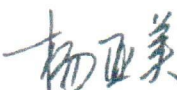
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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: LAY AUTO PTE LTD  
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

Date:	25-3-2022	Vehicle Rental Agreement Number:	LA25032022
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PRIVATE & CONFIDENTIAL

## SCHEDULE TO VEHICLE RENTAL AGREEMENT

### HIRER'S DETAILS

NAME (AS PER NRIC/PASSPORT)	HEW KAM MENG
ADDRESS (AS PER NRIC)	BLK 548 #08-33 CHOA CHU KANG ST 52 SINGAPORE 680548
NRIC/PASSPORT NO.	S2602621J
DRIVING LICENSE NO.	S2602621J
TELEPHONE NO.	87977939
EMERGENCY CONTACT NO.	87977939
EMAIL ADDRESS	

### RENTED VEHICLE'S DETAILS

REGISTRATION NO.	SJM4173T	CHASSIS NO.	AS PER LOGCARD
MAKE/MODEL	HONDA SHUTTLE	ENGINE NO.	AS PER LOGCARD
EXTERIOR PAINT COLOR	AS PER LOGCARD	INTERIOR COLOR	AS PER LOGCARD

### RENTAL PERIOD

RENTAL TENURE	6 MONTH
RENTAL START DATE	26-3-2022
RENTAL END DATE	25-09-2022

### RENTAL CHARGES\* & DEPOSIT

SECURITY DEPOSIT (GST NOT APPLICABLE IF ANY)	\$800/-
RENTAL CHARGES (BEFORE GST)	\$450/-
ADDITIONAL CHARGES (BEFORE GST)	\$448/-

### INSURANCE DETAILS (ACCIDENT/THEFT)

Liability Assessment/ Nature of Incident (Determined by the Owner)	Non-refundable excess payable by Hirer (Before GST). Hirer or authorised driver(s) must be $\geq 22$ & $\leq 70$ years of age & $> 2$ years of driving experience unless otherwise stated	Rental Charge/Replacement Vehicle
Third Party's Fault	NIL	Rental Charges waived or replacement vehicle given (subject to availability but not necessarily to be of the same age, make/model).
Third Party's Claims	\$2140/- SINGAPORE \$4280/- MALAYSIA	No waiver of Rental Charges, replacement vehicle maybe provided at the discretion of the Owner but subject to additional Rental Charges.
Own Damage (Including Act of God incidents)	\$2140/- SINGAPORE \$4280/- MALAYSIA	No waiver of Rental Charges, replacement vehicle maybe provided at the discretion of the Owner but subject to additional Rental Charges.
Stolen Vehicle	\$2140/- SINGAPORE NO INSURANCE COVERAGE IN MALAYSIA. FULL COST WILL BE BORN BY HIRER	Rental Charges waived or replacement vehicle given (subject to availability but not necessarily to be of the same age, make/model).
Windscreen Damage	\$200/-	No waiver of Rental Charges, replacement vehicle maybe provided at the discretion of the Owner but subject to additional Rental Charges.

THE HIRER HAS READ, UNDERSTOOD & AGREES WITH ALL TERMS & CONDITIONS OF THIS AGREEMENT. HIRER'S SIGNATURE (& COMPANY STAMP IF APPLICABLE)