NATIONAL Assessment Centr		Date &Time Completed	Done by				
Date In: 31/2/2 - 15-20	Jeb description	Date to I and Strapholog	-				
Ref No: 44/(72 20047 27/24	SAS e-filing		-	-			
Veh No: MUTERIA	E-mail (within Shrs, AIC	2hrs)		*			
D.O.A: 30/2/10-25:30	i-Motor Claim Form	t					
SERIA GRANICE CONTROL OF THE SERIA CONTROL OF THE SERIES	I-Motor W/O (Within: OD 2hrs, TP 4hrs)						
OD / TP-/ Reporting Only	i-Photo Uploaded						
Market Committee	Assessment/Survey Re	port					
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:				
IP Particulars: Veh No: HAG	You's I	NC()/Non-INC()					
Owner / Driver: (Tel:)	-			
Policy No: () Pe	riod: () Cover Type: ()				
Confirmed by : (Date:	Time:)				
Insured/Driver Liability: (%) [Note-Est. Status (WO): 1	N: 0-20%; P: 21-79%. P: 80	0-100%]	1			
Year of Registration: ()	Warranty: YES () / NO	D()					
Excess: (\$) Loading: \$1,0	000()/\$2,000()						
Seneral Remarks:-	And the second second second		3.001				
) Walk-In Customer: Customer's info	W. Courses Son Handanish and Control of the Control	A STATE OF THE PARTY OF THE PAR		51188			
) Total Loss Case : to e-mail Insure		·					
Drive-In ()/ Towed-In (); Invoice); Towing Co: (.)				
		Date&Time Completed	Done by				
temarks:- (INC hotline: 6788 6616)		Dates: 11116 Confine on	B. West A. Strong	-			
	Courtesy Car ()			GI I			
2) QC Check / Post Repair Inspection	()			-			
) Upload Resurvey Photo [Repair Cost > \$3	3000] ()	* * * * * * * * * * * * * * * * * * * *		_			
Injury:	,						
ate/Time Actions	10 mm 1 m			22.			
actions a supplier	distriction of the state of the						
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	Invei	ce Preparation Checklist	transfer was a second	nii (3) d Bill			
Na222416 :	100 M X 100 M	Accident Reporting (530);	MBill Ad	I.Din			
umant's Particulars:-	2) DA:	Damage Assessment (\$100); INC	(\$80)				
iver/Owner:	3) TF : 1 4) FT : 1	Follow-Through Survey	\$40/\$45 \$120				
That No.	5) FT : 1	ollow-Through Survey (Resurvey)	\$30	- 1/1			
ntact No:		aiming against INC Only (wef 10 Jan : Re-inspection	\$75				
maged Portion:	7) N1 :	Idao DA + SMRT Survey	\$160				
	S) NTU	C Additional Services					
Checked by (Engr-In-Charge):	*N5:	Courtesy Car / Tpt Allowance	\$5 \$10	-			
SAFETY AND SAFETY OF THE SAFET		Repair Co-ordination Post Repair Inspection	\$25				
nditors! Comments ::	*N8:	DV / Collect Excess Coordination	\$30				
1:		VII): TP (N-in INC) against INC Idao Mobile	30				
2/3:	Involce	dated Fee Char.	MARKET VICES	a 7			
		dated Fee Char					

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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.
- 3. 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

atoresaid.	
AND DESCRIPTION OF THE PROPERTY OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	31/03/2020 15:20
Date Of Accident	30/03/2020 20:30
Exact Location Of Accident	ROBINSON RD
Country/State of Loss	SINGAPORE
The state of the s	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG5883U
Insured/Policyholder	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91998131
Alternative Phone No	OFFICE-91998131
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8S CVT
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNA00001962000
Cover Note Number	

Driver

TAN MATTHEW Name of Driver SXXXX681C NRIC No 05/03/1975 Date Of Birth OUTDOOR Occupation 05/11/1998 Date Of Driving Pass

21 YEARS AND 4 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-97772725 Mobile Number

Fax Number

OFFICE-97772725 Contact Number

NOEMAIL EMail Address

Address BLK 490 ADMIRALTY LINK

#14-95

Postcode 750490

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OT

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

-

.

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

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

REFER TO STATEMENT.

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 SHA9409X
Vehicle Make/Model/Colour HYUNDAI

Details Of Properties

Vehicle Category TAXI

Name of Driver LIM HWEE KIM
NRIC/Passport Number SXXXX147D
Contact Number 92952823

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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 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)
 - (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
- 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.
- 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: 31/63/20

2pm

Driver's Signature

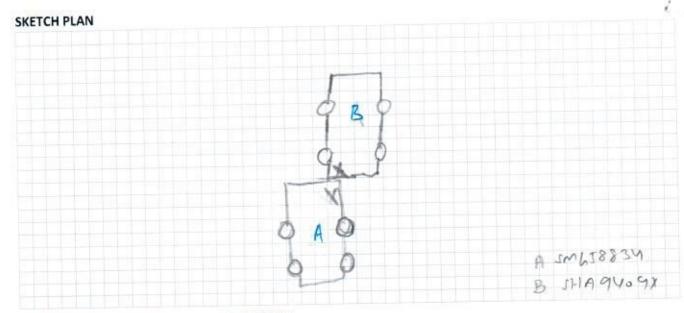
(If driver is not the policyholder)

Date & Time: 31 03 20

Reporting Centre Personnel's Signature

NRIC/FIN No .:

Name:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

He	Were	travelling	alona	RODINSON	Road	when	Ţ	accidentally	VIL	Car	Α.
			-								
							_				
						1	_				
						-	-				

DECLARATION

HO

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

Policyholder's Signature

Date & Time: 31/03/20 2pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 31 03 70

2pm

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Date of Accident	30 03 7020 Accident Time: 20:30 (24-HR-FORMAT)			
Accident Place	: Robinson Road			
Vehicle Reg. No (Car plate No.)	: SM458834 Vehicle Make/Model: Toyota Prins			
Insurance Company	: Ching Taiping Insurance (5) Pheladpolicy No. DMHCSNA 0000 1962000			
Name of Registered Owner	: Company / Individual Asia Express Car Rental Pte Ltd			
ID of Registered Owner	: Co Reg No: 2011168820 Owner's NRIC No:			
	: Co Contact No: 9199 8131 Owner's Contact No:			
DRIVER'S Name	Tan Matthew DRIVER'S NRIC No: S7506681C			
DRIVER'S Date of Birth	DRIVER'S License Pass Date US 11 1998			
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:			
DRIVER'S Address	: Blk 490 Admiraty Link #14 - 98 (8) 750490			
DRIVER'S Contact No./ Alt No.	: 1) 9777 2725 . 2) 8226 9486			
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)			
Email Address	: Pailie @ express car. com. sq			
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET			
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance			
Number of Passengers (including Dr Was the accident reported to the pol Was there any video Captured by ca Exact purpose for which vehicle was	ice? YES \ NO			
Other	Party Driver's Particulars (if any)			
Vehicle Reg No: SHA 9409 X	Vehicle Reg No:			
Vehicle Make\Model: Hyndai	Vehicle Make\Model:			
Name DRIVER: LIM HWEE KIM	Name DRIVER:			
IC No. DRIVER: 86828147D	IC No. DRIVER:			
DRIVER'S Contact & add: 919 5 2823	DRIVER'S Contact & add:			

. *

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: Tan Matthew Nric No: S7506681C

Having his residential address at: Blk 400Admiralty Link #14-

95 S750490

Tel. (Residential) : 97772725

Next of Kin Contact: 82269486(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: Toyota Prius

Registration No: SMG5883U

Effective from: 30/12/2019-30/06/2020

Period : 6Months Contract

[The Owner's Initial & Stamps]

The Hirer and/or Additional Hirer Initial & Stamps 31-Dec-2019

1/



Motor Hire Car

MZ406L/B

N SN BR0085A

Cov. Type:F

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 168) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00001962000

Engine No.: 2ZR2862764 Cha. No.:ZVW506147353

1. Index Mark and Registration

SMG5883U

Number of Vehicle 2. Name of Policy Holder

ASIA EXPRESS CAR RENTAL PTE. LTD.

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment.

25/03/2020

4. Date of Expiry of Insurance

24/03/2021

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

- 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 incperative 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.

Gan Li Jia Jesca Issued By: Authorised Officer

Authorised Signatory