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2) QC Check / Post Repair Inspection	.(·).		7
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SN0920C80004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 08/12/2020 09:53 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (08/12/2020 09:53 (SGT))



SINGAPORE ACCIDENT STATEMENT

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

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

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.

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.

ACCIDENT STATEMENT

Date of Submission 08/12/2020 09:53 (SGT) 30/11/2020 18:30 (SGT) Date of Accident 930 Yishun Ave 2, Singapore 769098 Exact Location of Accident NORTHPOINT CITY B3 CARPARK Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ6589L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner HAMSTER CAR RENTAL PTE LTD Company Reg No 2XXXXXX175G KATHERINESEAH@HOTMAIL.SG Email Address Mobile Phone No (Phone) +65-92211066 Alternative Phone No +65-92211066

VEHICLE PARTICULARS

Model Axio Variant Exact purpose for which vehicle was being used at time of Private hire accident

Are you claiming under your own insurance policy for repair to your vehicle?

Manufacturer

Vehicle Category ...

Toyota

No - Claiming third party Private hire

INSURANCE COMPANY

China Taiping Insurance Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNA00004132000 Cover Note Number

DRIVER

KATHERINE SEAH WONG SIEW FONG @XIE XIUFENG Name of Driver SXXXX786D NRIC No 16/05/1972 Date Of Birth Occupation Indoor

03/07/1997 Date Of Driving Pass Driving experience 23 YEARS AND 4 MONTHS Female Gender Mobile Number (Phone) +65-84688089 Alt, Phone Number KATHERINESEAH@HOTMAIL.SG Email Address BLK 780A WOODLANDS CRES #16-21 Address Address complement Postcode 731780 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 3 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name UNKNOWN Gender Male PASSENGER 2 UNKNOWN Name Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No 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 SJU8302Y Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour	57
Vehicle Category	Private car
Name of Driver	KOH LAY LING
Contact Number	(Phone) +65-98361255
Address	-
Address complement	
Postcode	~
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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>.
- 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.
- 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.

201917175G TO

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder)

Date & Time:

THE

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date of time, I was driving my vehicle A (9526589L)
tronveling along Northpoint City B3 our park on single lane, two way
road. Vehicle B (SJU83024) which in front of me slowed down
and stupped. I then applied loronce and stupped completely behind vehicle
Out of sudden, vehicle B reversed the vehicle without any signal.
As a result, the rear portion of vehicle B collided anto the front
purtion of my vehicle. I would like to mention that I did ham at the
moment however the driver did not stop her vehicle.

DECLARATION

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

0

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

A

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 tere Car

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Roks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Roks and Compensation) Rules, 1960
Rolet Transport Act, 1967 (Malaysta)
Motor Vehicles (Third-Party Raks) Rules, 1959 (Malaysta)

MZA06L/B SN N ANG214A

COV. Type.C

CERTIFICATE No.

DMHCSNA00004132000

Engine No.: 2NR8559577 Cha. No.:NRE1610013666

I Index Mark and Registration Number of Vehicle

SKZ6589L

AUTOSAFE

2. Name of Policy Holder

HAMSTER CAR RENTAL PTE. LTD.

Excess Sect 1. Excess Sect. I (Outside Singapore) \$\$2,000.00 5\$1,500.00

Effective date of the Commercement of 27/06/2020 Insurance for the purposes of the Regulations. Ordinance or Enactment

Excess Sect. II

5\$2,000.00 \$\$1,500.00

4. Date of Expery of Insurance

26/06/2021

Excess Sect.II (Outside Singapore).

EX ON WINDSCREEN .

\$\$100.00

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.

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. DBS BANK LTD AS HP OWNER

*Limitations rendered supporative 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

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Chua Suat Ley Saly **Authorised Officer**

/ehicle No.	SKZ 6589L Model/Make Toyota AxIV
ate of Accident	30 11 2020
ime of Accident	1830 HRS
ocation of Accident	Along Northpoint City B3 car parks
xact purpose use during acc	
Name of Owner	Homster Car Rental Pte Ltd
elephone No.	H/P: 9221 1066 Home: Office:
NRIC	DZF1F1P106
Address	8 Burn Rand #15-13 S(369977)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	China Taiping
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	
Name of Driver	As Above If No, Eatherine Seah Wong Stew Fong
NRIC	ST216786D Any Passengers: I(M) I(F)
Date of birth	16 5 1972
	Outdoor / Indoor
Occupation	3 7 1997
Driving License Pass Date Gender	Male / Remale
	H/P: 8468 8089 Home: Office:
Contact No.	BLK 780A Woudlands (rescent #16-21 s(731780)
Address	Del Tooth Woodlefter Store
Driver have any own vehicle	
Relationship	
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	If You Williams 2
Police Report	(No) If Yes, Where? STU 8302Y Any Passengers: 5
Vehicle B No.	17
Name of Driver	
Vehicle C No.	Any Passengers : Any Passengers :
Vehicle D No.	
Vehicle E no.	Any Passengers : Any Passengers :
Vehicle F No.	
Vehicle G No.	Any Passengers : Witness Contact :
Witness Name	
Accident Portion	Front portion
Camera Recorder	Yes/No
Email Address	katherineseah @ hutmail soj
	87815151
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
	6741 0510