NATIONAL Assessment Centre S	CONTROL CONTROL	#1 1 724,021W N	Date & Time Comple	red i	Done b	v
Date In: 1/10/12 -11:53	Jeb description		Date & Time Compile	, led	Done	
Re( No: NA (C77200/2576/74)	SAS e-filing		1	-		
Veh No: Jyswzy	E-mail (within Sh	rs, AIC 2hrs)				•
D.O.A: 1/10/2- 27:45	i-Motor Claim	Form				
	i-Motor W/O	Within: OD 2hrs	(TP 4brs)			
OD TP Reporting Only	i-Photo Uploa	ded				
	Assessment/Sur	vey Report	İ.			
TP Insurer:	Ass't Report by	Fax / Hand t	0 Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		)
TP Particulars: Veh No: 14 CF72	40	. INC (	)/Non-INC(	)		
Owner / Driver: (		7//	Tel:	·	)	
Policy No: ( ) Period	1: (	)	Cover Type: (		)	
Confirmed by : (	V=10.510=141=1500:===	Date:	Time:		)	
Insured/Driver Liability: ( %) [Not	e-Est. Status (W	O): N: 0-2	0%; P: 21-79%. P	: 80-100%	65.1	
Year of Registration: ( ) War	rranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$1,000	( )/\$2,000(	)				
General Remarks:			a sa tamana a taga	Carrier .	8,	7.7
( ) Walk-In Customer: Customer's informa	ation strictly Con	fidential & St	rictly NO refer of rep	airer.		
( ) Total Loss Case : to e-mail Insurer L				1 1		
Drive-In ( )/ Towed-In ( ); Invoice: Y		O( );T	owing Co: (		•	)
			Date& Time Comple	sal V	Done	by .
Remarks:- (INC hotline: 6788 6616):				. 2. 2. 3	A	
77.117	rtesy Car ( )		*	-	-9025.00	
2) QC Check / Post Repair Inspection	( )		<del>                                     </del>	-		
3) Upload Resurvey Photo [Repair Cost > \$3000	0] ( )		<u> </u>			
Injury:				A COUNTY OF THE	Subara Subara	14 THE RIST
Date/Time Actions				1000450	Coarse.	
	8					-
	4			The state of the s		
,				200 120 140	Anit (S)	Amt (3)
100000000		Invoice Pre	paration Checklist		th Bill	Add Bill
MERGERA		1) AR : Acciden	t Reporting (\$30);	INC (\$80)		
laimant's Particulars:-		2) DA : Damage 3) TF : Towing	Assessment (\$100);	\$40/\$45		
Priver/Owner:		4) FT : Follow-1	Through Survey Through Survey (Resurvey)	\$120 \$30		
ontact No:		For claiming	egainst INC Only (wef 10	Jan 2005)		
amaged Portion:		6) TR : Re-inspe		\$75 - \$160		
amaged rordon.		8) NTUC Addit	ional Services:-			
C Checked by (Engr-In-Charge):		OD.	y Car / Tpt Allowance	\$5	- 10-10	
		*N6: Repair	Co-ordination	510		
		*N7: Fost Re	pair Inspection ollect Excess Coordination	\$25 \$5	decessio.	
auditors Comments:-	3 SEAS YEAR TO \$ 5	TP (N11): T	P (Non INC) against INC	\$20		·
at. 1:		9) N12: Idac M	obile	30 Charged		ar ATS
at. 2/3;		Invoice dated		Charged	SAME	

4 . ph at 1.95

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.	UNI SESSIO COMMENTE SE			
	ACCIDENT STATEMENT			
Date Of Report	01/10/2020 11:53			
Date Of Accident	01/10/2020 07:45			
Exact Location Of Accident	BLK 283 CHOA CHU KANG AVE 3 OPEN SPACE CARPARK			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SJU8252H			
Insured/Policyholder				
Name Of Registered Owner	EZY-1 LEASING PTE LTD			
Co Reg No	2XXXXX333W			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-89999999			
Vehicle Particulars				
Manufacturer	тоуота			
Model	VIOS E AUTO			
Exact Purpose for which vehicle was being used a time of accident	t 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 CAR			
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	DMHCSNA00006382000			
Cover Note Number				
Driver	The state of the s			
Name of Driver	ADAIKAN THIRUSELVAM			
Passport No/FIN	FXXXX784P			
Date Of Birth	13/03/1976			
Occupation	OUTDOOR			
Date Of Driving Pass	21/07/2017			
Driving Experience	3 YEARS AND 2 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-97324068			
Fax Number				
Contact Number	OFFICE-97324068			

NOEMAIL

3 SUNGEI KADUT DRIVE Address

KRANJI INDUSTRIAL ESTATE

Postcode 729556

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 - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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? Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SGF8724C Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

RANGANATHAN LAKSHMINARAYANAN Name of Driver

NRIC/Passport Number

Contact Number 90622384

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

ADAIKAN THIRUSELVAM Name

Page 2 of 17

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode BODY

SJU8252H

YES

NO

### SKETCH PLAN

### IMPORTANT NOTICE

- 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 <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 Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Persons Name:

el's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN BLK 283 Chan any Kong Avenue 3 Open space car part Veh A. SJU8252H Veh B: SGT 8724C DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On above SJU8252H) dituting my vehide A BLK 283 Choa Que Kang SGF 8724C Vehide drove out from the car part lot a rosult onto the front vehicle B collected vehide DECLARATION I/We declare the foregoing particulars are true in every respect.

Reg No

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 .:

ehicle No.	SJU8252H Model/Make Togota Vios			
Pate of Accident	1/10/2020			
ime of Accident	0745 HRS			
ocation of Accident	Along BLK 283 Chac an Kong Avenue 3 OSCP			
xact purpose use during acci	dent Work			
Name of Owner	EZY- Leasing Pte Ltd			
elephone No.	H/P: Home: Office:			
NRIC	201726333W			
Address	15 Yishun Industrial Street 1 HOI-21 8(768091)			
Claim type	OD THIRD PARTY REPORTING ONLY			
nsurance Company	China Taiping			
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft			
Policy No.	DMHCSNA 00006382000			
Name of Driver	As Above If No, Adaikan Thiruselvam			
VRIC	F8420784P Any Passengers: —			
Date of birth	13/3/1976			
Occupation	Outdoor / Indoor			
Driving License Pass Date	710c17 11c			
Gender	Male / Female			
Contact No.	H/P: 9H32 4068 Home: Office:			
Address	3 Sugger Kadat Drive Kranji Industrial Estate SC72955			
Driver have any own vehicle	No, If yes, Reg No.			
Relationship	Employee, If no, state Hirer			
Weather condition	Clear Raining Other			
Road Surface	Dry Wet Other			
Any Injuries	No, If Yes, Who?			
Name And Contact No.	Adaitan Thiruseham 97324068			
Name And Contact No.				
Police Report	No, If Yes, Where?			
Vehicle B No.	SGF 8724C Any Passengers:			
Name of Driver	Ranganathan Contact No.: 9062 2384			
Vehicle C No.	Lakshminarayanan Any Passengers:			
Vehicle D No.	Any Passengers :			
Vehicle E no.	Any Passengers :			
Vehicle F No.	Any Passengers :			
Vehicle G No.	Any Passengers :			
Witness Name	Witness Contact :			
Accident Portion	High left portron			
Camera Recorder	Yes / No			
Email Address				
PARTICULAR WORKSHOP				
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON				
FAX NO	6741 0510			



# EZY-1 LEASING PTE LTD

15 Yishun Industrial Street 1 Win5 #01-21 Singapore 768091 Tel: 6873 0300 Fax: 6873 0200 Email: enquiry@ezy-1.com Co. Reg. No. 201726333W

## LEASING AGREEMENT

Date: 11-SEP-2020 Company Information

Serial No: 20/00455

Name: Adaikan Thiruselvam

Contact Person (in-charge): Adaikan Thiruselvam

NRIC/ROC: F8420784P

Address: 3 Sungei Kadut Dr, Singapore 729556

Mobile No: 97324068

Driver Information

Name: Adaikan Thiruselvam

Driving Licence No: F8420784P

NRIC / Passport/ Permit No:

F8420784P

Date of Birth: 13-MAR-1976

Mobile No:

97324068

Mileage Out:

Address: 3 Sungei Kadut Dr, Singapore 729556

Class: 3

km

Pass Date: 21-JUL-2017

Vehicle Information

Registration No: SJU8252H Registration Date: 30-DEC-2009

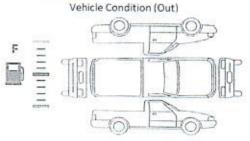
Make/Model:

Toyota VIOS E AUTO

29-DEC-2020

Road Tax Expiry: Mileage In:

km



Vehicle Condition (In) \*Charges of fuel shortage: \$20/quarter tank

Leasing Information

Period of Rent / Lease: 11-SEP-2020 TO 31-DEC-2022

Rental / Lease Rate:

\$1,150.00 / Month

Vehicle Leased Out On - Date/Time: 11-SEP-2020 / 12:00 PMhrs

Deposit:

\$0.00

Vehicle Returned On - Date/Time:

Others (if any):

Amount Received including Deposit: \$1,150.00

Remarks (if any): to be paid every month on the 10th

Insurance Coverage (Section I & II - Within Singapore)

Own Damage

Full repair cost pay by Hirer

(Section I) 3rd Party Damage Excess \$3,000.00

(Section II)

Authorized

Drivers

Only Employees of Hirer (Please provide us with copies of all Drivers' licences & NRIC)

The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.

Important Note:

Above is subject to approval, stock availability, taxes and government legistration.

2. Deposit refund - approximately two weeks upon return of above vehicle subject to no outstanding traffic fines / summons / accident claims etc

3. Only drivers registered and accepted by EZY-1 Leasing Pte Ltd are authorized to drive the vehicle. Should the vehicle be damage or stolen while being driven by unauthorized drivers who are NOT REGISTERED with us, the Hirer will be liable for the full cost of repair or the full value of the vehicle and any other associated losses suffered by the Owner

4. The Hirer shall not permit the vehicle to be used for purposes which conflict with the Law in connection with theft, drug pedalling or trafficking, smuggling or any other criminal action. Should the vehicle be confiscated by the Government under such circumstances, the Hirer shall indemnify the Owner the FULL value of the vehicle plus all other associated costs and expenses incurred.

5. In the event of early termination by Hirer, EZY-1 Leasing Pte Ltd has FULL rights to charge an early termination penalty. This penalty will be calculated based on the monthly rent/lease rate multiple by the remaining months left to the end of contract (as stated above).

The Hirer agrees and accepts the above and all our Terms and Conditions stipulated overleaf.

Approved by



o cuoib

Name / NRIC No.

Name



# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406

SN

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Parry Risks and Compensation) Act (Chapter 199) Motor Vehicles (Third-Parry Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Parry Risks) Rules, 1959 (Malaysia)

AN0676A

Cov. Type:F

CERTIFICATE No.

DMHCSNA00006382000

Engine No.: 1NZX988489

1. Index Mark and Registration

SJU8252H

Cha. No.:MR053HY9305135745

Number of Vehicle

2. Name of Policy Holder

EZY-1 LEASING PTE LTD

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

20/09/2020

Excess Sect. II

S\$1,500.00

Excess Sect.II (Outside Singapore).

\$\$3,000.00

4. Date of Expiry of Insurance

19/09/2021

5. Persons or Classes of Persons entitled to trive.

Any person who is driving on the Policyholder's order or with the Policyholder's permission.

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.
 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 traffer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: ABWIN PTE LTD

\* 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: Zhong YueQiang Authorised Officer

Authorised Signatory

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

Q6389 6111

6222 1033

www.sg.cntaiping.com