| NATIONAL Assessment Centre | Services. pur sarios. | MMA 120101288 | <u> </u> |
|--|--|--|---|
| Date In: 16/11/20 14:40 | Jeb description | Date & Time Completed | Done by |
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| Veh No SML 78705 | E-mall (within this, AIC thrs) | | |
| 11(1) 4 - 312 11 13 . 13: 50 . | I-Motor Claim Form | 3 | |
| | I-Motor W/O (Within: OD 2lin | s, TP 4hrs) | |
| (11) As ! Reporting Only | I-Photo Uplonded | | • |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand t | o Owner/Wksp | |
| Proformed Wksp / INC Assign Wksp / QW: (| NOT A MICHAEL PRINCIPLE CONTRACTOR OF THE PRINCIPLE CONTRA | Tol: f | v:) |
| TP Particulars: Veh No: SBS | .86185. INC(| ,)/Non-INC(·). | |
| Owner / Driver: (| | Tel: |) |
| Policy No: (.) Perio | d: (). | Cover Type: (|) |
| Confirmed by : (| Date: | Tlmer |) |
| 7 | te-Est. Status (WO): N: 0-2 | 0%; P: 21-79%. P: 80-10 | |
| | manty: YES ()/NO (|) | |
| Excess (\$) Loading: \$1,000 | | | |
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| () Total Loss Case : to e-mail Insurer (| | <u>, </u> | <u> </u> |
| Drive-In ()/Towed-In (); Invoice: Y | | owing Co: (, , , , , , , , , , , , , , , , , , |) |
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| 1) Apply for Transfort Allowance () / Com | | | |
| 2) QC Check / Post Cepair Inspection | .(·) | | , , |
| 1) Upload Resurvey Photo [Repair Cost>\$3000 | 0] (+) | | |
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| Driver/Owner: | 3) TF : Towing Fe | 540/5 | 45 |
| | 4) FT : Follow-Th 5) PT : Follow-Th | rough Survey (Resurvey) 3 | 30 |
| Contact No: | 6) TR: Re-imped | ningt INC Only (wef 10 Jen 2005) Ion 3 | 75 |
| Damaged Portion: | 7) N1 : Idao DA + | SMRT Survey . 51 | 60 |
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| QC Checked by (Engr-In-Charge): | *NS: Courtasy C | and a beat and a mine | 10 |
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| Value of the second of the sec | TP (N11): TP (| Non INC) against INC 5 | 20 |
| Zal. It | 9) N12: Idao Mobi Involve dated | Fee Charged | MANAGO MANA |
| 1.7.27.3: | Involce dated | Fee Charged | Mental |

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.

| By the lodgement of this report to the insurers, you hereby consaforesaid. | sent to the archiving of this report at the centre and to copies of the report being made available |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 16/11/2020 14:40 |
| Date Of Accident | 15/11/2020 13:50 |
| Exact Location Of Accident | BRAS BASAH RD |
| Country/State of Loss | SINGAPORE |
| de al la companya de servicio de la companya de la | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SML7870S |
| Insured/Policyholder | |
| Name Of Registered Owner | ASIA EXPRESS CAR RENTAL PTE LTD |
| Co Reg No | 2XXXXX882D |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-96253682 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | FREED |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | DMHCSNA00001952000 |

Policy Number DMHCSNA00001952000

Cover Note Number

Driver

Name of Driver QUEK YANG CHUA

NRIC No SXXXX286I Date Of Birth 27/07/1959 Occupation OUTDOOR Date Of Driving Pass 30/07/1984

Driving Experience 36 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97773715

Fax Number Contact Number

NOEMAIL **EMail Address**

Address

BLK 124 RIVERVALE DR #06-187

Postcode

540124

14.14

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 - 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?

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:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBS8618S

Vehicle Make/Model/Colour

Details Of Properties

BUS

Vehicle Category Name of Driver

LEE HANG QUAN

NRIC/Passport Number

GXXXX034X

Contact Number

94469550

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 | 1 \ 20 Driver's Signature (If driver is not the policyholder)

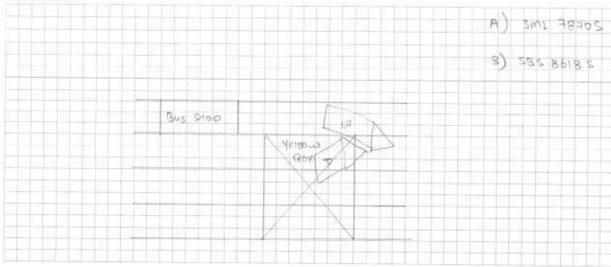
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 16 11 20

Driver's Signature

(If driver is not the policyholder)

min

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

BR0085A Cov. Type:F

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00001952000

Engine No.: LEB5632305 Cha. No.: GB71093055

1. Index Mark and Registration Number of Vehicle

SML7870S

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

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

- 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.

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.: SKYWAY CREDIT & LEASING PTE LTD AS HP OWNER

* Limitations rendered inoperative by Saction 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

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

| Date of Accident | : 15 /11 2020 Accident Time: (24-HR-FORMAT) | | | | | |
|---|--|--|--|--|--|--|
| Accident Place | : Bras Basah Road | | | | | |
| Vehicle Reg. No (Car plate No.) | : SML7870S Vehicle Make/Model: Honda Freed | | | | | |
| Insurance Company | : China Taiping Policy No.DMHCSNA00001952000 | | | | | |
| Name of Registered Owner | : Company / Individual ASIA Express Car Revital Pte Ltd | | | | | |
| ID of Registered Owner | : Co Reg No: 2011 68820 Owner's NRIC No: | | | | | |
| | : Co Contact No: 9199 8131 | | | | | |
| DRIVER'S Name | Quek Yang Chua DRIVER'S NRIC No: \$13642861 | | | | | |
| DRIVER'S Date of Birth | : 27 07 1959 DRIVER'S License Pass Date 30 07 1984 | | | | | |
| Relationship bet. Owner & Driver | : Spouse \ Parents \Children\ Sibling \ Employee\ Others: Driver | | | | | |
| DRIVER'S Address | :BIK 124 Rivervale Drive #06-187 | | | | | |
| DRIVER'S Contact No./ Alt No. | : 1) 9777 3715 2) 9620 5731 | | | | | |
| DRIVER'S Occupation | : INDOOR (eg. working inside or outside of an ofc) | | | | | |
| Email Address | : peijie @ express car. com.sg | | | | | |
| Weather & Road Surface | CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET | | | | | |
| Reporting Type | : Reporting Only Claim Other Party Claim Own Insurance | | | | | |
| Number of Passengers (including Dr Was the accident reported to the poli Was there any video Captured by car Exact purpose for which vehicle was | river): mai(| | | | | |
| | Party Driver's Particulars (if any) | | | | | |
| Vehicle Reg No: SBS 8618 | Vehicle Reg No: | | | | | |
| Vehicle Make\Model: | Vehicle Make\Model: | | | | | |
| Name DRIVER: Lee Hang | | | | | | |
| IC No. DRIVER: 48096034 | TO NO. DIG V DA. | | | | | |
| DRIVER'S Contact & add: 94460 | DRIVER'S Contact & add: | | | | | |

Asia Express Car Rental Pte Ltd 82 Geylang Lorong 23 #03-06 Atrix Singapore 388409

Vehicle Lease Agreement -

This VEHICLE LEASE AGREEMENT (hereinafter referred to as 'The Agreement' is

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Between Asia Express Car Rental

(Business Registration No.: 201116882D)

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: Quek Yang Chua

Nric No: S1364286I

Having his residential address at: Blk 124 Rivervale Drive #06-

187, Singapore 540124

Tel. (Residential) : 9777 3715

Next of Kin Contact: 9620 5731 Samantha

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

The rental fee is hereby agreed between both parties at S\$420 per week.

Make & Model: Honda Freed Registration No: SML7870S

Effective from: 03/06/2020 - 03/06/2021

Period: 12 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

MMM

03-Jun-2020

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