NATIONAL Assessment	Lettre Services pret		A CONTRACTOR OF THE PARTY OF TH		
Date In: 27/19-14:36	Jeb description	Date &Time	: Completed	Done	py.
Ref No: No 1672 19029777 124	SAS e-filing				
Veh No: SK-7114 K	E-mail (within Shrs, /	AIC 2hrs)			
D.O.A : 26/1/19- 11:40	i-Motor Claim Fo	orm .			
()	i-Motor W/O (wit	hin: OD 2hrs. TP 4hrs)			
OD / (FP) Reporting Only	i-Photo Uploaded				
	Assessment/Survey				
TP Insurer:		/ Hand to Owner/Wks			-/
Preferred Wksp / INC Assign Wksp / Q		Tel:			-
T	: URLY 5755E	INC()/Non-IN	Fax		
Owner / Driver: (- orn 2 103 12	Tel:	IC().	-	_
Policy No: (Period: () Cover Type	7		-
Confirmed by : (Da Da				
Insured/Driver Liability: (%) [Note-Est. Status (WO):		ne:)	
Year of Registration: (NO ()	70. P: 80-100	170]	
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A STATE OF THE PROPERTY OF THE			Marie Robins	owe Single	X .
() Walk-In Customer : Custome	r's information strictly Confider	itial & Strictly NO refer	of repairer.		
() Total Loss Case : to e-mail	Inches IID CENTEL V	-		-	-
			1.5	1	
Drive-In ()/ Towed-In (); I	nvoice: YES () / NO (); Towing Co: ((4)	(4))
(Totale, december 1981)					
Remarks:- (INC horline: 6788 66	516)	Date&Time (completed	Done	by
1) Apply for Transport Allowance ()/Courtesy Car ()		• •		
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Co.	st > \$3000] ()			- Needin	
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Street Hills Co. Sandayad		•			
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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.
- 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.
- 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

 By the loagement of this report to the insurers, you hereby consistons aid. 	ent to the archiving of this report at the centre and to copies of the report being made available
*	ACCIDENT STATEMENT
Date Of Report	27/05/2019 12:35
Date Of Accident	26/05/2019 11:40
Exact Location Of Accident	DEMPSEY RD CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF7114K
Insured/Policyholder	
Name Of Registered Owner	EASYDRIVE CAR RENTAL
Co Reg No	53375868L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63339441
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3 1.6A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1907491900
Cover Note Number	

Driver

 Name of Driver
 N RAJA SEKAR

 NRIC No
 \$1502164J

 Date Of Birth
 25/05/1961

 Occupation
 OUTDOOR

 Date Of Driving Pass
 31/10/1980

Driving Experience 38 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91703577

Fax Number

Contact Number OFFICE-91703577

EMail Address NOEMAIL

BLK 75 WHAMPOA DRIVE Address

#04-374

Postcode 320075

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 COLLISION - MAJOR/MINOR RD

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

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance,

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name WHAMPOA NEIGHBOURHOOD POLICE POST

2

YES

NO

YES

NO

1

YES

NO

ROAD: BLK 29 JALAN BAHAGIA, POSTCODE: 320029, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2507999 - FAX NO: 63554314

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190526/2060.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKG5755E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver CHARLIE

NRIC/Passport Number

Contact Number 90285465

Address Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

N RAJA SEKAR Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

BODY SLF7114K

YES

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - (i) 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

200 Jalan Sultan #02-38 Textile Centre Singapore 199018

Tel: 9673 5989 Fax: 6883 2418 Email: easydrivesg@gmail.com

UEN: 53375868L

Policyholder's Signature

Date & Time:

Driver's Signature

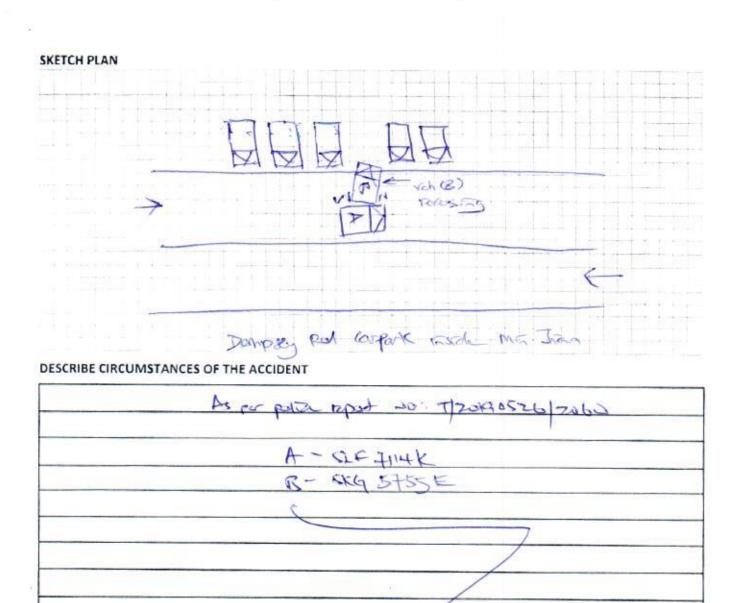
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DECLARATION

I/We declare the foregoing particulars are true in every respect.

EasyDrive Car Rental

200 Jalan Sultan

#02-38 Textile Centre Singapore 199018

Adky967d25989 Fax; 6883 1418 Email: easydrivesg@gmail.com 7fEN: 53375868L

Driver's Signature

(If driver is not the policyholder)

Luci

Date & Time:

Reporting Centre Personnells Signature

Name:

NRIC/FIN No.:

ehicle No.	SEF TITE Model/Make 1996 Forte 53
ate of Accident	24×14
me of Accident	Many HRS
ocation of Accident	Dempier Par Lorgank Touride of Min Jan
xact purpose use during acc	
lame of Owner	Easy Dire Car Retail (David)
elephone No.	H/P: 8382 5155 Home: 917 35989 Office: 63557441
IRIC	532758684
ddress	say Jahn Sitan \$00-50 tentile code, sciffold
Claim type	OD (THIRD PARTY) REPORTING ONLY
nsurance Company	Char Torras
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	DMHCSN1907491900
Name of Driver	As Above If No, Raja Seker
NRIC	CISO 21647 Any Passengers: CI
Date of birth	25/17/46
Occupation	(Outdoor / Indoor
Driving License Pass Date	31/10/195
Gender	(Male) / Female
Contact No.	H/P: 91703577 Home: Office: 91723577
Address	BIK IS, Whampio Dive, ACH JiH, SIEZOSTS)
Driver have any own vehicle	(No.) If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	N Paja Seliat
Name And Contact No.	Process of the section of the sectio
Police Report	No, If Yes, Where?
Vehicle B No.	SKG 5455 E Any Passengers: KG
Name of Driver	Goote Contact No.: 908 5465
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	144 Rotion
Camera Recorder	Yes / No
Email Address	to rejusekanss a grant com
Email Address	18 majosekonss 2 gman. com
PARTICULAR WORKSHOP	NEI ANTONIE PIL
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	2-7-24
FAX NO	6741 0510
WORKSHOP EMAIL APPRES	ss sales @ n51. com. 39





/20190520/2000

1 of 3

Report No. T/20190526/2060

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029

Tel No: 1800-2507999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 15:32	/lade:	Vide Report No.:	Station Diary No.: 22	
Informa	ints i dici	ulars			
	f Inforn SEKAR		Address: APT BLK 75 WHAMPOA DRI	VE #04-374 SINGAPORE 320075	
	ID Type / ID No.: NRIC NO / S1502164J		Contact No.: Home/Office: Mobile: 91703577		
National SINGAP	lity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 58	Date of Birth: 25/05/1961	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: PRIVATE DRIVER			Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/05/2019 11:40	Type of Location Car Park
Location: Along Road 1 DEMPSE / 7: Carpark insid		inesv		
Weather: Clear	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume. No Traffic
Two Way				

Details of V	ehicle Invo	lved	The State of the		BUT HE STORE	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKG5755E	200000				Slightly Damaged	0
SLF7114K	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20190526/2060

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029

Tel No: 1800-2507999

CONTINUATION OF REPORT

Driver					SECTION .	
Name	Charles Philip thoms		ID No		S8785410H	
Related Vehicle	SKG5755E (Car)			Conta	ct No.	90285465
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	The second second	NIL	
Driver			Secretary Secretary			世 東京の単文画 タマ きょ
Name	NAJA SEKAR			ID No		S1502164J
Related Vehicle	SLF7114K (Car)			Conta	ct No.	91703577
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licend Expiry	g	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL Date Di			harge	NIL	
No. of Days granted Medical Leave 03			Degree of Injury Slight			

Brief Details.

On 26/05/2019 at about 1138hrs, after I dropped my passenger off at the Min Jiang drop off point, I made a U-turn to exit from the location. While I was driving, another vehicle (V2), reversed and hit onto at both sides of my door. I was behind his vehicle when he is reversing, I was shock as he was reversing in a very fast speed. I managed to turn my vehicle (V1) slightly to the right before he hit onto my vehicle. As a result from the accident, my chest hit onto the steering wheel and I could not catch my breath as I was in a state of shock. I was given three days MC for that.

Both of my vehicle's left front and side door is dented and paint was being scripted off. While his vehicle's rear bottom right paint was being scripted off as well as there is scratches. V2 was being shifted a bit to the front and he mentioned that he is obstructing the traffic flow. I would like to state that we did not call for police and ame lance assistance at that point of time. I would like to state that I have in-car camera but I am not sure if it have captured the accident.

I am lodging this report for record and insurance claim purposes.





20180020/2000

3 of 3

Report No. T/20190526/2060

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029

Tel No: 1800-2517999

Authentication Stamp

NP168

CONTINUATION OF REPORT

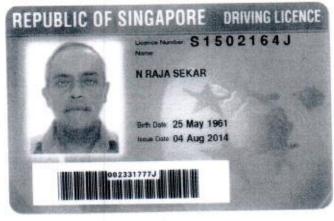
Sketch Plan

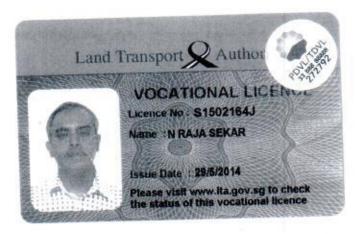
Informant is not able to provide sketch plan

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: E / Sgt 1 JANSEN GOH JIAJUN		Signature Of Informant:		
Signature Of Interpreter: Not applicable		Date/Time: 26/05/2019 15:32		
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI		Classification Of Case:		
Contact No.: 65478 151	SINGA POLICE	PORE FORES		









YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Class 3

Motorcycles =< 200 cc
Motor Cars =< 3000kg with =<7 passengers, exclusive
of the driver, and other motor vehicles =< 2500kg
'Motor vehicles which are constructed to carry
load or passengers and the unladen weight > 2500kg
'Motor vehicles which are not constructed to
carry load and the unladen weight < 7250kg
Motor vehicles not constructed to carry any
load and the unladen weight > 7250kg

Class 5

NP 428A



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

Type	Description	Issue Date
02	TAXI VL	29/08/2012
03	BUS VL	03/05/2012
04	BUS ATTENDANT	03/05/2012





中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ406L/BN SN B ANOS74A Cov. Type: C AUTOSAFE

Engine No : G4FGGH650799

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. DMHCSN1907491900 Chassis No: KNAFX411MH5657393 1. Index Mark and Registration SLF7114K Number of Vehicle 2. Name of Policy Holder EASYDRIVE CAR RENTAL 4. Date of Expiry of Insurance 5 SEPTEMBER 2020 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. ANY EMPLOYEE OF THE COMPANY OR ANY AUTHORISED HIRER/DRIVER ONLY 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. : SKYWAY CREDIT & LEASING 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. UEN: countersigned By: Authorised Officer Authorised Signatory