	re Services		1 1 1 1 1 1 1		
Date In: 7117-09:45	Jeb description		Date &Time Completed	Done	рх
Ref No: 4M/C727100000 1 6424	SAS e-filing				
Veh Nasmungoz	E-mail (within 8	Shrs, AIC 2hrs)			74
D.O.A: 30/1/12-11:30	i-Motor Clair	n Form			
	i-Motor W/O	(Within: OD 2hrs,	TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uplo:	aded			Į.
TDI	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report b	y <u>Fax / Hand</u> to	Owner/Wksp	<u> </u>	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: July	TUNIT	. INC()/Non-INC().	¥	Control Control
Owner / Driver: (Tel:)	
Policy No: () P	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (V	VO): N: 0-20	%; P: 21-79%. P: 80	-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,	000()/\$2,000	()			
General Remarks				STEAT SELEC	
() Walk-In Customer : Customer's infe			Marine De Marine Holland	-	
() Total Loss Case : to e-mail Insur	The second linear second linea	ė.	N		
	e: YES()/N	IO(); To	owing Co: ()
				Done	<u> </u>
Remarks: (INC hotline: 6788 6616)	English State		Date& Time Completed	Done	Dy .
				The state of the s	
1) Apply for Transport Allowance ()/	Courtesy Car ()			
2) QC Check / Post Repair Inspection	())			
	())			
2) QC Check / Post Repair Inspection	())			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()				
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$	())		PESSENCE STAR.	- C. M. S. C.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	())			S. 11. 8
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()			The state of the s	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: ———————————————————————————————————	())			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: ———————————————————————————————————	()			A CONTRACTOR OF THE CONTRACTOR	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	()			Anit (5)	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	()	Invoice Prej	paration Checklist	Anif (\$)	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time (Actions)	()	1) AR : Accident	Reporting (\$30);	f#Bill	Control of the Contro
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time (Actions) Na 1100322/1 MA 11003 V) Repair Inspection	()	1) AR : Accident 2) DA : Damage . 3) TF : Towing F	Reporting (\$30); Assessment (\$100); INC	(\$80) \$40/\$45	Control of the Contro
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time (Actions) Na 1100322/1 MA 11003 V) Repair Inspection	()	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti	Reporting (\$30); Assessment (\$100); INC	fit.Bill (\$80)	Control of the Contro
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars:	()	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For cleiming a	Reporting (\$30); Assessment (\$100); INC orough Survey arough Survey (Resurvey) toinst INC Only (wef 10 Jan 20	(\$80) \$40/\$45 \$120 \$30 \$005)	A
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars: Contact No:	()	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming a 6) TR : Re-inspec	Reporting (\$30); Assessment (\$100); INC tee brough Survey trough Survey (Resurvey) trainst INC Only (wef 10 Jan 26	(\$80) \$40/\$45 \$120 \$30	Control of the Contro
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars: Contact No:	()	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For cleiming a	Reporting (\$30); Assessment (\$100); INC to a cough Survey trough Survey (Resurvey) troinst INC Only (wef 10 Jan 2) tion SMRT Survey	(\$80) \$40/\$45 \$120 \$30 \$205) \$75	Control of the Contro
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	()	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC orough Survey arough Survey (Resurvey) tainst INC Only (wef 10 Jan 2) tion SMRT Survey nal Services:-	(\$80) \$40/\$45 \$120 \$30 \$205 \$75 \$160	Control of the Contro
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	()	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For eleiming at 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C	Reporting (\$30); Assessment (\$100); INC orough Survey trough Survey (Resurvey) tainst INC Only (wef 10 Jan 2) tion SMRT Survey nal Services:- Cer / Tpl Allowance	(\$80) \$40/\$45 \$120 \$30 \$205 \$75 \$160	A
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	()	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For eleiming at 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	Reporting (\$30); Assessment (\$100); INC orough Survey trough Survey (Resurvey) tainst INC Only (wef 10 Jan 2) tion SMRT Survey nal Services:- Cer / Tpt Allowance condination mir Inspection	(\$80) \$40/\$45 \$120 \$30 \$205 \$75 \$160 \$5 \$10 \$25	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars:: Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments::	()	1) AR: Accident 2) DA: Damage. 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a: 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC arough Survey Arough Survey (Resurvey) Arough Survey (Resurvey) Arough Survey Arough Su	(\$80) \$40/\$45 \$120 \$30 \$205 \$75 \$160	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars:: Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments::	()	1) AR: Accident 2) DA: Damage. 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a: 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC arough Survey (Resurvey) rainst INC Only (wef 10 Jan 2) tion SMRT Survey nal Services:- Car / Tpt Allowance	(\$80) \$40/\$45 \$120 \$30 \$205 \$75 \$160 \$55 \$10 \$25 \$5 \$20 \$30	

SN0920CV0007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 02/01/2021 09:45 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (02/01/2021 09:45 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
 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 02/01/2021 09:45 (SGT) Date of Accident 30/12/2020 11:30 (SGT) Exact Location of Accident Keppel Rd, Singapore Additional Location Information twds vivocity Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ7590Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner FRESH CARS PTE LTD Company Reg No 2XXXXX540Z **Email Address** xinjie@freshcars.sg Mobile Phone No (Phone) +65-89999999 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Prius 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 No - Reporting only your vehicle?

Vehicle Category Private hire

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNA00005692000

DRIVER

Name of Driver TAN THIAN YOUNG NRIC No SXXXX068G Date Of Birth 26/11/1981 Occupation Outdoor

Date Of Driving Pass 21/07/2000 Driving experience 20 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-81020388 Alt. Phone Number Email Address xinjie@freshcars.sg Address BLK 105 WOODLANDS STREET 13 Address complement #09-186 Postcode 730105 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 Collision - Head to Rear 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) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No 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 **SGH1000T** Vehicle Manufacturer Volvo Vehicle Model Vehicle Variant

Address Address complement Insurance Company Name

Contact Number

Vehicle Colour

Name of Driver

Private car

Vehicle Category

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>.
- 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.
- 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 Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

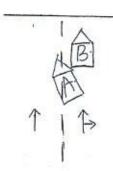
Date & Time:

Reporting Centre Personnel's

Name:

NRIC/FIN No.:

tepper pt 7 yro chy



(R) SMQ 759102

B 56H 1600T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		was fra	velline	close	keppel kd	tamante	1000	Chr.	
				70.0					
	accidentally	collided	okto	the	tear left	portion	of	whicle	В.
_	V			-		1			
-				-10-3-1				ALCONOMIC CONTRACTOR	77-5-
									_
							-VGTFA		
								0.50	
	_10							maure -	
_									
		1000							
97									20
		scottescale de-	W1933733	3511	1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1				
(2)									
_						200	er-ennie		****

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:

Date of Accident	20 MINON Accident Time: (1530 hrs.
Accident Place	KEPPEL RD TOWARDS TO VIVO CITY
Vehicle Reg. No (Car plate No.)	SMOJS907 Vehicle Make/Model: 7977X PRIUS
Insurance Company	: MINATMYNG Policy No. DIN HCS MA 600 0369 2000
Name of Registered Owner	: Company / Intlividual TRESH CIRCS PLL
ID of Registered Owner	: Co Reg No: 20 6085 (6) 2 Owner's NRIC No:
DRIVER'S Name DRIVER'S Date of Birth	Co Contact No: Owner's Contact No:
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others \thite
DRIVER'S Address	: My Publis would grad St 13 # 0.9-1866s) 220105.
DRIVER'S Contact No./ Alt No.	:1) 87020388 2) -
DRIVER'S Occupation	: INDOOR VOUTDOOR (eg. working inside or outside of an ofc)
Email Address	: Xinjie@freshcars.sq
Weather & Road Surface	: CLEAR & DRY PRAINING & WET VAFTER RAIN & WET
Reporting Type	Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Was the accident reported to the p Was there any video Captured by Exact purpose for which vehicle v	police? YES yNO
Ott	ner Party Driver's Particulars (if any)
Vehicle Reg No B SGH [OOO Vehicle Reg No:
Vehicle Make\Model:	Vehicle Make Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER :
DRIVER'S Contact & add	



Motor Hire Car

MZ406L/B

AN0586A

Cav. Type:C

CERTIFICATE No.

DMHCSNA00005692000

CERTIFICATE OF INSURANCE clor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rutes, 1950 Road Transport Act, 1967 (Melays) Motor Vehicles (Third-Party Risks) Rutes, 1959 (Malcysia)

Engine No.: 27R2F70690 Cha. No.:JTDZS3EU30J051629

Index Mark and Registration

SMQ7590Z

Number of Vehicle

AUTOSAFF

2. Name of Policy Holder

FRESH CARS PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations. (00:00:00)

Excess Sect I.

\$\$2,000.00

Excess Sect. I (Outside Singapore)

\$\$4,000.00

Excess Sect. II

\$\$1,500.00

Excess Sect.II (Outside Singapore). EX ON WINDSCREEN .

\$\$3,000.00 \$\$100.00

4. Date of Expiry of Insurance

06/09/2021

5 Persons or Classes of Persons entitled to cirive*

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.
 Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

(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. ; SPARK CREDIT PTE. LTD.

* 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: Zhong YueQiang

Authorised Officer

Authorised Signatory

China Talping 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