

Date In	512120 14:16	Job description	Date & Time Completed	Done by
Ref No	NA/MSG 20002002/64	SAS e-illing		
Yeh No	SMG 16836	E-mail (within 3hrs, AIC 2hrs)		
TP No	412120 15:05	I-Motor Claim Form		
OT	Ⓟ Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Work		

Professional Wksp / INC Assgn Wksp / GW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **GBJ 6432X** 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%; P: 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 repolar.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks	INC (to 01/01/2005)	Date	Time	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	Action

NA 2001062

Invoice Description	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For obtaining quotes UNC Only (wef 10 Jan 2005)		
6) TR: Re-Inspection \$75		
7) NI: Idas 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: Idas Mobile \$0		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Bugr-In-Charge):

Auditors' Comments:

Ref: \_\_\_\_\_

Stamp: 2005 JAN 10 14:16

## 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 Report	05/02/2020 14:16
Date Of Accident	04/02/2020 15:05
Exact Location Of Accident	AYE TWDS JURONG TOWNHALL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG1683G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68424992

### Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	B 29119902 MCX
Cover Note Number	

### Driver

Name of Driver	CHUA CHEE BENG
NRIC No	SXXXX537I
Date Of Birth	04/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91291474
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 435A BUKIT BATOK WEST AVE 5 #07-1034
Postcode	651435
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200204/2155

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ6432X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	CHUA CHEE BENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMG1683G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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 lodging 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 be 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 processed 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 of 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
- (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 be 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 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.



Policyholder's Signature  
Date & Time: 08/02/2020  
10:50am

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 08/02/2020  
10:50am

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

SKETCH PLAN



A = SMG 1683 G.


B = GBJ 6432X


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


\* Refer the attached Police Report T / 20200204 / 2155

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 05/02/2020  
 10:50 am

  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time: 05/02/2020  
 10:50 am

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

Date of Accident : 04/02/2020 Accident Time: 1505 (24-HR-Format)

Accident Place : Aye toward surong townhall.

Vehicle. No. (Car Plate No.) : SMG 168.3G Make/Model: Toyota noah Hybrid.

Insurance Company : MSIG Policy No: B 29119902 MCX

Owner or Company Name /IC No. : Asia Express Car Rental PTE LTD. 20116882D.

Owner or Company Contact No. : 9199 8131 Owner's Hp 6842 4992 Company Tel

DRIVER'S Name / IC No. : Chua chee Beng / S71255371

DRIVER'S Date Of Birth : 04/08/1971 DRIVER'S License Pass Date 17/12/2014.

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: driver

DRIVER'S Address : Blok 435A Bukit Ratah West Ave 5 #07-1084 S651435

DRIVER'S Contact No./ Alt No. : 1) 91291474. 2) 94307014.

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : pede@expresscar.com.sg

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 1 male.

Was there any video Captured by car camera? YES / NO ← Yes - Have Video.

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): Yes.

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>ABJ 6432X</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:







Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

**CONTINUATION OF REPORT**

Driver			
Name	CHUA CHEE BENG	ID No.	S71255371
Related Vehicle	SMG1683G (Car)	Contact No.	91291474
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	04/02/2020	Date Discharge	04/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	XU CHANG CHENG	ID No.	S73786161
Related Vehicle	NIL	Contact No.	90031383
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 04/02/2020 at about 1505hrs while I was travelling along AYE towards Tuas before Jurong Town Hall Exit at lane 2, out of sudden a silver lorry GBJ6432X went into my lane from lane 3 and stopped his vehicle. I couldn't stopped in time thus my car hit the rear of the lorry. I stunned for awhile and after I had composed myself, I went out of my car and went to front of the lorry to make a check if there's any obstruction which cause the lorry to stopped immediately. When I made a check, I did not see any obstruction. I check my car and noticed my front bumper dented and I couldn't drive my car. No one was injured at that time. I exchange particulars with the lorry driver and took some photos of the accident. After a while the lorry driver left the place. Subsequently LTA and EMAS came. I told them what happened and thereafter my car was towed to Blk 415 Pandan Gardens. While waiting for my private towing, I felt pain at my right hand and my right shoulder blade. Once my car towed to the workshop, my cousin accompanied me to Mount Alvernia Hospital to seek treatment. I was discharge on the same day and was given 5 days of medical leave.

I wish to state that when the accident happened, no police or ambulance attended to the accident. I have in car CCTV footage which captured the whole accident. No other vehicle was involved. No government vehicle or properties was damage.



**SINGAPORE  
POLICE FORCE**



T/20200204/2155

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

3 of 3


Report No. T/20200204/2155

**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: D / SI ANUAR BIN OTHMAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2020 20:54
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

**Authentication Stamp**

NP168

 SINGAPORE POLICE FORCE  SW 35  SIGNATURE
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22K

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

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.400  
Cars for Hire

MOTORMAX-COMMERCIAL  
Third Party Fire & Theft

Certificate No. B 29119902 MCX

1. Index Mark and Registration Number of Vehicle  
SMG1683G

2. Name of Policyholder  
Asia Express Car Rental Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
25/03/2019

4. Date of Expiry of Insurance  
24/03/2020

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 Risks and Compensation) Act (Chapter 189) and Section 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 AUTHORIZED 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 offence 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

for 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: Chua Chee Beng**  
**Nric No: S7125537I**  
Having his residential address at: Blk 435A Bukit Batok West  
Ave 5 #07-1034, Singapore 651435  
Tel. (Residential) : 9129 1474  
Next of Kin Contact : 9430 7014 ( 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 below details, hereinafter referred to as 'The Vehicle' with the terms & conditions set out in The Agreement Contained herein: -

### VEHICLE AND LEASE PERIOD

Make & Model: Toyota Noah Hybrid
Registration No: SMG 1683 G
Effective from: 10/01/2020 – 11/01/2021
Period : 12 Month Contract

1. SMG 1683 D (Alamp)  
2. SMG 1683 G

[The Owner's Initial & Stamps]

WV



The Hirer and/or Additional Hirer Initial & Stamps  
10-Jan-2020