NATIONAL Assessment Cen	tre Services. Mai 1 324034	Date & Time Completed	Done by	
Date In: 6/11/2 - 1799	Jeb description	Date termin		
Ref No: NA 1(12-22/2) 99 24	SAS e-filing			4
Veh No: \$15 67/34	E-mail (within Shrs, AIC 2hrs	0)		
	i-Motor Claim Form	<u> </u>		
D.O.A: 11/10-17:15	i-Motor W/O (Within: OD	2hrs, TP 4hrs)		
OD TP ! Reporting Only	i-Photo Uploaded			
V	Assessment/Survey Repo			
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp		1
Andrew When I OW:		Tel: F	ax:	
Preferred Wksp / INC Assign Wksp / QW:		C()/Non-INC().		
TP Particulars: Veh No:	UV793 7X	Tel:)	
Owner / Driver: (Period: () Cover Type: (-
Policy No: (Date:	Time:)	
Confirmed by : (%) [Note-Est. Status (WO): N	: 0-20%; P: 21-79%. P: 80-1	[00%]	-
Ilisuicu Diivo: Bio) Warranty: YES ()/NO	()		
Year of Registration: (:\$1,000()/\$2,000()		THE RESERVE OF THE PERSON OF T	
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() Total Loss Case : to e-mail I	Insurer URGENTLY.	1)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.
- 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

THE RESERVE OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	06/11/2020 17:19
	05/11/2020 17:20
	PAYA LEBAR RD TWDS PIE
	SINGAPORE
Distribution of Education Co.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS8713G
Insured/Policyholder	
Compression countries destruction control for the control of the c	ASIA EXPRESS CAR RENTAL PTE LTD
Name Of Registered Owner	2XXXXX882D
Co Reg No Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91998131
Alternative Phone No	OFFICE-91998131
Vehicle Particulars	
Manufacturer	HONDA
Model Model	SHUTTLE HYBRID 1.5X 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	DMHCSNA00001902000
Cover Note Number	
Driver	
Name of Driver	TANG WEE MING
NRIC No	SXXXX631I
Date Of Birth	08/05/1970
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1997
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83899970
Fax Number	OFFICE 83899970

OFFICE-83899970

NOEMAIL

BLK 166B PUNGGOL CENTRAL Address

#14-135

822166 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

3

Was any body injured in the Accident?

YES

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

4

Passenger 1

NAME: 2

: MALE GENDER:

Passenger 2

NAME:

. -

: MALE GENDER:

Passenger 3

NAME:

: FEMALE GENDER:

Details of Police Action

Police Station Name

Police Station Address

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

BOON TECK NEIGHBOURHOOD POLICE POST

ROAD: BLK 207 TOA PAYOH NORTH, POSTCODE: 310207, COUNTRY:

SINGAPORE

TEL NO: 1800-2549999 - FAX NO: 63554310 Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20201106/2043.

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

SJL2457X

Page 2 of 22

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

HONDA CIVIC

PRIVATE CAR

WEN KAI LONG PHILIP

SXXXX025G

88491506

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

HONDA ODYSSEY

Details Of Properties

Vehicle Category

PRIVATE CAR

SLK4451E

Name of Driver

KANG SUET CHUAN

NRIC/Passport Number

SXXXX812H

Contact Number

97800567

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TANG WEE MING

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLS8713G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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: 06(1(1)

Driver's Signature

(If driver is not the policyholder)

Date & Time: 06/11/0 0

Reporting Centre Personnel's Signature

NRIC/FIN No.:

1130

SKETCH PLAN 14 -SL5 37136 55L2457X (-SLIL HYSIE DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to police report DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Driver's Signature Policyholder's Signature Name: (If driver is not the policyholder) Date & Time: OGUA Date & Time: 06/1/20 NRIC/FIN No.:

Date of Accident	: OS III >>> Accident Time: 1720 (24-HR-FORMAT)
Accident Place	: Paya Lebor Rd towards PIE
Vehicle Reg. No (Car plate No.)	: SLS8713 G Vehicle Make/Model: Honda Shutle
Insurance Company	: China Taiping Policy No. DNHCSNA 0000 1902000
Name of Registered Owner	: Company / Individual Asia Express ar Rental Pte Ltd
ID of Registered Owner	: Co Reg No: 20116882D Owner's NRIC No:
	: Co Contact No: 9199813) Owner's Contact No:
DRIVER'S Name	: Tang Wee Ming DRIVER'S NRIC No: S 7017631I
DRIVER'S Date of Birth	: 08/05/1970 DRIVER'S License Pass Date 18/11/1997
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 166B Purggol Central #14-135 S(8)2166)
DRIVER'S Contact No./ Alt No.	:1) 83899970 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: Payie @ express car - com sg
Weather & Road Surface	CLEAR & DRY RAINING & WET VAFTER 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 c Exact purpose for which vehicle was	lice? YES \ NO \ Injury
Othe	er Party Driver's Particulars (if any)
Vehicle Reg No: SJL 2457X	Vehicle Reg No: SLK 4451E
Vehicle Make Model: Handa Civic	
Name DRIVER: Wen Kai Lang Pl	
IC No. DRIVER: \$15100254	
DRIVER'S Contact & add: 8849 15	of DRIVER'S Contact & add: 97 80 0567



Report No. T/20201106/2043

Police Station Of Origin: Boon Teck NPP 207 Toe Payoh North #01-1231 SINGAPORE 310207 Tel No: 1800-2549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 06/11/2020 13.31

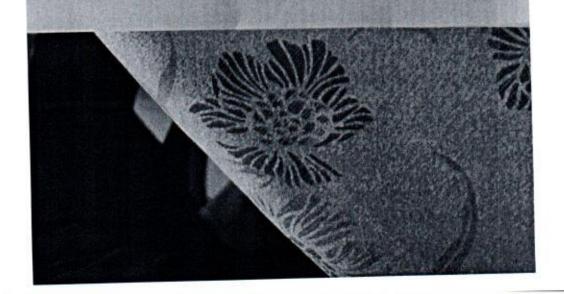
Vide Report No.:

Station Diary No.: 14

Informant's Particulars APT BLK 166B PUNGGOL CENTRAL #14-135 SINGAPORE Name of Informant: TANG WEE MING 822166 Contact No.: ID Type / ID No.: NRIC NO / \$70176311 Mobile: 90587697 Home/Office: Nationality: SINGAPORE CITIZEN Date of Birth: 08/05/1970 Type of Informant Sex: Male Driver Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: GRAB DRIVER Date of Expiry: Class: 2B,3

General Infor	mation of the Accide	ent	Date/Time of	Type of Location:
Type of Accident:	Non-injury Others	Drink Drive: No	Accident: 05/11/2020 17:20	Bend
Location:				
PAYA LEBAR	ROAD			
		Road Surface:	12.14.46	Road Speed Limit:
lead of the first		Road Surface: Dry		50 Km/h
Weather: Cloudy Traffic Flow: One Way		The second secon		

Details of V	ehicle Invo	lved		CONTROL OF THE PARTY OF THE PAR		
Vehicle No.	ET COMPANY	Make	Model	Color	Condition	No of Passenge
AND RESIDENCE OF THE PERSON NAMED IN		HONDA		Black	Slightly Damaged	0
SLK4451E	Car	HONDA		Grey	Slightly Damaged	0
SLS8713G	Car	HONDA	Shuttle	Silver	Slightly Damaged	3







Police Station Of Origin: Boon Teck NPP

207 Toa Payoh North #01-1231 SINGAPORE

310207 Tel No: 1800-2549999 Report No. T/20201106/2043

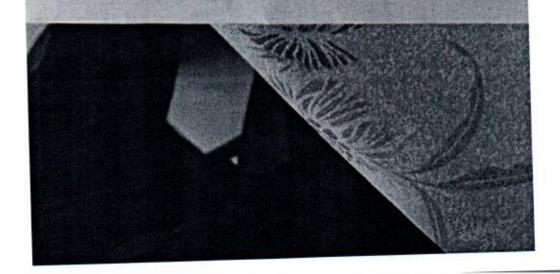
CONTINUATION OF REPORT

Details of Person	n Involved		STATE OF STREET	E403716	B HOUSE		
Any Pedestrian In	volved No	Section 2	Use of Ped	antrian C	enemie	NA NA	
No. of Pedestrian	s Injured: NIL		Use of Ped	estrian C	I USSI	NAME OF TAXABLE PARTY.	
Driver	THE PERSON NAMED IN		SHIP OF THE PARTY OF	ID No.	anni S	S1510025G	
Name	WEN KAI LONG PH	ILIP		ILI NO.		319100250	
Related Vehicle	SJL2457X (Car)		1	Contact	No.	88491506	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
			Date Disch	narge	NIL		
Date Treatment No. of Days grant				ee of Injury NIL			
	ed Medical Leave	ACCOUNT NAME OF THE OWNER,	Q=1000000	No or a	SERVICE OF THE PERSON	美国的基础的	
Driver Name	KANG SUAT CHUAN			ID No.	疆	S0061812H	
Related Vehicle	SLK4451E (Car)			Contac	t No.	97800567	
Kelated vehicle	SER4451E (Car)			第一年至100 万			
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
	I Date		Date Disc	Discharge NIL			
Date Treatment				ree of Injury NIL			
	ted Medical Leave	THE REAL PROPERTY.	COLUMN TO SERVICE		- BINE	AND SHAPE OF THE SHAPE OF	
Driver	TANG WEE MING			ID No.		S7017631I	
				Contac	t No	90587697	
Related Vehicle	SLS8713G (Car)						
Hospital/Clinic	HORIZON MEDICAL CENTRE			Class Driving Licence Expiry	e & Date	Class: 28,3 Date of Expiry: NII	
Date Treatment	06/11/2020		Date Disc	charge	06/1	1/2020	
Date Treatment	ted Medical Leave	103	Degree o	f laine	Shot		

Brief Details.

I am working as a grab driver.

On 05/11/2020 at about 1720hrs, I was working and driving my sliver Honda Shuttle (SLS 8713G) along Paya Lebar Road next to the building "Philip Telstra" postal code s409009. I had three other passengers in my vehicle. I stopped at the slip road towards PIE expressway. I had to stop my vehicle as there was oncoming traffic and it was not safe for me to proceed. All of a sudden, I felt an impact from my vehicle's rear. My eyes blacked out and it took me awhile to regain my visual. I then alighted and made a check on what happened. I realized that the front of a black Honda (SJL 2457X) has hit the left side of my vehicle's









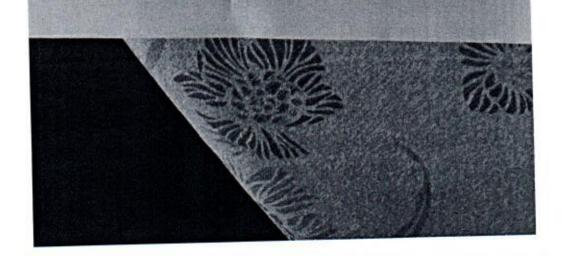
Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207 Tel No: 1800-2549999 CONTINUATION OF REPORT Report No. 7/20201105/2043

rear bumper. The bumper was dented in.

The vehicle owner of the black Honda (SJL 2457X) informed me that another vehicle (SLK4451E) has hit. The vehicle owner of the black Honda (SJL 2457X) informed me that another vehicle (SLK4451E) has hit is rear which caused his vehicle to hit mine. We exchanged contact details and particulars. No traffic his rear which caused his vehicle to hit mine. We exchanged contact details and particulars. No traffic holder was at scene. Nobody was conveyed to the hospital via ambulance.

After the accident, I went to my company's office. I have a dashcam in my vehicle and has handed it to my company. my company.

On 06/11/2020, I suffered shoulder and back pains hence I sought treatment at Horizon Medical At Bik 109 Lorong 1 Toa Payoh #01-312 and was given 3 days of MC.





Report No. T/20201106/2043

Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207 CONTINUATION OF REPORT

Tel No: 1800-2549999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

Sgt 2 NG JUN JIE

Signature Of Interpreter; Not applicable

Officer in Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151

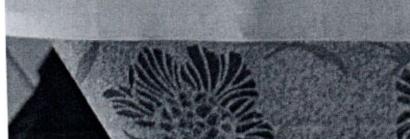
Authentication Stamp

Signature Of Informant:

Date/Time: 06/11/2020 13:31

Classification Of Case:

SN 62



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: Tang Wee Ming Nric No: S7017631I

Having his residential address at: Blk 166B Punggol Central

#14-135, Singapore 822166 Tel. (Residential) : 8389 9970 Next of Kin Contact : 8372 8395

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

\$455

The rental fee is hereby agreed between both parties at 8\$480 per week.

Make & Model: Honda Shuttle Registration No: SLS8713G

Effective from: 12/08/2020 - 12/11/2020

Period: 03 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

07-Aug-2020



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

N SN

BR0085A

Cov. Type F

CERTIFICATE OF INSURANCE

oror Venicles (Third-Party Risks and Compensation) Act (Chapter 189).
Motor Venicles (Third-Party Risks and Compensation) Rulas, 1960.
Road Transport Act, 1987 (Malaysia).
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia).

CERTIFICATE No.

DMHCSNA00001902000

Engine No. LEB8325010 Cha. No.:GP71120320

1 Index Mark and Registration

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 Expry of Insurance

24/03/2021

25/03/2020

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. Vahicle.

- (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 that 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.: LAKE VIEW CREDIT 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: 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

\$63896111

₱6222 1033

www.sg.cntaiping.com