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OD / TP Reporting Only	i-Photo Upload	ed	1			12
	Assessment/Surv	ey Report				
TP Insurer:	Ass't Report by I	Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW:	(		Tel:	Fax:		
TP Particulars: Veh No:		. INC(	)/Non-INC(	) ,		
Owner / Driver: (			Tel:		)	
Policy No: ( )	Period: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: (	%) [Note-Est. Status (WC	)): N: 0-20	%; P: 21-79%. F:	80-100%	]	
Year of Registration: (	) Warranty: YES (	)/NO(	)	eardiren		No.
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Remarks: (INC hotline: 6788 661	6)		Date&Time Complets	d b	Done	by
1) Apply for Transport Allowance (	) / Courtesy Car ( )					The State
2) QC Check / Post Repair Inspection	( )					
3) Upload Resurvey Photo [Repair Cost	( ) [000E2 <		<del> </del>	_		112/125/4
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aimant's Particulars :-	1) 2) 3) 4	) DA : Damage A ) TF : Towing Fe ) FT : Follow-Th	Assessment (\$100); IN	\$40/\$45 \$120		
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

EMail Address

- 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.

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	26/08/2020 14:34		
Date Of Accident	25/08/2020 09:15		
Exact Location Of Accident	88 JALAN PEMIMPIN		
Country/State of Loss	SINGAPORE		
C	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLW4122S		
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	HONDA		
Model	SHUTTLE HYBRID 1.5 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	DMHCSNA00001942000		
Cover Note Number			
Driver			
Name of Driver	HUANG XIAOLING		
NRIC No	SXXXX479E		
Date Of Birth	18/12/1987		
Occupation	OUTDOOR		
Date Of Driving Pass	24/05/2010		
Driving Experience	10 YEARS AND 3 MONTHS		
Gender	FEMALE		
Mobile Number	(LOCAL) +65-83216316		
Fax Number			

OFFICE-83216316

NOEMAIL

Address

BLK 155 ANG MO KIO AVENUE 4

#10-748

Postcode

560155

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJN8888K

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**

- 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.
- 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: 25103120

Driver's Signature

(If driver is not the policyholder)

Date & Time: 25/08/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN				
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DESCRIBE CIRCUMSTANCE			and 91	Tam Car Dlate (CTM PROCE)
reverse ai	d hit	the front of	my Car	Sam Car plate (SJN 8888K) - CSW4122S) Which my
Car ic on	Station	nery.	. 3	
		•		
CAR .				
DECLARATION  I/We declare the foregoing particle of the second of the se	culars are	true in every respect.		
* AZ		X		
Policyholder's Signature Date & Time: 25103120		iver's Signature driver is not the policyholde	r)	Reporting Centre Personnel's Signature Name:

(If driver is not the policyholder)
Date & Time: 25/08/20

Name: NRIC/FIN No.:

GIARMC SketchPlanForm: V3

Date of Accident	:_ 15/03/20 Accident Time: (24-HR-FORMAT)
Accident Place	: 88 Jalang penimpin
Vehicle Reg. No (Car plate No.)	: SUNHIZZS Vehicle Make/Model: Honda Shuhla
Insurance Company	: China Taiping Policy No. DMH (SNADUOD194200
Name of Registered Owner	: Company / Individual PSIA Express (av Revital
ID of Registered Owner	: Co Reg No: 20 1116882D Owner's NRIC No:
	: Co Contact No: 91998131 Owner's Contact No:
DRIVER'S Name	Huang XIAO LING DRIVER'S NRIC No: 58741479E
DRIVER'S Date of Birth	: 18/12/987 DRIVER'S License Pass Date 24/05/2010
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: Drnv
DRIVER'S Address	: BIK 155 Ang Mo kio Ave 4 #10-748 (5)560155
DRIVER'S Contact No./ Alt No.	:1) 8321 6316 2) 9889 5571
DRIVER'S Occupation	: INDOOR \QUTDOOR (eg. working inside or outside of an ofc)
Email Address	Delha O expression con 50
Weather & Road Surface	: CLEAR & DRY\RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including D Was the accident reported to the pol Was there any video Captured by ca Exact purpose for which vehicle was	lice? YES \ NO
CONTRACTOR OF THE PROPERTY OF	Party Driver's Particulars (if any)
Vehicle Reg No:SJN 8888	Vehicle Reg No:
Vehicle Make\Model:	
Name DRIVER:	Name DRIVER:
C No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	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: Huang Xiao Ling

Nric No: S8741479E

Having his residential address at: Blk 155 Ang Mo Kio Ave 4

#10-748 Singapore 560155

Tel. (Residential)

: 8321 6316

Next of Kin Contact: 9889 5571

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: Honda Shuttle Hybrid

Registration No: SLW 4122 S

Effective from: 09/06/2020 - 01/02/2021

Period : 04 Month Contract

[The Owner's Initial & Stamps]

The Hirer and/or Additional Hirer Initial & Stamps 09-Jun-2020





Motor Hire Car

MZ406L/B

SN

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 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00001942000

Engine No.: LEB6543027

Cha. No.:GP71202457

Index Mark and Registration

Number of Vehicle

SLW4122S

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 Vehicle.

- 6. Limitations as to use:
- 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

Use for racing, pace-making, reliability trial or speed-testing.
 Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: CING DIEN CREDIT 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: Gan Li Jia Jesca **Authorised Officer** 

Authorised Signatory