			-1016-6		
NATIONAL Assessment Ce		ANAMISONEC 1 14	ate & Time Complete	Done b	y
Date In: 19/1/20-16:38	Jeb description		Aut. Co.		
Re[No: 44/072401276/14	SAS e-filing			-	-
Veh No: SMISSWIT	E-mail (within Shi	rs, AIC 2hrs)		-	-
D.O.A: 5/11/2-15:00	i-Motor Claim	Form			
	i-Motor W/O (	Within: OD 2hrs, TF	4hrs)		
OD / TP-/ Reporting Only	i-Photo Upload	led			
	Assessment/Surr	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand to C	Owner/Wksp	L	
Preferred Wksp / INC Assign Wksp / QW	: (		Tol:	Fax:	
	mysion	, INC( .	)/Non-INC( )		
Owner / Driver: (		tii l	Tel:	)	
Policy No: ( )	Period: (	) (	Cover Type: (	)	
Configured by : (		Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (W	O): N: 0-20%	; P: 21-79%. F: 8	0-100%]	
Year of Registration: (	) Warranty: YES (	)/NO( )			
	: \$1,000 ( )/\$2,000 (	)			
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		the second secon	Series and an experience of the	The state of the s	
( ) Walk-In Customer : Customer	's information strictly Con	fidential & Stric	tly NO refer of repair	rer.	
( ) Total Loss Case : to e-mail I	insurer URGENTLY.				1
Drive-In ( )/ Towed-In ( ); Ir	rvoice: YES ( ) / N	O(); Tov	ving Co: (		,
Remarks: (INC hotline: 6788 66	1600	The second	Date&Time Complets	d Done	by
The state of the s	) / Courtesy Car (	)			
1) Apply for Transport Allowance (	)/ Courtesy car ( )		*		
2) QC Check / Post Repair Inspection					
3) Upload Resurvey Photo [Repair Cos	st>\$3000] ( )				
Injury:			-1-	•	11 to 200 Mer.
	4.1	Description		NEWS PROPERTY	<u> </u>
Date/Time Actions					
			Attainment of the same		
		- 100 - 101 - 100	3.		
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		15.	a. Checklist	Ant (S)	Ami (\$
Hapocran		107-109-2014 Sept. 2020 PRO-2020 PRO-	aration Checklist	fitBill	Add Bi
		1) AR : Accident I	Reporting (\$30); ssessment (\$100);	NC (\$80)	Mas
laimant's Particulars :-		3) TF : Towing Fe	•	\$40/\$45	-
river/Owner:	4) FT : Follow-Th	rough Survey rough Survey (Resurvey)	\$120 \$30		
Contact No:		For claiming as	ainst INC Only (wef 10 Ja	n 2005)	
	6) TR : Re-inspec	tion	\$75		
amaged Portion:		7) N1 : Idac DA + 8) NTUC Additio	nal Services:-		-
20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		OD.		25	-
QC Checked by (Engr-In-Charge):		*N5: Courtesy *N6: Repair Co	Cer / Tpt Allowerse	510	
7 1 5 5 10	ANS CHAPTED ASSAULT BORDES	*N7: Fost Rep	ir Inspection	\$25	-
Auditors! Comments :=		*N8: DV / Col	ect Excess Coordination	\$5 \$20	
at. 1:		TP (N11): TP 9) N12: Idae Mol	(Non INC) against INC	30	2344500
		Invoice dated	Fee Ci	harged	
at. 2/3;		Invoice dated	Fee C	narysa somethic	

MNA120102829 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 19/11/2020 16:38 SUBMITTED BY: Jackson Ho Zhao Tian

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. 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 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.	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ACCIDENT STATEMENT
Date Of Report	19/11/2020 16:38
Date Of Accident	15/11/2020 15:00
Exact Location Of Accident	BISHAN RD TWDS TOA PAYOH
Country/State of Loss	SINGAPORE
D D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK3564H
Insured/Policyholder	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91998131
Alternative Phone No	OFFICE-91998131
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED 1.5G HYBRID SENSING 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	REPORTING ONLY
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	DMHCSNA00001962000
Cover Note Number	
Driver	
Name of Driver	LIM KOK HOON
NRIC No	SXXXX608E
Date Of Birth	03/07/1963

 Name of Driver
 LIM KOK HOON

 NRIC No
 SXXXX608E

 Date Of Birth
 03/07/1963

 Occupation
 OUTDOOR

 Date Of Driving Pass
 30/10/1984

 Driving Experience
 36 YEARS AND 0 MONTHS

 Gender
 MALE

Mobile Number (LOCAL) +65-81833555

Fax Number

Contact Number OFFICE-81833555

EMail Address NOEMAIL

Address BLK 254 ANG MO KIO AVENUE 4

#08-151

Postcode 560254

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 RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 3

tumber of Passengers (including briver)

Passenger 1 NAME: : -

GENDER: : MALE

Passenger 2 NAME: : -

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** 

REFER TO 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 SMM5530G
Vehicle Make/Model/Colour HONDA CIVIC

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

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.
- 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

LPTE

Date & Time: 46/4/20

Driver's Signature

(If driver is not the policyholder)

Date & Time: 1611/20

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

CETCH PLAN												
		8	isha/	Roa	d			1-6	00			
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			35	X	00/		7			B: 3	MM.	55306
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CRIBE CIRCUMSTA	NCES OF	THE ACC	IDEN	Г						111	I know or all 1	
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LARATION	g particular	s are true	in ever	y respe	ct							10
CLARATION e declare the foregoing wholder's Signature	g particular	s are true		X	ct			Ren	ortina (	entre Do	7	Signature

10.55am

NRIC/FIN No.:

Date of Accident	Accident Time: 15.00 (24-HR-FORMAT)
Accident Place	: Bishan Road toward Too payoh
Vehicle Reg. No (Car plate No.)	:SMK2564HVehicle Make/Model: Honda Freed
Insurance Company	:_ Ohma Tayong Policy No. DMHCSNA 000019 62000
Name of Registered Owner	: Company / Individual Aga Express Car Romal
ID of Registered Owner	: Co Reg No: Owner's NRIC No:
	: Co Contact No: 91998131 Owner's Contact No:
DRIVER'S Name	LIM KOK HOOM DRIVER'S NRIC NO: SIGNED SE
DRIVER'S Date of Birth	DRIVER'S License Pass Date 11 10 2005
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 254 Ang MO HO AVE 4 \$78-151
DRIVER'S Contact No./ Alt No.	: 1) _ 31833555 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: Peyle & express car. com. 29
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	Ca? VES (NO
Other	Party Driver's Particulars (if any)
Vehicle Reg No: Smm 5530 G	Vehicle Reg No:
Vehicle Make\Model: Honda Ctv	Yehicle Make\Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:

# 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:

25 Kaki Bukit Road 4 #01-56 Synergy@KB Singapore 417800

Hereinafter referred to as 'The Owner' of the one part

And

Name: Lim Kok Hoon

Nric No: S1613608E

Having his residential address at: Blk 254 Ang Mo Kio Ave 4

#08-151, Singapore 560254

Tel. (Residential)

: 81833555

Next of Kin Contact: 84997398

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

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\$413 per week.

Make & Model: Honda Freed Registration No: SMK3564H

Effective from: 01/10/2020 – 04/01/2021

Period: 3 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

28-Sep-2020



Motor Hire Car

MZ408L/B

SN

BR0085A

Cov. Type:F

CERTIFICATE OF INSURANCE

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)

CERTIFICATE No.

DMHCSNA00001962000

Engine No.: LEB5622719

Cha. No.:GB71085174

1. Index Mark and Registration

SMK3564H

Number of Vehicle

2 Name of Policy Holder

ASIA EXPRESS CAR RENTAL PTE. LTD.

Effective date of the Commencement of 25/03/2020 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.

- 6. Limitations as to use."
- (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. : SKYWAY CREDIT & LEASING 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.

Gan Li Jia Jesca Issued By: **Authorised Officer** 

Authorised Signatory