			: SM 0921150	Done by
Date In: 28 / 1/21 /5:16	Jeb description		Date &Time Completed	Doug'et
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Veh No SKC 47125	E-mall (white 8	ihts, AIC 2hts)		<u> </u>
DOM: 27/1/21 20:35	I-Motor Cinir	n Porm	\$	
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(11), · (D) ! Reporting Only	i-Photo Uplor	nded		
	Assessment/Su	rvey Report		
TP Insurer:	Ass't Report by	Fax/Hand	o Owner/Wksn	
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I'l Particulars: Veh No: 5	HA 85105.	, INC(	)/Non-INC( * ).	
Owner / Driver: ( -			Tcl:	)
Policy No: ( ) Per	riod: (	)	Cover Type: (	) -
Confirmed by : (		Date:	Time:	)
Insured/Driver Liability: ( %) [1	Note-Est. Status (V	70): N: 0-2	0%; P: 21-79%. P: 8d-	100%]
	Warranty: YES (		)	
Excess: (\$ ) Loading: \$1,0	00()/\$2,000	( )	a se seemale ; (gr.?) at (3,9°)	785 12 12 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
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Drive-In ( )/ Towed-In ( ); Invoice	:: YES( ) / N	T;( )0T	owing Co: (# · , /	, )
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Company Car



# 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 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.
   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 28/01/2021 15:16 (SGT) Date of Accident 27/01/2021 20:35 (SGT) Exact Location of Accident 2 Temasek Blvd, Singapore 038982 Additional Location Information

Country/State of Loss Singapore

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

Private hire

Vehicle Registration Number SKC4712G

INSURED/POLICYHOLDER

Yes Is company? WHEELS EXPRESS RENTAL & LEASING PTE LTD Name Of Registered Owner

2XXXXX594C Company Reg No WHEELSEXPRESSRENTAL@GMAIL.COM **Email Address** 

(Phone) +65-90603343 Mobile Phone No

+65-90603343 Alternative Phone No

VEHICLE PARTICULARS

Honda Manufacturer Model Jazz

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Private hire Vehicle Category

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance ThirdParty Type of Coverage Fleet Policy

DMHCSNA00002842000 Policy Number

Cover Note Number

DRIVER

BANI BIN ABDULLAH @WONG HON MOON Name of Driver SXXXX379B NRIC No 07/06/1951 Date Of Birth Outdoor Occupation

Date Of Driving Pass 27/12/1982 38 YEARS AND 1 MONTH Driving experience Gender Mobile Number (Phone) +65-94521429 Alt. Phone Number Email Address BANIABDULLAHWONG@GMAIL.COM BLK 807B CHOA CHU KANG AVE 1 #08-526 Address Address complement 682807 Postcode 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) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 Name Male Gender 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	SHA8510S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	( <del>-</del> )
Contact Number	0.40

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.
- 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 withholding 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. 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (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

(including their law yers/law firms), w	be disclosed by any of the Insurers and/or GIA to their thin which may be sited outside of Singapore, for one or more o	d party service providers or agents f the above Purposes.
Policyholder's Signature / Date & Time Sketch Plan	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
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	$\rightarrow$	
	<u> </u>	Veh A. SCC 47129 VILLA B. SHARFIOS

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## Declaration

We declare the foregoing particulars are true in every respect.



Time

Policyholder's Signature / Date &

Barn

Driver's Signature (If driver is not the policyholder) / Date & Time

H

Witnessed by Reporting Centre Personnel



# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

SN

CERTIFICATE OF INSURANCE

N AN0663A

Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) for Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act. 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:T

CERTIFICATE No.

DMHCSNA00002842000

Engine No.: L13A54001558 Cha. No.: JHMGD18507\$221503

1. Index Mark and Registration

Number of Vehicle

SKC4712G

2. Name of Policy Holder

WHEELS EXPRESS RENTAL & LEASING PTE. LTD.

Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment

22/05/2020

Excess Sect. II

\$\$2,000.00

4. Date of Expiry of Insurance

21/05/2021

5. Persons or Classes of Persons entitled to crive\*

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.

\* 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:

Chua Suat Lay Sally, **Authorised Officer** 

Authorised Signatory

China Taiping 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

HC Emission: NOx Emission: PM Emission:

Enquire Vehicle Information		
Vehicle No.		
Vehicle No.: Vehicle Details	SKC4712G	
Vehicle Type :	Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover	
Vehicle Attachment 1:	No Attachment	
Make / Model :	HONDA / JAZZ 1.4A	
Primary Colour:	Red	
Year of Manufacture :	2007	
Maximum Laden Weight:	1490 kg	
Unladen Weight:	1040 kg	
No. Of Axles :	2	
Engine No.:	L13A54001558	
Chassis No.:	JHMGD18507S221503	
Engine Capacity:	1339 cc	
Maximum Power Output:	60.0 kW (80 bhp)	
IU Label No. :	1124286097	
Propellant:	Petrol	
Passenger Capacity :	4	
Original Registration Date :	28 Jun 2007	
First Registration Date :	28 Jun 2007	
Open Market Value :	\$13,940.00	
Additional Registration Fee Rate:	110.00 %	
Actual ARF Paid:	\$15,334.00	
PARF Eligibility:	Forfeited	
Minimum PARF Benefit:	53	
COE No. :	2007050101000757W	
COE Category :	A - Car (1600cc & below)	
COE Expiry Date:	27 Jun 2022	
Quota Premium (QP) :	\$14,000.00	
PQP Paid :	\$25,313.00	
OPC Cash Rebate Eligibility:	No	
QP during COE Bidding Exercise:	\$14,000.00	
Private Hire Vehicle Decal No.:	A102046 (Issued on 22 Feb 2019)	
CO2 Emission:	*:	
CO Emission:		

Previous

ОК

G 13

daryl cheah 96 @ smailicom.

VEHICLE NO: SKC47126	MAKE & MODEL: HONGE JAZZ (AUTO / MANUAL
DATE OF ACCIDENT:	27/1/2021 cc: 14
TIME OF ACCIDENT:	2035 HRS
LOCATION OF ACCIDENT:	Along Convad International Service road
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER:	Whells Express Rental & Leasing PAR Ltd
TEL NO:	H/P: 906033430FFICE: HOME:
NRIC:	2018105A4C
ADDRESS:	2 Sims Close #01-08 5 C387 X18
EMAIL:	wheelsexpressmental & amoil com
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY
FLEET POLICY:	YES / NO ?
INSURANCE COMPANY:	China Taiping
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO:	DMHCSNA00002842000
NAME OF DRIVER:	AS ABOVE / IF NO: Bani Bin Abdullah
NRIC:	SOUG 53 79B ANY PASSENGER: 1 (M)
DATE OF BIRTH:	7/6/1951 LICENCE PASSED DATE: 27/12/1982
OCCUPATION:	OUTDOOR / INDOOR
GENDER:	MALE / FEMALE
CONTACT NO:	H/P: 9452 (429 OFFICE: HOME:
ADDRESS:	BUX 807B Choa Chu Kana AVO 1 408 576 5(682807)
EMAIL :	baniabdullah wang @ amail.com
DOES DRIVER OWNED ANY VEHICLE:	NO/ IF YES, REG NO: INSURER:
RELATIONSHIP:	Hiver
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:
ROAD SURFACE:	DRY / WET / OTHER:
ANY INJURIES:	NO / IF YES, WHO?
NAME & CONTACT:	
NAME & CONTACT:	
POLICE REPORT:	NO / IF YES, WHERE?
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?
VEHICLE B REG NO:	SHA8510S ANY PASSENGERS:
NAME OF DRIVER:	Loh CONTACT NO: 96414059
VEHICLE C REG NO:	ANY PASSENGERS:
VEHICLE D REG NO:	ANY PASSENGERS:
VEHICLE E REG NO:	ANY PASSENGERS:
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO RECORDED?	YES / NO
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO
ACCIDENT PORTION: Have you been approach by unknown person soliciting (	s) / offering accident claims assistance? YES (NO)
WORKSHOP PARTICULAR:	N-51 Automotive Pte 4d
CONTACT NO:	68420051 / 67440510
CONTACT PERSON:	Brandon
FAX NO:	67410510
WORKSHOP EMAIL:	sales@n51.com.sg