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Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Dates	Time:)	
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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 <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.		
THE SECOND STREET	ACCIDENT STATEMENT	
Date Of Report	20/07/2020 12:07	
Date Of Accident	18/07/2020 12:35	
Exact Location Of Accident	CTE EXIT AVE 5	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS3685L	
Insured/Policyholder		
Name Of Registered Owner	LAY AUTO LEASING PTE LTD	
Co Reg No	2XXXXX521C	
Email Address	FIONA@LAYAUTO.COM	
Mobile Phone No		

OFFICE-93874666

Alternative Phone No Vehicle Particulars

Manufacturer TOYOTA

Model SIENTA

Exact Purpose for which vehicle was being used at time of accident

WORK

Are you claiming under your own insurance policy

for repair to your vehicle?

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.

NO

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DMHCSNA00001672000

Cover Note Number

Driver

Name of Driver KHAIRUDDIN BIN HASSAN

 NRIC No
 SXXXX678H

 Date Of Birth
 03/07/1963

 Occupation
 OUTDOOR

 Date Of Driving Pass
 30/03/1984

Driving Experience 36 YEARS AND 3 MONTHS

Gender MAL

Mobile Number (LOCAL) +65-97848424

Fax Number Contact Number

EMail Address NOEMAIL

Page 1 of 12

BLK 124 ANG MO KIO AVE 6 Address

#07-4069

OTHER - HIRER

560124 Postcode

Was driver an employee of the Insured's Company NO

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions 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?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes,against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED 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

Vehicle Make/Model/Colour

SMF5708Z

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ALETHEA CHEW QIPING

NRIC/Passport Number

SXXXX949J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 12

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- 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 flability.
- 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 Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

KETCH PLAN	CLE EXIL UL	_
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on my la	ne, suddenly veh	icle SMF 57032 hit onto
with Lied	r of my wehele a	not cramageed my vehicle.
		AND
	Charles and the second	
1		
DECLARATION	regoing particulars are true in every respect.	
i, we declare the for	Al.	olym 20/07/20
(E(1)	12011	olym 20/07/20

Driver's Signature

(If driver is not the policyholder) Date & Time:

Policyholder's Signature

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE 18 07 2020 100 MARTINE 1/2 35 MH-MAN

1	DETAILS OF VEHICLE	02/00/	
	WARREST ST	-226075	
	C INSI RANCE COMPANY	China .	Taipins.
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3.	THIRD PARTY VEHICLE	C P	Modeline out the Park
Committee of	OF VEHICLE NUMBER SM	F 5708Z	MODEL MINI
	by CHIVERSHAME Alet		
	OF NEICHFULP ASSPORT S	1220949J	_GENT#CT:
	THEO PARTY VEHICLE		
	d) VEHICLE NUMBER:		MODEL
or other exp	e) DRIVER'S NAME		
	U OF CYPT/PASSECIET		CONTACE

for = from @ layauto. com/Joel@ layauto.com.



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Hire Car

MZ406L/B

E SN

AN0606A

Cov. Type:C

CERTIFICATE OF INSURANCE

Itor Vehicles (Third-Party Risks and Compensation) Act (Chapter Motor Vehicles (Third-Party Risks and Compensation) Rules, 19t Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00001672000

Engine No.: 1NZR525081 Cha. No.:NHP1707091300

1. Index Mark and Registration

4. Date of Expiry of Insurance

Number of Vehicle

AUTOSAFE

2. Name of Policy Holder

LAY AUTO LEASING PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations Ordinance or Enactment (15:03:03)

16/03/2020

15/03/2021

Excess Sect I.

S\$2,000.00

Excess Sect. I (Outside Singapore)

S\$4,000.00

Excess Sect. II

S\$2,000.00 \$\$4,000,00

Excess Sect.II (Outside Singapore). EX ON WINDSCREEN .

S\$100.00

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.

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.: MAYBANK 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

Authorised Signatory

Issued By:

Ho Li Hwa Irene Authorised Officer

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 希 3 Anson Road #16-00 Springleaf Tower Singapore 079909

©6389 6111

6222 1033

www.sg.cntaiping.com



LAY AUTO LEASING PTE LTD

21 TOH GUAN ROAD EAST #01-16/17 TOH GUAN CENTRE S608609 TEL: 6462 5828 FAX: 6468 1179 UEN NO 201310521C

1 A 11 DQ 1 Q D1
Rental Agreement Number: LA 16091901
This agreement is made on (Date) 16 09/19 between (Name) LAY AUTO LEASING PTE LTD
(Registration No.) 201310521C , a company incorporated in Singapore with its
registered officer at21 TOH GUAN ROAD EAST #01-16/17 TOH GUAN CENTRE S608609
(hereinafter called the "OWNER") which expression shall where the context so admits, include the
successor(s) in title and Kharveldin Bry Hascan after
called the "HIRER") in respect of the hire of the motor vehicle ("THE VEHICLE") for the period ("THE
PERIOD") at the rate of the hire rental ("THE RENTAL") set out in the schedule of this agreement ("THE
SCHEDULE") and upon the terms and conditions stated hereunder.
SCHEDULE OF AGREEMENT
1. PARTICULARS OF THE VEHICLE
a. Make/Model : Toyate Steate hybriel.
b. Registration Number : \$1\$36\$5_
c. Chassis Number :
c. Chassis Number : As per les civel d. Engine Number : As per les civel
2. COMMENCEMENT
a. Effective Date : ((Year)
2. COMMENCEMENT a. Effective Date b. Expiry Date 2 09/19 (1404) 5 20/09/20
3. HIRE RENTAL
a. Security Deposit : \$15001-
b. Daily Hire Rates : サコロー
c. Additional Charges :
1316.
4. DRIVERS
Name Khairuddin Br Hassan.
Name Challaddin Ari (433)
D.O.B : 03/07/1963
D.O.B : 05/0+/15/65
License No. : S 160667814
Contact No. : 9784 8424,
SIGNATORY OF HIRER: