NATIONAL Assessment Centre:	Services :	e, . 19-409!	مي راي	<del>_</del>		
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Veh No. S/03663P	E-mail (witten 8h	rs, AIC 2hrs)				
D.OA: 06/10/20 0820	i-Motor Claim	Form	1			1000000
	i-Motor W/O (	Within: OD 2hrs.	7'P 4hrs)			
OD : (TP) ! Reporting Only	i-Photo Upload	ied	!			
mn u	Assessment/Sur	vey Report	i	Lines William Wenner La		
TP, Insurer:	Ass't Report by	Fax / Hand to	Owner	Wksp		
Preferred Wksp / INC Assign Wksp / QW; (			Tel:		Fax:	
	T.CZG83	. INC(		n-ľ/(C()		
Owner / Driver: (			Tel:			
Policy No: ( ) Period	d: (	)	Cover	Type: (		
Confirmed by : (	. F . O	Date:	0/. D.	Time:	100%]	
	te-Est. Status (W	)/NO(	) P:	21-7970. 1.30	-10070]	
Excess: (\$ ) Loading: \$1,000						
General Remarks:			12.75°	ender with the		
( ) Walk-In Customer: Customer's inform						
( ) Total Loss Case : to e-mail Insurer						
Drive-In ( )/Towed-In ( ); Invoice: Y		O();To	owing C	o. (		)
		CONSORTA MOSTAN		Timo Comple od	M. Jacob Bone	by
Remarks: (INO horling: 6788 6616)	The state of the s	HARDED SAN	A PERSON	Tatio Southbre de	1	
Apply for Transport Allowance ( )/ Cou     QC Check / Post Repair Inspection	( )	/ 	-		1	
3) Upload Resurvey Photo [Repair Cost > \$300	001 ( )		1			
3) Opioad Resulvey Flioto (Repair Cost > 4300	/0] ( /					
Injury:						
Date/Time Actions		A STATE OF THE STA			Market Line	
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NA3005278	77	Invoice Pre	paratio	n Checklist 🖟	Amc(S)	Amit (\$)
Z 12 VZ 174 C. 612 C. 613 Service Clade CARGO PAGE CARDINADO : 500000	A. S. A. S. Z. D. D. C. J.	1) AR : Acciden	t Reportin	(\$30);		
Indmant's Particulars :-		2) DA : Damage 3) TF : Towing	Fee		\$40/\$45	
Driver/Owner:		4) FT : Follow-7	hrough St	rvey rvey (Resurvey)	\$120	
Contact No:		For claiming	against IN	Conly (wef 10 Jan 2	2005)	
Damaged Portion:	,	6) TR : Re-iuspe 7) NI : Idao DA	+ SMRT	Survey	\$75 \$160	-
		8) NTUC Addit	ional Serv	005;-		<u> </u>
C Checked by (Engr-In-Charge):		*N5: Courles	y Cer / Tp	Allowance	\$10	
CALL BAN Proposition of the Part of the	SAN THE RELLA	*N6: Repair *N7: Post Re	pair Inspe	tion	\$25	ļ
Auditors Comments :	PRINCE HIS IN			ss Coordination C) against INC	\$5 \$20	
2at. 1:		9) N12: Idno M		1	30	-
Dat. 2/3:		Involce dated		Fee Char Fee Char		17 107
		Involce dated		ree Char	¥6.1	

#### 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

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	06/10/2020 15:21
Date Of Accident	06/10/2020 08:20
Exact Location Of Accident	JURONG WEST AVE 2 PIE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU3663P
Insured/Policyholder	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	SALES@EXPRESSCAR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91998131
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PRIUS
Exact Purpose for which vehicle was being used at ime of accident	WORK
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE HIRE
nsurance 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	DMHCSNA00001902000
Cover Note Number	
Driver	
Name of Driver	GOH WAY CHONG
NRIC No	SXXXX337D
Date Of Birth	06/10/1958
Occupation	OUTDOOR
Date Of Driving Pass	05/07/1977
Driving Experience	43 YEARS AND 3 MONTHS
Gender	MALE
and a few or a second second of	
Mobile Number	(LOCAL) +65-96219694

NOEMAIL

BLK 103 BEDOK RESERVOIR ROAD Address

#08-422

Postcode 470103

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

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

NO YES

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)

Passenger 1

NO

2

NAME: : PASSENGER

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

YES

Remarks/ Reasons:

WITH WORKSHOP

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number XE3252J

Vehicle Make/Model/Colour ISUZU

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

ANG KOON KIAT Name of Driver SXXXX086F NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# SKETCH PLAN

#### 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 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:
  - (i) 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: 6/10/20

12:21

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6 10 120

12:21

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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Policyholder's Signature Date & Time: 6110120

GIARMIC SketchPlanForm, V3

Driver's Signature

(If driver is not the policyholder) Date & Time: 61 10 170

12:21

Reporting Dentre Personnel's Signature

Name: NRIC/FIN No.:

Date of Accident	: 06 10 2020 Accident Time: 8:20 (24-HR-FORMAT)
Accident Place	: Juvong west Avenue 2 PIE
Vehicle Reg. No (Car plate No.)	: SLV 3663 P Vehicle Make/Model: Toyota Prius
Insurance Company	: China Taiping Policy No. DMHCSNA00001902000
Name of Registered Owner	: Company/Individual Asia Express Car Rental Pte. Ltd
ID of Registered Owner	: Co Reg No: 201116882D Owner's NRIC No:
	: Co Contact No: 9625 3682 Owner's Contact No: 9199 8   31
DRIVER'S Name	: Goh Way Chong DRIVER'S NRIC No: \$1336337D
DRIVER'S Date of Birth	:06 10 1958 DRIVER'S License Pass Date 05 07 1977
Relationship bet. Owner & Driver	All the second control of the second control
DRIVER'S Address	: BIK 103 Bedok Reservoir Road #08-422 5'470103
DRIVER'S Contact No./ Alt No.	: 1) 9621 9694 2) 9155 7679
DRIVER'S Occupation	: INDOOR OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: sales a expresscar com sa
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 po Was there any video Captured by ca Exact purpose for which vehicle was	Priver): 2 lice? YES \ NO
Othe	r Party Driver's Particulars (if any)
Vehicle Reg No: XE 3252J	Vehicle Reg No:
Vehicle Make\Model: \( \lambda \sum \frac{15 U 7 U}{}	
Name DRIVER: Ang KOON Kint	Name DRIVER:
IC No. DRIVER: \$7300086F	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:



# 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

BR0085A

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:F

CERTIFICATE No.

DMHCSNA00001902000

Engine No.: 2ZRS105573

Cha. No.: ZVW508071526

1. Index Mark and Registration

SI LI3663P

Number of Vehicle

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

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.

(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.: 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: ..... Tan Jia Hwei Authorised Officer

**Authorised Signatory** 

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

Q63896111

₱6222 1033

www.sg.cntaiping.com

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: Goh Way Chong

Nric No: S1336337D

Having his residential address at: Blk 103 Bedok Reservoir

Road #08-422 S470103

Tel. (Residential)

:96219694

Next of Kin Contact :91557679(Wife)

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: Toyota Prius

Registration No: SLU3663P

Effective from: 22/07/2020-22/10/2020

Period : 3 Months Contract

[The Owner's Initial & Stamps]

The Hirer and/or Additional Hirer Initial & Stamps 21-Jul-2020

