5		100064135	Done by	
Date In: 29/2/2-18:19	Jeb description	Date & Time Completed	Dolle o	
Ref No: Halco 2 Bos 7845 try	SAS e-filing			
Veh No: 5m 48 4802	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 17/7/20-16'40	i-Motor Claim Form			
	i-Motor W/O (Within: OD 2ho	rs, 7'P 4hrs)		
OD (TP) Reporting Only	i-Photo Uploaded		-0, 100mments ()	
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fa	<b>«</b> ;	)
TP Particulars: Veh No: Skm	71 . INC(	)/Non-INC()	*	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period	d: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	13.14.0000
Insured/Driver Liability: ( %) [No	te-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-10	0%]	
Year of Registration: ( ) Wa	rranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000	( )/\$2,000( )			
General Remarks:-			on Silver	
( ) Walk-In Customer: Customer's information	ation strictly Confidential & S	trictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer l	URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invoice: Y	YES( )/NO( );	Towing Co: (		)
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Doneb	y
	rtesy Car ( )			Carrier Carl
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$300	[0]			
Injury:				
Date/Time Actions			BARCACIAN INC	Fred Sale
AND ASSESSMENT AND ASSESSMENT OF THE PROPERTY				
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	1 Days D	es a attac Checklist	Ant (S)	Arit (3)
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Ha 2003 124 Elaimant's Particulars :: river/Owner: ontact No: arnaged Portion:  C Checked by (Engr-In-Charge):	1) AR : Accides 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For elaiming 6) TR : Re-insp 7) N1 : Idao D/ 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost Re-insp *N8: DV / C	nt Reporting (\$30); e Assessment (\$100); INC (\$80) Fee \$40/. Through Survey (\$20) against INC Only (wef 10 Jan 2005) section 4 + SMRT Survey \$20 tional Services: sy Car / Tpt Allowance Co-ordination epair Inspection collect Excess Coordination	75 Bill ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	
Na 1003 104 .  Elaimant's Particulars :- river/Owner: ontact No: arnaged Portion:  C Checked by (Engr-In-Charge): additors! Comments :-	1) AR : Accides 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For elaiming 6) TR : Re-insp 7) N1 : Idao D/ 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost Re-insp *N8: DV / C	nt Reporting (\$30); e Assessment (\$100); INC (\$80) Fee \$40/? Through Survey (\$20) against INC Only (wef 10 Jan 2005) action 4 + SMRT Survey \$20 tional Services:  sy Car / Tpt Allowance Co-ordination epnir Inspection collect Excess Coordination TP (Non INC) against INC	Tst Bill ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	

the part of the

## Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 29/07/2020 18:29

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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.	
Experience of the control of the second	ACCIDENT STATEMENT
Date Of Report	29/07/2020 18:19
Date Of Accident	27/07/2020 16:40
Exact Location Of Accident	NORTH BUONA VISTA RD TWDS AYE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH8480Z
Insured/Policyholder	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91998131
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID 1.5G AUTO
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
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.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNA00001962000
Cover Note Number	
Driver	
Name of Driver	SEK SONG HWEE THOMAS
NRIC No	SXXXX620J

 NRIC No
 SXXXX620J

 Date Of Birth
 29/02/1972

 Occupation
 OUTDOOR

 Date Of Driving Pass
 20/05/1997

Driving Experience 23 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97925237

Fax Number

Contact Number OFFICE-97925237

EMail Address NOEMAIL

Address BLK 476 JURONG WEST STREET 41

#10-334

Postcode 640476

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

50 2504m 20 34 500746545

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

4

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 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

2 -

: MALE

Passenger 2

NAME:

0.5

GENDER:

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200728/7011.

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 SKM5497T

Vehicle Make/Model/Colour HYUNDAI ELANTRA

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver CHAI PEIFANG, REGINA

NRIC/Passport Number

SXXXX579A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SMS2109D

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)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

GBE2938G

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)

## SKETCH PLAN

## **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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.
- 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:

6 DAPN

Driver's Signature

(If driver is not the policyholder)

e & Time:

1 33

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN

A: SMH8480Z

g: Jems4927

C: Jms21092

D: GB=1938A

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY	CAR	STOP	ATA	NORTH	BUONF	VISTA	ROAD	TOWATED	AYE (CITY)
								Bacle.	
					M5491				
3-1-11									
							7		
				***************************************					
	#2 m 2			V.——					
									-

DECLARATION

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

Policyholder's Signature

Date & Time: J7 7 20 6 - 2 7PM GIARMC SketchPlanForm\_V3 Driver's Signature
(If driver is not the policyholder)

27/7/20 6.27pm

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

2

Date of Accident	:
Accident Place	: North Buona Vista Good towards AYE (City)
Vehicle Reg. No (Car plate No.)	: SMHJ4802 Vehicle Make/Model: Honda Freed
Insurance Company	: China TaiPing Policy No. DMHCSNA00061912000
Name of Registered Owner	: Company/Individual Asia Express car newfal Pte 4d
ID of Registered Owner	: Co Reg No: 201116 8320 Owner's NRIC No:
	: Co Contact No: 9199 8131 Owner's Contact No: 96253 642
DRIVER'S Name	: Sek Jong Hover Thomas DRIVER'S NRIC No: 57206620]
DRIVER'S Date of Birth	: 29 2 1972 DRIVER'S License Pass Date 20 [5/1987]
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	: BLK 476 Jump West St 41#10-334 5640476
DRIVER'S Contact No./ Alt No.	:1) 97 925257 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: peijle to express car. 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	ce? YES \ NO
3	Party Driver's Particulars (if any)
Vehicle Reg No: SCM 5497T (B)	Vehicle Reg No: (C) SMS 2109D.
Vehicle Make Model: Hyunda Flanti	
Name DRIVER: Giai Perfong, Regin	Name DRIVER:
IC No. DRIVER: 59035540A	IC No. DRIVER:
DRIVER'S Contact & add:	
	(D) 63629389





1 of 3

Report No. T/20200728/7011

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2020 13:06			Vide Report No.: D/20200727/0092	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: SEK SONG HWEE THOMAS			Address: APT BLK 476 JURONG WEST STREET 41 #10-334 SINGAPORE 640476			
ID Type / ID No.: NRIC NO / S7206620J			Contact No.: Home/Office: Mobile: 97925237			
National SINGAP	ity: ORE CITIZ	EN	Email: sekthomas72@gmail.com			
Sex: Age: Date of Birth: Male 48 29/02/1972			Type of Informant: Driver			
Race: Chinese		-1	Language: English	Institution / School Name:		
Occupat Grab driv	Occupation: Grab driver		Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 27/07/2020 16:30	Type of Location Bend	
Location: NORTH BUO Weather: Raining	NA VISTA ROAD	Road Surface: Wet		Road Speed Limit: 60 Km/h	
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
One Way	Type of Collision: Moving Vehicle Against - Parked Vehicle				

Details of V	enicle mvo	iveu				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMH8480Z	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20200728/7011

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

Driver						
Name	SEK SONG HWEE THOMAS		ID No		S7206620J	
Related Vehicle	SMH8480Z (Car)			Conta	ct No.	97925237
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

## Brief Details.

I picked up customer at NUH towards loyang rise. Take North bouna vista road towards city exit to AYE. I stop my car at the traffic light junction, cause it turn red. The next moment the car behind me hit me at the back of my car.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200728/7011

### CONTINUATION OF REPORT

Sketch Plan				
Informant is no	t able	to provide	sketch	pla

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/07/2020 13:06
Officer In Charge Of Case: TP / TPIB / YUS MASTARI I KHAZALI Contact No.: 65476214	Classification Of Case:

Authentication Stamp

NP168

Favordrive Car Rental 82 Geylang Lorong 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: Sek Song Hwee Thomas

Nric No: S7206620J

Having his residential address at: Blk 476 Jurong West Street

41 #10-334 S640476

Tel. (Residential)

: 97925237

Next of Kin Contact: 85883293 Li Xiu Qing

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: -

### Lease Period - Renew Contract

The rental fee is hereby agreed between both parties at \$\$500 per week.

Make & Model: Honda Freed Registration No: SMH8480Z

Effective from: 12/02/2020-19/02/2021

Period: 12 Months Contract

BY SIGNING THIS AGREEMENT, YOU CONSENT TO US PROCESSING ANY PERSONAL DATA YOU DISCLOSE TO US (INCLUDING SENSITIVE PERSONAL DATA).

[The Owner's Initial & Stamps

The Hirer and/or Additional Hirer Initial & Stamps 04-Feb-2020



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Motor Hire Car

MZ406L/B

SN N

BR0085A

Cov. Type F

#### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Melaystia) Motor Vehicles (Third-Party Riska) Rules, 1959 (Ma

CERTIFICATE No.

DMHCSNA00001962000

Engine No.: LEB5624179 Cha. No.:GB71086395

1. Index Mark and Registration

SMH8480Z

2. Name of Policy Holder

ASIA EXPRESS CAR RENTAL PTE, LTD.

Effective date of the Commencement of 15/03/2020 Insurance for the purposes of the Regulations, Ontinence or Enectment

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

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 inoperative by Section 6 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: Gan Li Jia Jesca
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

©6389 6111

6222 1033

www.sg.cntaiping.com