Date of the	Services per mon	1 4 4	Ī	
Date In: 01/09/20	Jch description	Date 8	Time Completed	Done by
Ref No. NA/CTI20009246/13	SAS e-filing			(1)
Veh No. SKN4852C	E-mail (within 8hrs, AlC 2h	19)	l	
D.O.A: 30/08/20 1110	i-Motor Claim Form		1	
- 1999)	i-Motor W/O (Within: O	2 2hrs, TP 4hrs)	i i	
OD TP / Ceporting Only	I-l'hoto Uploaded			
TD Menicare	Assessment/Survey Repo	ort j		
TP Insurer:	Ass't Report by Fax / Ha	ind to Owner	Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tol;	Fa	x:
TP Particulars: Veh No: St	108854P . IN	C(,)/N	on-INC()	
Owner / Driver: (Tel:)
Policy No: () Perio	1: () Cover	Гуре: ()
Confirmed by : (Date:		Times)
Insured/Driver Liability: (%) [No	e-Est Status (WO): N:	0-20%; P:	21-79%. F: 80-10	0%]
Year of Registration: () Wa	manty: YES ()/NO	()		
Excess: (\$) Loading: \$1,000	()/\$2,000()			
General Remarks:	CONTRACTOR OF THE	1935347	Editor Committee	i.i.
() Walk-In Customer: Customer's Inform	ation strictly Confidential	Strictly NO	refer of repairer.	
		2 01110117 110		
() Total Loss Case : to e-mail Insurer				
Drive-In ()/ Yowed-In (); Invoice: Y	ES()/NO()	; Towing C	0. (
Remarks: 30 (180 harline: 6788/6616)		Victor Dates	Time Completed	Done by
	rtesy Car ()	A CONTRACTOR DESCRIPTIONS OF	-	
	()			
2) QC Check / Post Repair Inspection	\ /			
The second secon	01 ()	- 4 3	201	
3) Upload Resurvey Photo [Repair Cost > \$300	0] ()			
The second secon	0] ()			- 4 /
Upload Resurvey Photo [Repair Cost > \$300 Injury:		SARA SECTION	Sani/Apris	
3) Upload Resurvey Photo [Repair Cost > \$300				· .
Upload Resurvey Photo [Repair Cost > \$300 Injury:				
Upload Resurvey Photo [Repair Cost > \$300 Injury:				
Upload Resurvey Photo [Repair Cost > \$300 Injury:				
Upload Resurvey Photo [Repair Cost > \$300 Injury:				
Upload Resurvey Photo [Repair Cost > \$300 Injury:				Anit(S) Anit
Upload Resurvey Photo [Repair Cost > \$300 Injury:		Preparatio	i Checklist	Anic(S) Ant.
July: Date/Line Actions MA2004609	Invoice 1) AR: Ao	Preparatio	(\$30);	in Bill 'Add
July: Date/Line Actions: July: Actions: July:	Invoice 1) AR: A0 2) DA: D6 3) TF: Tev	Preparation of the preparation o	(\$30); INC (\$80 (\$100); INC (\$80	HAM Add
July: Date/Line Actions July: Date/Line Actions July: District Actions District Owner:	1) AR: Ao 2) DA: De 3) TF: Fol 4) FT: Fol	Preparation Preparation oldent Reporting Mage Assessment ving Fee low-Through Sulow-Through Sulow-Th	(\$30); it (\$100); INC (\$80 \$400 rvey (Resurvey)	JiLBill 'Add
July: Date/Line Actions July: Date/Line Actions July: District Actions District Owner:	Invoice 1) AR: A0 2) DA: Da 3) TF: To 4) FT: Fol 5) FT: Fol For clair	Preparation Preparation Cident Reporting Image Assessment Ving Fee Iow-Through Su Iow-Through Su Ining against JNC	(\$30); INC (\$80); INC	111 Bill 'Add)) 345 120
Jumane's Particular's : Ontact No:	Invoice 1) AR: Ao 2) DA: De 3) TF: To 4) FT: Fol 5) FT: Fol Forcials 6) TR: Re 7) NI: Ida	Preparation Preparation Preparation Cident Reporting Image Assessment Ving Fee Iow-Through Su Iow-Through Su Ining against JNC Ituspection Io DA + SMRT S	(\$30); INC (\$80) (\$100); INC (\$80) (vey \$1 (vey (Resurvey) Only (wef 10 Jen 2005) urvey \$	141.Bill Add
July: Date/Line Actions Injury: Date/Line Actions Distinguishers Particulars Oriver/Owner: Contact No: Damaged Portion:	Invoice 1) AR: A0 2) DA: Da 3) TF: To: 4) FT: Fol 5) FT: Fol Forcials 6) TR: Re 7) N1: Ida 8) NTUC	Preparation Codent Reporting mage Assessment ving Fee low-Through Su low-Through Su ning against INC	(\$30); INC (\$80) (\$100); INC (\$80) (vey \$1 (vey (Resurvey) Only (wef 10 Jen 2005) urvey \$	141.Bill Add
July: Date/Line Actions: Injury: Date/Line Actions: District Owner: Contact No: Damaged Portion:	Invoice 1) AR: Ao 2) DA: Da 3) TF: To 4) FT: Fol 5) FT: Fol For clair 6) TR: Re 7) N1: Ida 8) NTUC On! *N5: Co	Preparation cldent Reporting mage Assessment ving Fee low-Through Su pot + SMRT Sudditional Service urlesy Car / Tp	(\$30); INC (\$90 \$400	141 Bill Add 245 120 330 575 160
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: OntexTime Actions Inimiand's Particulars: Oriver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge):	Invoice 1) AR: Ao 2) DA: De 3) TF: To 4) FT: Foi 5) FT: Foi For clair 6) TR: Re 7) NI: Ida 8) NTUC Opt *NS: Co *N6: Re	Preparation become Reporting mage Assessment ving Fee low-Through Su low-Through Su ling agelust INC luspection v DA + SMRT S Additional Service urlesy Car / Tp pair Co-ordinal	(\$30); INC (\$80 at (\$100); INC (\$80 rvey \$ rvey (Resurvey) Only (wef 10 Jen 2005) urvey \$ Allownine	141 Bill Add
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Onte/Time: Actions Chaimant's Particulars: Oriver/Owner: Contact No: Oamaged Portion:	Invoice 1) AR: Ao 2) DA: Do 3) TF: To 4) FT: Foi 5) FT: Foi For clair 6) TR: Re 7) N1: Ida 8) NTUC OD! *N5: Co *N6: Re *N7: Po *N8: D'	Preparation Preparation Coldent Reporting Image Assessment Ving Fee Iow-Through Su Iow-Through Su Iom-Through S	(\$30); It (\$100); INC (\$80 Frey (Resurvey) Only (wef 10 Jen 2008) urvey \$ Allownness on ion is Coordination	111 Bill Add 245 220 330 375 160 55 510 525 55
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Islamanc's Particulars: Oriver/Owner: Contact No: Oamaged Portion: C. Checked by (Engr-In-Charge): Additors! Comments:	Invoice 1) AR: Ao 2) DA: De 3) TF: To 4) FT: Foi 5) FT: Foi For clair 6) TR: Re 7) NI: Ida 8) NTUC Opt *N5: Co *N6: Re *N7: Po *N8: D	Preparation clident Reporting mage Assessmen ving Fee low-Through Su low-Through Su low-Through Su low-Through Su cluspection v DA + SMRT S Additional Servic urlesy Car / Tp pair Co-ordinal st Repair Inspect // Collect Exec- l): TP (Non IN	(\$30); It (\$100); INC (\$80 Frey (Resurvey) Only (wef 10 Jen 2008) urvey \$ Allownness on ion is Coordination	111 Bill Add 245 220 330 375 160 555 550 525 550
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Dafe/Lime Actions Shim and S Particulars Oriver/Owner: Contact No: Damaged Portion: QC. Checked by (Engr-In-Charge):	Invoice 1) AR: Ao 2) DA: Do 3) TF: To 4) FT: Foi 5) FT: Foi For clair 6) TR: Re 7) N1: Ida 8) NTUC OD! *N5: Co *N6: Re *N7: Po *N8: D'	Preparation and the preparation at Resport Inspection and Inspection at Resport Inspection and Inspection an	(\$30); It (\$100); INC (\$80 Frey (Resurvey) Only (wef 10 Jen 2008) urvey \$ Allownness on ion is Coordination	111 Bill Add 245 220 330 375 160 55 510 525 55

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 aforesaid.

Barta di trata de la designa de la constante d	ACCIDENT STATEMENT	
Date Of Report	01/09/2020 10:48	
Date Of Accident	30/08/2020 11:10	
Exact Location Of Accident	CTE TWDS CITY NEAR BRADDELL ROAD EXIT	
Country/State of Loss	SINGAPORE	
The bottom of the second of the second	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKN4852C	
Insured/Policyholder		
Name Of Registered Owner	LA RENTALS PTE LTD	
Co Reg No	2XXXXX059Z	
Email Address	FIONA@LAYAUTO.COM	
Mobile Phone No	(LOCAL) +65-93874666	
Alternative Phone No	OFFICE-93874666	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	ALTIS	
Exact Purpose for which vehicle was being used a time of accident	t COMMERCIAL 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 HIRE	
Insurance Company		
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	THIRD PARTY	
Fleet Policy	NO	
Policy Number	DMHCSNA00000451900	
Cover Note Number		
Driver		
Name of Driver	LIM SWEE TECK	
NRIC No	SXXXX957E	
Date Of Birth	17/03/1960	
Occupation	OUTDOOR	
Date Of Driving Pass	25/11/1978	
Driving Experience	41 YEARS AND 9 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-98590493	
Fax Number		
Contact Number		
EMail Address	NOEMAIL	

Address 68 JALAN GELENGGANG Postcode 578242 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) 2 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO 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) 2 Passenger 1 NAME: : UNKNOWN GENDER: : FEMALE **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 SHC8854P Vehicle Make/Model/Colour HYUNDAI IONIC Details Of Properties Vehicle Category TAXI Name of Driver MR TAN NRIC/Passport Number Contact Number 91824848 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</u> and <u>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 Signatule Date & Time:

Driver's Signature

(If driver is not the policyholder)

arligh

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

BRADOELL RD EXIT SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE A

Was dining towards the	ity along CTE, Was filtering from the left lane tounds the city new Braddell Read Ext. The to in front of me while I was filtery right avoid him and bang into his back of inor scratch marks as impact was not
the right lane going town	of the its new Box Idell Board 6 to The
taxi sudden jam his hos	be in Lat O mentile late in
1000 + 01	1 July of me want was fillery right
d country stop in fame	to avoid him and bary into his back of
The taxis Taxi have in	inor scratch marks as impact was not
very strong.	
/	
	Ade april 2500 Alde april 2500
APATION	

We declare the foregoing particulars are true in every respect.

Driver's Signature

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

01/09/20

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

	0 10	(DD Assi)	TIME! U 10	(H=7,05,00
toc	ANOTE CTE TOWAR	D CITY NEW	Braddell Read	'Enit
1	DETAILS OF VEHICLE	3KA 4852C		
	EINSI RA ICE COMPA-	chima	0 : =1 2	
	ELIVER OF THE	CHCSHH OUW	UA51900	CHEST STORY
	HITTE SACOUNT	PTOYOTA	AHIS.	
	SECTION OF STREET	A) (A)	SAL MOTORCICE	/ (5/HEE3)
	MEDIA O COME CONTROL (NO. 1) - 1 DARE INCOLUMNO SELO	DATE OF THE PARTY	116N -	
	THE PERSON STATE (1+	TRO PARTY CLAIM!	EPORTING OIL	
2:	MISURED / POLICY HOLD	te Ltd	(A) ALE	FF
	DISHLIFTEPASSFORT	20183865	92 CONTACT 9	3874666
	CHADERESS 21 TON	60860 hoad	Cast Ion	Guan Centre
in it prom #	* CONTINUE TO 3.4 IF DR DRIVER	IVER ALSO POLICY	HOLDER	
	- 1111- 1- C	ice Tork	1140011114	***
tedular dans	hill Bio/Eliza assense.	14249-2	CONTACT %	291493
Fores	STADOPESS 60 5	alan Geleng	gang (57824	(2)
0.10 to 1.0 to	*CLDATE OF BIRTH!: 17	03 60 (0)	D/MM/YYYY)	
	PROCESTATION PURCO	R / O STOO ON		
	OF TARS OF DRIVING BAR	REPIENCE 42 yo	ast.	2
	WAS DRIVER AN EMPLO	YEE OF THE INSU	RED'S COMPANY?	(NO)
	IF NO. RELATIONSHIP C	DRIVER W	ITH INSURED:	Hier
	NAME OF THE CONDICAL	MAR/RAINING	OTHERS	
	MAI ANYBURATE OF	Mel Wines		
	Number of the property of the	1 = 5 / 9		
	F YES PLEASE STATE WH	IOU SOLIOT STATIO	li'u	
8.	THIRD PARTY VEHICLE			
	of VEHICLE NUMBER 2	HE 8PSY P	MCDE Hunga	ar long
225 000 000	110	r cour		
F	- FIR CAPTUPASSPORT		CONTECT_Z	182 4849
	TO STAND ALTOCAS			ALTERNATION OF THE PROPERTY OF
	10 VEHICLE HOMBER		MODEL	
	et ORIVERSHAME			
	(1 - 14 - 7/2-17 E # 27 - 241 - 241 - 241		contact	

Joel@layAuto.com/From@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

CERTIFICATE OF INSURANCE

E SN

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)

AN0606A Cov. Type:T

CERTIFICATE No.

DMHCSNA00000451900

Engine No.: 3ZZ4905834

Cha. No.:MR053ZEE106148456

1 Index Mark and Registration

SKN4852C

Number of Vehicle

2. Name of Policy Holder

LA RENTALS PTE LTD

Excess Sect. II

\$\$2,000.00

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

Excess Sect.II (Outside Singapore).

\$\$4,000.00

4. Date of Expiry of Insurance

09/12/2020

Persons or Classes of Persons entitled to drive"

As per Named Driver(s) stated below.

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.

ANY EMPLOYEE OF THE COMPANY

ANY AUTHORISED HIRER/DRIVER

6 Limitations as to use *

Use for the carriage of passengers or goods in connection with the Policyholder's business.
 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.: LAY AUTO 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: Ho Li Hwa Irene Authorised Officer

Authorised Signatory

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

O63896111

6222 1033

www.sg.cntaiping.com

LA RENTALS PTE LTD 21 TOH GUAN ROAD EAST #01-16/17 TOH GUAN CENTRE SINGAPORE 608609

TEL: 6462-5828 FAX: 6523-6609 UEN NO 201838059Z

Rental Agreement Number: 1000000
This agreement is made on (Date) 28 (7-12) between (Name) LA RENTALS PTE LTD (Registration No.) 201838059Z La company incorporated in Singapore with its
registered officer at 21 TOH GUAN ROAD FAST #01-16/17 TOH GUAN GENERAL STREET
Little enditer called the "OWNER") which expression shall where the
successoris in title and Kiv Ower ICCE.
called the "HIREK") in respect of the hire of the motor vehicle ("THE VEHICLE") for the paried ("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 : TOYOTA AHIS
b. Registration Number : SKN 4852C
c. Chassis Number : Q = 2
d. Engine Number : 155 per Coscaro.
2. COMMENCEMENT
a. Effective Date : 38-7-30
a. Effective Date : $28-7-30$ b. Expiry Date : $28-9-30$
The K
3. HIRE RENTAL
a. Security Deposit : \$500 / -
a. Security Deposit : \$500 - b. Daily Hire Rates : \$45 -
c. Additional Charges : Nil
4. DRIVERS
1st Driver
Name : Lim Swee Fct.
0.0.B : 17. 3.1960
License No. : 814 24957E
Contact No. : 185 90483
SIGNATORY OF HIRER: