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OD / TP / Reporting Only	i-Motor W/O (Within:	OD 2hrs, 7'P 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Rep	port		
	Ass't Report by Fax / I	land to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No:56	132494 I	NC()/Non-INC()	. 12	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): 1	l: 0-20%; P: 21-79%. P: 8	0-100%]	
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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.
- 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	02/04/2020 14:30
Date Of Accident	02/04/2020 10:50
Exact Location Of Accident	BALESTIER RD
Country/State of Loss	SINGAPORE
D.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ5084E
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	ТОУОТА
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
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	DMHCSNA00001902000
Cover Note Number	
Driver	
Name of Driver	LOW CHOON LAM

 Name of Driver
 LOW CHOON LAM

 NRIC No
 SXXXX870F

 Date Of Birth
 30/04/1984

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/11/2008

 Driving Experience
 11 YEARS AND 4 MONTHS

 Gender
 MALE

 Mobile Number
 (LOCAL) +65-82826626

 Fax Number

Contact Number OFFICE-82826626

EMail Address NOEMAIL

BLK 187B BEDOK NORTH STREET 4 Address

#12-52

462187 Postcode

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 - 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

NO

1

Number of Passengers (Including Driver)

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGJ3249U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

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 <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.
- 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 Signatu Date & Time:

02/04/2

12: T8pm

Driver's Signature

(If driver is not the policyholder)

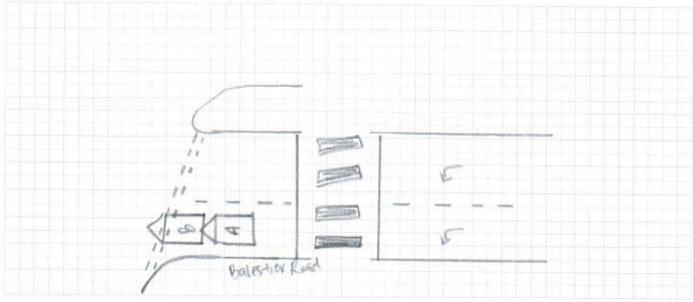
Date & Time:

02/04/202

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along balestier Road I was tra Stationary
behind SGJ 32494 and FBE 9633P. I begin to move when
SGJ32494 Started moving. Suddenly SGJ32494 Jam brake. 1
can't stop in time and hit into the rear of his vehicle.
There was no vehicle traveling to 1 confronted SGJ32494
as there was no vehicle traveling toward his way. He mention
that FBE 9633p Suddenly travel infront of him so he give
way to him.

DECLARATION

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

Policyholder Signature
Date & Time: 02/04/1000

(If driv

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

12:58 pm

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Date of Accident	02/04/2020 Accident Time: 10:50 am (24-HR-FORMAT)		
Accident Place	: Along Balestier Poad		
Vehicle Reg. No (Car plate No.)	: SLJ 5084E Vehicle Make/Model: Toyota AITIS		
Insurance Company	: China Taiping Policy No. DMHCSNA00001902000		
Name of Registered Owner	: Company / Individual Asia Express Car Pontal Pte Ltd		
ID of Registered Owner	: Co Reg No: >0111 6882D Owner's NRIC No:		
	: Co Contact No: 91998131 Owner's Contact No:		
DRIVER'S Name	Low choon Lam DRIVER'S NRIC No: 58485870F		
DRIVER'S Date of Birth	30 04 1984 DRIVER'S License Pass Date 03/11/2008		
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: Driver		
DRIVER'S Address	: BIK 187B Bedok North St 4 +12-52 S(462187)		
DRIVER'S Contact No./ Alt No.	:1) 8282 6626 2) 9100 2240		
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)		
Email Address	perjie @ 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 Dr Was the accident reported to the poli Was there any video Captured by car Exact purpose for which vehicle was	iver): ce? YES \ NO camera: YES \ NO being used at the time of accident: Private use \ Work purpose		
Other	Party Driver's Particulars (if any)		
Vehicle Reg No: S60 32494	Vehicle Reg No:		
Vehicle Make\Model:	Vehicle Make\Model:		
Name DRIVER:			
IC No. DRIVER:			
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

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Name: Low Choon Lam Nric No: S8485870F

Having his residential address at: Blk 187B Bedok North St 4

#12-52, Singapore 462187

Tel. (Residential) : 8282 6626

Next of Kin Contact: 9100 2240 (Ms Lim)

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 Altis

Registration No: SLJ 5084 E

Effective from: 16/12/2019 - 30/06/2020

Period : 06 Month Contract

1) SKZ9680K

2) SMA99345 (accident)

(4) SIGESTA (ACCIDENT)

4) SU35084E

[The Owner's Initial & Stamps]

The Hirer and/or Additional Hirer Initial & Stamps 11-Dec-2019



Motor Hire Car

MZ406L/B

SN

BR0085A

Cov. Type:F

CERTIFICATE OF INSURANCE

otor Vohicles (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.

DMHCSNA00001902000

Engine No.: 1ZRY337384

Cha. No.:MR053REH104559491

Index Mark and Registration

Number of Vehicle

SLJ5084E

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

Persons or Classes of Persons entitled to dove".

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.

(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.: LAKE VIEW CREDIT 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.

Issued By: Tan Jia Hwei Authorised Officer

Authorised Signatory