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Date In: 16/12/19 14:09	Jeb description	Date &Time Completed	Done by
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Veh No. SMN S844X	E-mail (within Shrs, AIC 2hrs)		
DOA 13/12/19 09:00	i-Motor Claim Form		
()[) D' Reporting Only	I-Motor W/O (Within; OD :	thus, TP 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
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Proformed Wksp / INC Assign Wksp / QW; (	CONTRACTOR OF THE PARTY OF THE	Tol: F	ax:
TP Particulars: Veh No: VM	39986. INC	( )/Non-INC( )	7
Owner / Driver: (	2110 42-	Tel:	)
Policy No: ( ) Period	d: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [Not	te-Est. Status (WO): N: 0-	-20%; P: 21-79%. P: 80-1	00%]
Year of Registration: ( ) Wa	rranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,000	( )/\$2,000( )		
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( ) Walk-In Customer: Customer's Informa	ation strictly Confidential & S	Strictly NO refer of repairer.	de calicard d'amaigne annual manach annual
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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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 <u>truthful and accurate</u> 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 aforesaid.

aforesaid.		
<b>克特特的特殊多多纳特的特别</b>	ACCIDENT STATEMENT	
Date Of Report	16/12/2019 14:09	
Date Of Accident	13/12/2019 09:00	
Exact Location Of Accident	KALLANG PARKWAY TWDS KPE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMN5844X	
Insured/Policyholder		
Name Of Registered Owner	FAVOURITE CAR RENTAL PTE LTD	
Co Reg No	-	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-68424992	
Vehicle Particulars		
Manufacturer	HONDA	
Model	SHUTTLE	
Exact Purpose for which vehicle was being used a time of accident	COMMERCIAL	
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	A 400000207 MCX	
Cover Note Number		
Driver		
Name of Driver	TAY BENG TUAN RAYMOND	
NRIC No	S6919130D	
Date Of Birth	17/06/1969	
Occupation	OUTDOOR	
Date Of Driving Pass	10/09/1996	
Driving Experience	23 YEARS AND 3 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-88163776	

NOEMAIL

Address BLK 553 PASIR RIS ST 51 #04-109

Postcode 510553

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 NO

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

ambulance?

YES

NO

2

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)

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

**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?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons:

WITH DRIVER

YN3998G

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver KARTHIGESAN A/L ALANDEN

G7887999N NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

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.
- 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.

Policyholder's Signature Date & Time:

13/14/15 104

Driver's Signature (If driver is not the policyholder)

Date & Time:

12/12/19 1091

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT YN 3998G WAS IN FRONT OF MY VEHICLE SMN 5844X BOTH YEHICLES HAS ALREADY COME TO A STOP REVERSE. THE FRONT 5MN 5844X DECLARATION \* I/We declare the for going particulars are true in every respect. E CAR Policyholder's Signature

Date & Time:

13/12/19 LOAM GIARNE SteichPlanForm\_V3

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

LOAM

Reporting Centre Personnel's Signature Name: NRIC/FIN No .:

Date of Accident	: 13 12 19 Accident Time: 9 Am (24-HR-Format)
Accident Place	: Kallang Parkway towards KPE
Vehicle. No. (Car Plate No.)	: Smrspage Make/Model: Honda Shuttle
Insurace Company	:Policy No:
Owner or Company Name /IC No.	: favornite can restal Ptc 49d
Owner or Company Contact No.	: 6414992 Owner's Hp 96253682 Company Te
DRIVER'S Name / IC No.	: Tay Bery Tuan Raymond 569191300
DRIVER'S Date Of Birth	: 17 6/1969 DRIVER'S License Pass Date 10/9/1996
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BUC ST3 Pavir Kis A FI #04-109 ST10533
DRIVER'S Contact No./ Alt No.	:1) *#P(13776 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: peijie @ express car. com. 1)
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Da	river): 2 mala
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident: Private use \ Work www.
Other P	arty Driver's Particular (if any)
Vehicle. No: YN 39986	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver: Kanthiscian AlL	
IC No. Driver/Contact: G7887	
properties and the second	

\* NEW - Passenger's name & gender:



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co.Reg No. 200412212G GST Reg. No. 20-0412212G
A Member of MS&AD INSURANCE GROUP

#### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

# MOTORMAX Comprehensive

Certificate No.

A 400000207 MCX

Excess: SGD1.000

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SMN5844X

2. Name of Policyholder

Favourite Car Rental Pte Ltd

- Effective Date of the Commencement of Insurance for the purposes of the Act 06/12/2019
- Date of Expiry of Insurance 05/12/2020
- 5. Persons or Classes of Persons entitled to drive\*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

- \*Provided that the person driving is permitted in accordance with the licensing or other laws or 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 \*

Use for the carriage of passengers or goods in connection with the Policyholder's business. Use for social domestic and 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 Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Craig Ellis Chief Executive Officer Favordrive Car Rental 82 Geylang Lorong 23 #03-06 Atrix Singapore 388409

Favordrive Car Rental 82 Geylang Lor 23 #03-06 Atrix Singapore 388409

# Vehicle Lease Agreement

This VEHICLE LEASE AGREEMENT (hereinafter referred to as 'The Agreement' is made on

Between

Favordrive Car Rental

(Business Registration No.: 53356674J)

Having its office at:

82 Geylang Lorong 23 #03-06 Atrix Singapore 388409 Hereinafter referred to as 'The Owner' of the one part

And

Name: Tay Beng Tuan Raymond

Nric No: S6919130D

Having his residential address at: Blk 553 Pasir Ris Street 51

#04-109, Singapore 510553 Tel. (Residential) : 8816 3776

Next of Kin Contact: 9087 0597 (Wife)

Hereinafter also known at the 'The Hirer' of the other part

Additional Driver

Name:

Nric No:

Having his residential address at:

Tel. (Residential) Next of Kin Contact:

Hereinafter also known as the "Additional Hirer' of the other

part

Hereby agrees that The Owner will lease to The Hirer and/or the Additional Hirer the vehicle with the belo w details, hereinafter referred to as 'The Vehicle" with the terms & conditions set out in The Agreement Contained herein: -

## VEHICLE AND LEASE PERIOD

Make & Model: Honda Shuttle

Registration No: SMN5844X

Effective from: 19/08/2019 - 19/08/2020

: 12 Months Contract Period

1. sk29631C (teng) 2. sinN 5844x

7. 51×46>+× (acident)

[The Owner's Initial & Stamps]

The Hirer and/or Additional Hirer Initial & Stamps

19-Aug-2019