| Date In: 9/1/10-19:30  | Job description  | Date & Time Completed  | Done by        |
|--|--|--|----------------|
| Ref No: 14/1722013679/74   | SAS e-filing   |  |                |
| Veh No: 51745221   | E-mail (within Shrs, AIC 2hrs)   |  |                |
| D.O.A: 1/m/2-17:42   | i-Motor Claim Form   |  |                |
| (3)  | i-Motor W/O (Within: OD 2)   | its, TP 4hrs)  |                |
| OD (TP) ! Reporting Only   | i-Photo Uploaded   |  |                |
| Salary .   | Assessment/Survey Report   |  |                |
| TP Insurer:  | Ass't Report by Fax / Hand   | to Owner/Wksp  |                |
| Preferred Wksp / INC Assign Wksp / QW: (   |  | Tel: Fau   | K:             |
| TP Particulars: Veh No: 61   | BGTAIGN INC  | )/Non-INC()  |                |
| Owner / Driver: (  |  | Tel:   | )              |
| Policy No: ( )   | Period: ( )  | Cover Type: (  | )              |
| Confirmed by : (   | Date:  | Time:  | )              |
| Insured/Driver Liability: (%)  | Note-Est. Status (WO): N: 0-2  | 20%; P: 21-79%. P: 80-10   | 0%]            |
| Year of Registration: ( )  | Warranty: YES ( )/NO (   | )  |                |
| Excess: (\$ ) Loading: \$  | 1,000 ( )/\$2,000 ( )  |  |                |
| General Remarks:   |  |  |                |
| ( ) Walk-In Customer : Customer's in   | The state of the s |  | 00.1           |
| ( ) Total Loss Case : to e-mail Inst   |  | uncuy NO Islet of Teparlet.  |                |
|  |  | Fowing Co: (   | ,              |
|  |  |  |                |
| Cemarks:- 🦪 (INC hotline: 6788 6616)   | NO COMPLEX PROPERTY OF THE ACT   | Date&Time Completed  | Done by        |
|  |  |  |                |
| ) Apply for Transport Allowance ( )  | / Courtesy Car ( )   |  |                |
|  | / Courtesy Car ( )   | *  |                |
| 2) QC Check / Post Repair Inspection   | ( )  |  |                |
| 2) QC Check / Post Repair Inspection B) Upload Resurvey Photo [Repair Cost >   | ( )  |  |                |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:   | \$3000] ( )  |  |                |
| 2) QC Check / Post Repair Inspection  B) Upload Resurvey Photo [Repair Cost > Injury:  | ( )  |  |                |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:   | \$3000] ( )  |  |                |
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| 2) QC Check / Post Repair Inspection  B) Upload Resurvey Photo [Repair Cost >  Injury:   | \$3000] ( )  |  |                |
| 2) QC Check / Post Repair Inspection B) Upload Resurvey Photo [Repair Cost > Injury:   | \$3000] ( )  |  |                |
| 2) QC Check / Post Repair Inspection B) Upload Resurvey Photo [Repair Cost >  Injury:  Pate/Time Actions   | ( )<br>\$3000] ( )   | paration Checklist.  | Ant (S) Ant    |
| 2) QC Check / Post Repair Inspection  B) Upload Resurvey Photo [Repair Cost > Injury :  Pate/Time Actions  | ( ) \$3000] ( )  Invoice Pre   | paration Checklist   | Anit (S) Airit |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  ate/Time Actions  | ( ) \$3000] ( )  Invoice Pre  1) AR: Acciden 2) DA: Damage   | paration Checklist;<br>t Reporting (330);<br>Assessment (\$100); INC (\$80)  | fa Bill Add    |
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| QC Check / Post Repair Inspection  B) Upload Resurvey Photo [Repair Cost > Injury :  Pate/Time Actions  Image: | Invoice Proint   | paration Checklist  t Reporting (330); Assessment (5100); INC (580) Fee S40/5 Through Survey (Resurvey) 517  | fu.Biji Add    |
| QC Check / Post Repair Inspection  D) Upload Resurvey Photo [Repair Cost > Injury :  Pate/Time Actions  Image: Actions  Discussion of the pair Inspection  Actions  Output  Discussion of the pair Inspection  Injury :  Pate/Time Actions  Pate/Time Actions  Pate/Time Actions  Pate/Time Actions  Pate/Time Actions   | Invoice Proint   | paration Checklist  t Reporting (530); Assessment (5100); INC (580) Fee . 540/5 Through Survey \$17 Through Survey (Resurvey) \$2 against INC Only (wef 10 Jan 2005)   | 65 20 300      |
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Figure 11 1 120

SN0920C9000O / National Assessment Centre Services [408933] ENTRY DATE & TIME: 09/12/2020 17:33 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (09/12/2020 17:33 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 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 09/12/2020 17:33 (SGT) Date of Accident 01/12/2020 13:40 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information twds braddell before amk ave 1 Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

No - Claiming third party

Vehicle Registration Number SLT4522L

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner ASIA EXPRESS CAR RENTAL PTE LTD

Company Reg No 2XXXXX882D

Email Address peijie@expresscar.com.sg Mobile Phone No (Phone) +65-91998131

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Tovota Model C-hr

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?

Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage ThirdPartyFireTheft

Fleet Policy

Policy Number DMHCSNA00001902000

Cover Note Number

DRIVER

Name of Driver NG CHUN PONG NRIC No SXXXX910B 02/12/1955

Date Of Birth Occupation Outdoor

Accident report SN0920C9000O

Date Of Driving Pass 08/03/1982 38 YEARS AND 9 MONTHS Driving experience Gender Male Mobile Number (Phone) +65-82230211 Alt, Phone Number Email Address peijie@expresscar.com.sg Address BLK 541 WOODLANDS DRIVE 16 Address complement #11-67 Postcode 730541 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 Collision - Head to Rear Type of Accident 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 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? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBG7719D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

GXXXX911R

PERIYAIAH KUPPAMUTHU

Vehicle Category

Name of Driver

Passport No/FIN

| Contact Number                          |  |
|---|--|
| Address                                 |  |
| Address complement                      |  |
| Postcode                                |  |
| nsurance 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.
- 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:
  - 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.

K

MGE.C

Driver's Signature (If driver is not the policyholder)

Date & Time:

412/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

|                            | ľ.                |                    |                 |                 |      |    |   |     |          |          |     |                     |
|----------------------------|-------------------|--------------------|-----------------|-----------------|------|----|---|-----|----------|----------|-----|---------------------|
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Date & Time: 1(1) 20

Driver's 318. (If driver is not the policy.)
Date & Time: ( | (2/20)

Name: NRIC/FIN No.:

| Date of Accident  | : 01(12 2020 Accident Time: 1340 (24-HR-FORMAT)                 |
|---|---|
| Accident Place  | : CTE towards Braddel before Ang Mu to Ave 1                    |
| Vehicle Reg. No (Car plate No.)   | : SUT4501 Vehicle Make/Model: Toyota CHR                        |
| Insurance Company   | : Chima Taiping . Policy No. DMH (SNA00001902000                |
| Name of Registered Owner  | : Company / Individual Asia Express On Rental                   |
| ID of Registered Owner  | : Co Reg No: 2011163820 Owner's NRIC No:                        |
|   | : Co Contact No: 919983 Owner's Contact No:                     |
| DRIVER'S Name   | : NO Chur Pong DRIVER'S NRIC NO:                                |
| DRIVER'S Date of Birth  | : 0) 13 1995 55 DRIVER'S License Pass Date 08 03 1982           |
| Relationship bet. Owner & Driver  | : Spouse \ Parents \Children\ Sibling \ Employee\ Others: DVNey |
| DRIVER'S Address  | : BIK 541 Woodlands Drue 16 #11-67 (2)730541                    |
| DRIVER'S Contact No./ Alt No.   | : 1) 80030041 2)  |
| DRIVER'S Occupation   | : INDOOR \OUTDOOR (eg. working inside or outside of an ofc)     |
| Email Address   | : peyre @ express cav. 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<br>Was the accident reported to the poli<br>Was there any video Captured by car<br>Exact purpose for which vehicle was | iver): \ \ Male   Female \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |
|   | Party Driver's Particulars (if any)                             |
| Vehicle Reg No: GBG 7719D   | Vehicle Reg No:   |
| Vehicle Make\Model:   |   |
| Name DRIVER: Perryarah kuppamuh   |   |
| IC No. DRIVER: 978639112  | IC No. DRIVER:  |
| DRIVER'S Contact & add:   |   |

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neses arising

the Hirer and personal ad

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

## 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

aken delive g which the And

Name: Ng Chun Pong

Nric No: S1145910B Having his residential address at: Blk 541 Woodlands Drive 16

#11-67, Singapore 730541

: 82230211 Tel. (Residential)

Next of Kin Contact: 96256636 (Wife)

Hereinafter also known at the 'The Hirer' of the other part

ehicle Insurar d in the curre

hire, the Hire

essories and £

ations in as \$ ected by the Additional Driver

Name:

Nric No:

Having his residential address at:

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 &

Tel. (Residential) Next of Kin Contact:

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

Hereinafter also known as the "Additional Hirer' of the other

Part

Lease Period - Renew Contract

Effective from: 28/09/2020 - 29/03/2021

conditions set out in The Agreement Contained herein: -

y the Owner t shall prejudi nor shall any ent or continuin

quired cash ca ERP system.

of the agreed e hired vehicle udice.

or things not a vehicle at the Period: 06 Months Contract

Make & Model: Toyota CHR or any persol ed or occasion Registration No: SLT4522L e nor shall the

e outside main Singapore wil with this term ! personal and all indemnify rid vehicle.

to have extend

damaged, seize BY SIGNING THIS AGREEMENT, YOU CONSENT TO US PROCESSING ANY PERSONAL DATA YOU DISCLOSE TO US (INCLUDING SENSITIVE PERSONAL DATA).

turn the said ve aid vehicle upo ment vehicle in [The Owner's Initial & Stamps]

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



CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD



Motor Hire Car

MZ406L/B

BR0085A Cav. Type:F

#### CERTIFICATE OF INSURANCE

otor Venicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Venicles (Third-Party Risks and Compensation) Rules, 1980. Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00001902000

Engine No.: 2ZR8186539 Cha. No.: ZYX102072200

1. Index Mark and Registration

SLT4522L

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.

- 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.: 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