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Date In: 2004/2009 11:49	leb description		Date &Time Co	mpleted	Done by	<u> </u>
Ref No. NA/C111900197414	SAS e-filing					
Veh No. CIG 202 Y	E-mail (ajdda Mirs, A	IC 2hrs)				*
001 18/E4/2019 08:30	i-Motor Claim For	rm	h			
Total and	I-Motor W/O (Withlat OD 2hrs, TP 4hrs)					
OD/(TP)' Reporting Only	I-Photo Uploaded					
	Assessment/Survey	Report				
TP Insurer:	Ass't Report by Fax		Owner/Wksp			
Proforred Wksp / INC Assign Wksp / QW: (Tol:	Fax:	s-environmens/2	
TP Particulars: Veh No: GG	OUGYC.	INC()/Non-INC	()		
Owner / Driver: (8	Tel:)	
Policy No: () Period	l: ()	Cover Type: (),	
Confirmed by : (· Da	ter.	Time)	
Insured/Driver Liability: (%) [Not	ic-Est. Status (WO):	N: 0-20	%; P: 21-79%	P: 80-100%	6]	
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1) Apply for Transport Allowance ()/Com	rtesy Car ()		*			
2) QC Check/Post Reputr Inspection	(·)				/ :	
3) Upload Resurvey Photo [Repair Cost>\$300	0] ()					
Injury:			1, 1,			(1005)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender Mobile Number

Fax Number

Contact Number EMail Address

Date Of Driving Pass Driving Experience

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

- 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

	ACCIDENT STATEMENT		
Date Of Report	20/04/2019 11:59		
Date Of Accident	18/04/2019 08:30		
Exact Location Of Accident	MCCALLUM STREET TURNING INTO CECIL STREET		
Country/State of Loss	SINGAPORE		
D. C.	DETAILS OF OWN VEHICLE		
/ehicle Registration Number:	SJG282Y		
Insured/Policyholder			
Name Of Registered Owner	EAZYDRIVE CAR RENTAL		
Co Reg No	53375868L		
Email Address	NOEMAIL		
Mabile Phone No	(LOCAL) +65-97115705		
Alternative Phone No	OFFICE-63399441		
Vehicle Particulars			
Manufacturer	RENAULT		
Model	KADJAR		
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES		
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
f No. Please state action to be taken	THIRD PARTY		
Vehicle Category	COMMERCIAL VEHICLE		
Insurance Company			
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMHCSN1906541900		
Cover Note Number			
Driver			
Name of Driver	LING WEE SOON		
NRIC No	S1549401H		
Date Of Birth	26/04/1962		
Cover Note Number Driver Name of Driver NRIC No	LING WEE SOON S1549401H		

OUTDOOR

02/02/1982

MALE

37 YEARS AND 2 MONTHS

(LOCAL) +65-97115705

OFFICE-63399441

NOEMAIL

Address

BLK 570 PASIR RIS STREET 53

#02-60

Postcode

510570

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

•

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: PASSENGER

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

SGG5464S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KHOO CHENG HUAN ERIC

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 17

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- By the lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

EasyDrive Car Rental

#02-38 Textile Centre Singapore 199018

Tel: 9673 5989 Fin: 6888 Email: easydoxeag@gmail

Date & Time:

Driver's Signature

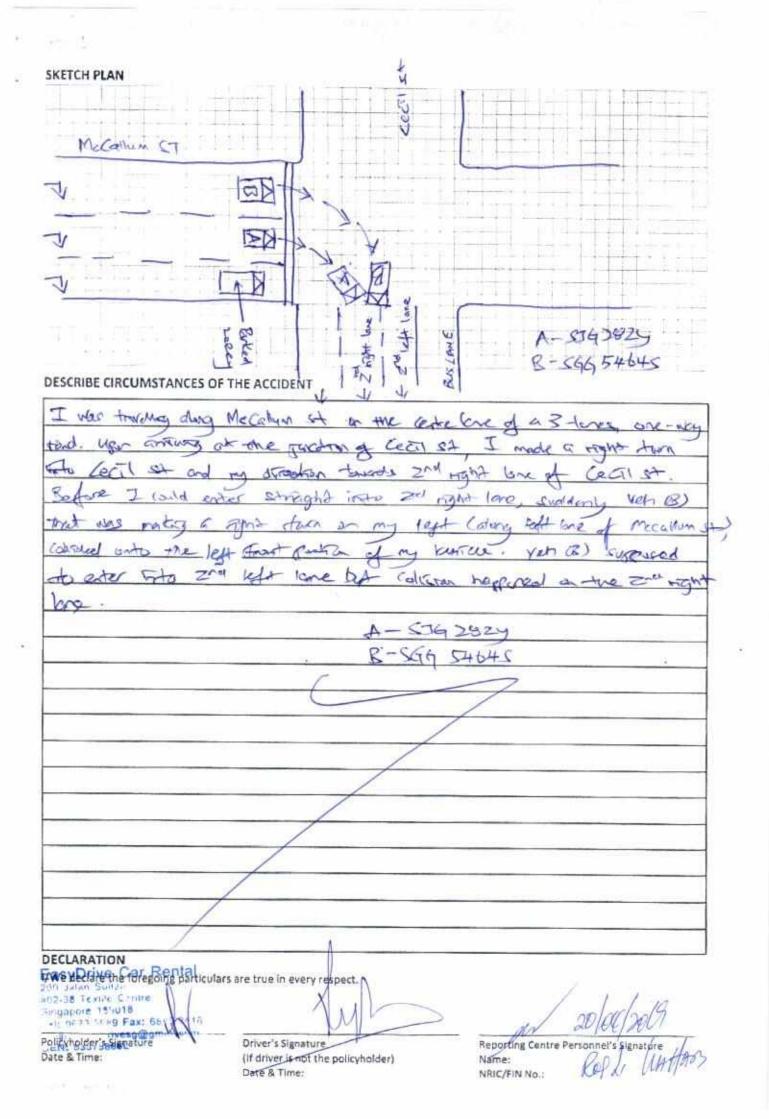
(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



ehicle No.	SJ62824 Model/Make Renault Kadjar
ate of Accident	1814181
ime of Accident	8 sopm HRS
ocation of Accident	McCallum st tong who Cecil st
xact purpose use during acc	
lame of Owner	Easy Pare Car Rentag
elephone No.	H/P: - Home: Office: 63356441
IRIC	53375864L
Address	200 Tolan Sutan #02-38 Portice Contre
Claim type	OD (THIRD PARTY) REPORTING ONLY
nsurance Company	thea tolding
ype of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	AMACSW1906541900
Name of Driver	As Above If No, Long were Soon
VRIC	SISTIPHOLY Any Passengers: OI (Femole)
Date of birth	26/4/1962
Occupation	Outdoor / Indoor
Driving License Pass Date	ce/zhatz
Gender	Male / Female
Contact No.	H/P: 9711575 Home: Office:
Address	BIK STU, ROT RIFER SS, FOZ-60, S(510570)
Driver have any own vehicle	
Relationship , 2	
Weather condition .	(Clear) Raining Other
Road Surface	(Dry) Wet Other
Any Injuries	(No, ") If Yes, Who?
Name And Contact No.	
Name And Contact No.	0 2 5
Police Report	No, If Yes, Where?
Vehicle B No.	C6G 544+5 Any Passengers: NFI
Name of Driver	Khow Chang Huan Gic Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers:
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact:
Accident Portion	Latt fout Booken
Camera Recorder	Yes (No
Email Address	Ticks 8437a Yahoo lon sq
PARTICULAR WORKSHOP	Twee authorize PIL (N)
PARTICULAR WORKSHOP CONTACT NO.	6842 0051 / 6744 0510

S1849401H



LING WEE ECOM

林秀原

THINESE

25-24-1257



Losece Number S 1 5 4 9 4 0 1 H

LING WEE SOON



Demount 26 Apr 1962 marries 27 Sep 2016







VOCATIONAL LICENUE

Licence No : 81549401H Name : LING WEE SOON



Card Issue Date 09/04/2018

Please visit www.ita.gov.sg to check the status of this vocational licence

5534813



25-11-201E

APT BLK 570 PASIR RIS STREET 53 #02-80 SINGAPORE 510570

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSING EFFECTIVE DATE

Mosor cars with unlader weight == 3000kg with == 7 92 Feb 1982 passengers, exclusive of driver; and other thoto: vehicles with unlader weight =< 2500kg

NF: 4259



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sits Ming Drive, Singapore 575701.

Type 13

Description

PRIVATE HIRE CAR VL

09/04/2018





中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE_LTD

MZ406L/BN SN B AN0674A Cov.Type: C AUTOSAFE

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.	DMHCSN1906541900	Engine No : K9KF647D036205 Chassis No:VF1RFE00155897325
Index Mark and Registration Number of Vehicle	SJG282Y	
2. Name of Policy Holder	EASYDRIVE CAR RE	NTAL
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	8 FEBRUARY 2019 (13:10 HOURS)	EXCESS SECT. I (OUTSIDE SINGAPORP) Sec non no
4. Date of Expiry of Insurance	18 JUNE 2020	EXCESS SECT. II
5. Persons or Classes of Persons entitled to drive *		EX ON WINDSCREENS\$100.00
AS PER NAMED DRIVER(S) STATED BELOW.		
COURT OF LAW OR BY REASON OF ANY ENACT	· 门间 科章名 首化左郎 名曰 2	DANCE WITH THE LICENSING OR OTHER LAWS OR PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A ON IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.
ANY EMPLOYEE OF THE COMPANY OR	ANY AUTHORISED	HIBER/DRIVER ONLY
HIRED. THE POLICY DOES NOT COVER (1) USE FOR RACING, PACE-MAKING, RELIA	BILITY TRIAL OR S	DECTION WITH THE POLICYHOLDER'S BUSINESS. DESS PURPOSES OF ANY PERSON TO WHOM THE VEHICLE IS DEED-TESTING. DEED THAN FOR REWARD) OF ANY ONE DISABLED
0		
HIRE PURCHASE CO. : KENSO LEASING PTE * Limitations rendered inoperative by Section and Section 95 of the Road Transport Act, 1:	n 8 of the Motor Vehicles	s (Third-Party Risks and Compensation) Act (Chapter 189) to be included under these headings
I/We hereby Certify that the poprovisions of the Motor Vehicles (Third-Party Road Transport Act, 1987 (Malaysia). Please see reverse	olicy to which this Certifi	cale relates is issued in accordance with the
Countersigned By: Authorised Officer	**************************************	Joseph Control of the
Authorised Officer		Authorised Signatory