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Confirmed by : (1		V 126	• • • • •)	
Insured/Driver Liability %9 Note-Bst Status (WO): N: 0-20%; P: 21-79%. P: \$0-100%] Year of Registration: (10 1	d: ()	Cover Type: ()	
Year of Registration: () Warranty: YES () / NO () Excess: (\$	1	Confirmed by : (Date:	Time:)	
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Fee Charged Published				2) N12: Idaa Mol	ile	30	176424	m
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SN0920CS000M / National Assessment Centre Services [408933] ENTRY DATE & TIME; 28/12/2020 18:19 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (28/12/2020 18:19 (SGT))



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.

- 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 28/12/2020 18:19 (SGT) Date of Accident 27/12/2020 10:50 (SGT) Exact Location of Accident Paya Lebar Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SMH1518X

Manufacturer

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 +65-91998131

VEHICLE PARTICULARS

Model Shuttle Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage ThirdPartyFireTheft Fleet Policy No Policy Number DMHCSNA00001962000 Cover Note Number

DRIVER

Name of Driver NGALCHUN FALALLAN NRIC No SXXXX966I Data Of Rith 20/00/1075

0.00	
Date Of Driving Pass	15/05/2000
Driving experience	20 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94468112
Alt, Phone Number	*
Email Address	REDOCTOBER75@GMAIL.COM
Address	968 HOUGANG AVE 9 #12-624
Address complement	The first service in a constant of the destriction of the constant of the cons
Postcode	530968
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	NO
vehicle Registration Number of Other Vehicle Owned by Driver	9
Insurance Company of Other Vehicle Owned by Driver	<u></u>
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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured in the Accident: Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	
HING CH [2007년] [107년 [2007년] 다른 10 [10 10 10 10 10 10 10 10 10 10 10 10 10 1	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Maria	TRANSPORTING
Name	TRAN HOANG THUY
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT T/20201228/7045	
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	R VEHICLE PROPERTY 1
Vehicle Registration Number	SMW4260P
Vehicle Manufacturer	- 1970年の1970年の1970年 万皇が
Vehicle Model	525

Vehicle Model

Vehicle Colour	
Vehicle Category	Private car
Name of Driver	-
Contact Number	*
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	## F
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NGAI CHUN FAI ALLAN
Address	-
Address Complement	
Post Code	-
Approximate Age Years Old	<u>₽</u>
Injuries Sustained	BODY
Injured person in which vehicle?	SMH1518X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TRAN HOANG THUY
Address	-
Address Complement	- 124 - V
Post Code	<u>-</u>
Approximate Age Years Old	<u>:</u>
Injuries Sustained	BODY
Injured person in which vehicle?	SMH1518X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.

Policyholder's Signature Date & Time:

7-10 lw

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28/12/20

Reporting Centre Personnel's Signature

NRIC/FIN No .:

Name:

								A	SMHISK
								12	SMH1518 SMH426
			(8)						3119479(
	<u> </u>	-							
SCRIBE CIRCU	MSTANCES OF 1	THE ACCIDENT	г						
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at me from	in the si	de					1		
of the this	ic but in	(M-							
	10000								

Policyholder's Signature Date & Time: 28/12/20

GIARMO SIMICIPO (140 PM)

Driver's Signature
(It driver is not the policyholder)
Date & Time: 28/12/20

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20201228/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2020 16:47			Vide Report No.: Station Diary No				
Informa	nt's Partic	ulars					
	Informant: HUN FAI AL		Address: 968 HOUGANG AVEN	UE 9 #12-624 SINGAPORE 530968			
ID Type / ID No.: NRIC NO / S7528966I			Contact No.: Home/Office: Mobile: 94468112				
National SINGAP	ity: ORE CITIZ	EN	Email: REDOCTOBER75@GMAIL.COM Type of Informant: Driver				
Sex: Male	Age: 45	Date of Birth: 29/09/1975					
Race: Chinese			Language: English	Institution / School Name:			
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class: 2B,3 Date of Expiry:				

Seneral Infor	Injury	Drink	Date/Time of	Type of Location
Type of Accident:	Others	Drive:	Accident: 27/12/2020 10:50	Straight Road
Location:	16			
PAYA LEBAF	POAD			
LAIAFEDA	NOAD			
Weather:	re-recorded apple	Road Surface:		Road Speed Limit:
Weather:	9.900.999.000	Road Surface:		Road Speed Limit:
Weather: Traffic Flow:	r secondarios		ST	Road Speed Limit: Traffic Volume: Heavy

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Conditio	No of	
SMH1518X	Car	HONDA	Shuttle	Red	Seriously Damaged	1	
SMW4260P	Car	MERCEDES BENZ		Black		0	

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Effective

2 of 4

Expiry Date

Report No. T/20201228/7045

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Insurance Company

Details of Vehicle Insurance

Vehicle No.

CONTINUATION OF REPORT

Insurance No

SMH1518X	35-75-33-1-1	INA TAIPING INSURA NGAPORE) PTE. LTD		DMHCS 2000	SNA000	0196	25/03/2020	24/03/2021
Details of Pe								
Any Pedestri				111	1 1	0	-1 110	
	trian	s Injured: NIL	The second second	Use of Per	destrian	Cross	sing: NA	
Driver	******		1000000	No. of Concession, Name of Street, or other		55 214	07770000	
Name		NGAI CHUN FAI ALL	_AN		ID No.		S7528966I	
Related Vehi	icle	SMH1518X (Car)			Conta	ct No.	94468112	
Hospital/Clini	ic	BEDOK DAY & NIGH	HT CLINIC	Dr		e &	Class: 2B,3 Date of Expiry: NIL	
Date		28/12/2020		Date		28/12	2/2020	
and the same of th	grant	ed Medical Leave	03	Degree of		Serio	us	
Passenger	361530		COLUMN TO SERVICE STREET			200	and the second	Spillar a read
Name		TRAN HOANG THU	Y		ID No.		G1592528F	₹
Related Vehi	icle	SMH1518X (Car)			Conta	ct No.	91431103	
Hospital/Clin	ic	BEDOK DAY & NIGH	T CLINIC		Class Driving Licence Expiry	e &	Class: NIL Date of Exp	piry: NIL
Date		28/12/2020		Date		28/12	2/2020	
	grant	ed Medical Leave	03	Degree of		Serio		
Driver					10 - 10	Total .	William William	
Name		CHEW SIOW HWEI			ID No.	9	S7122340Z	
Related Vehi	icle	NIL			Conta	ct No.	NIL	
Hospital/Clin	ic	NIL		747	Class Driving Licend Expiry	g e &	Class: NIL Date of Exp	oiry: NIL
Date		NIL		Date		NIL	-	
	grant	ed Medical Leave	NIL	Degree of		NIL		





3 of 4

Report No. T/20201228/7045

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

My vehicle SMH1518X is travelling along Paya Lebar Road near to Clsco Center, towards Gulliemard Road. The driver of vehicle SMW 4260P which was then travelling on my right side, suddenly signal and cut in to my lane and causing side swipe to my vehicle. The front left part of vehicle SMW4260P had hit the front right part of the vehicle SMH1518X. The whole incident is caught in camera installed in vehicle SMH1518X.

The collision has caused whiplash injury to me and my wife, Tran Hoang Thuy G1592528R, who was the front left passenger at the moment of accident. Both of us has seek medical treatment and being given 3 days medical leave each. The MC number for Ngai Chun Fai Allan and Tran Hoang Thuy are 11033 and 11034 respectively.

The particulars of the driver for SMW4250P are as followed:

Name: Chew Siow Hwei

IC: S7122340Z

Add: Blk 220 Serangoon Ave 4 #02-242 S(550220)

I am lodging this report for insurance claiming purposes.

Than's all





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

4 of 4 Report No. T/20201228/7045

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPHQ /

ONG YONG HOCK Contact No.: 65476436 Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

28/12/2020 16:47

Classification Of Case:

Authentication Stamp



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

CERTIFICATE OF INSURANCE

N SN

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

BR0085A Cov. Type:F

CERTIFICATE No.

DMHCSNA00001962000

Engine No.: LEB7100992

Cha. No.: GP72000658

1. Index Mark and Registration

SMH1518X

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

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.

(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.

Issued By: Gan Li Jia Jesca Authorised Officer

Authorised Signatory

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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

And

Name: Ngai Chun Fai Allan

Nric No: S75289661

Having his residential address at: Blk 968 Hougang Avenue 9

#12-624 Singapore 530968

Tel. (Residential) : 9446 8112

Next of Kin Contact: 9143 1103

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: -

VEHICLE AND LEASE PERIOD

Make & Model: Honda Shuttle Hybrid

Registration No: SMH 1518 X

[The Owner's Initial & Stamps]

Effective from: 11/12/2020-11/03/2021

Period : 03 Months Contract

The Hirer and or Additional Hirer Initial & Stamps