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SN092121000Y / National Assessment Centre Services [408933] ENTRY DATE & TIME: 02/02/2021 10:50 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (02/02/2021 10:50 (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.
 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	02/02/2021 10:50 (SGT)
Date of Accident	31/01/2021 20:35 (SGT)
Exact Location of Accident	Geylang Road, Singapore
Additional Location Information	
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

CC70012T

vernole registration ramber	30200121	
INSURED/POLICYHOLDER		
le company?	Ver	

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

Vahicle Registration Number

Manufacturer Toyota Model Corolla Variant Exact purpose for which vehicle was being used at time of Private hire Are you claiming under your own insurance policy for repair to No - Reporting only

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 DZULKIFLI BIN JUMARI NRIC No SXXXX991G Date Of Birth 02/01/1975 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	09/02/2000 20 YEARS AND 11 MONTHS Male (Phone) +65-87497225 - dj020175@yahoo.com.sg 97 ALJUNIES CRES #03-449 - 380097 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Cross Junction Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT T/20210131/7036	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number	SMF9183K Private car -

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

- 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 <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.
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- 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 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:
 - (i) 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:
 - (i) 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: 01/02/2

Driver's Signature

(If driver is not the policyholder)

Date & Time: 01 | 02 | 21

Reporting Centre Personnel's Signature

Name:

NRIC/FIN 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.
- 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.
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 - (i) 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
- 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:
 - (i) 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 Sig Driver's Signature Date & Time:

(If driver is not the policyholder) Date & Time: Olloalal

NRIC/FIN No.:

Name:

Reporting Centre Personnel's Signature





1 of 3

Report No. T/20210131/7036

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

REPORT OF A TRAFFIC ACCIDENT

	te/Time Report Made: /01/2021 23:44		Vide Report No.: G/20210131/0261	Station Diary No.:
Informar	nt's Particu	ılars		
	Informant: LI BIN JUN	MARI	Address: 97 ALJUNIED CRESCENT #	03-449 SINGAPORE 380097
ID Type / NRIC NC	ID No.: 7 S750099	91G	Contact No.: Home/Office:	Mobile: 87497225
Nationali SINGAP	ty: ORE CITIZ	EN	Email: dj020175@yahoo.com.sg	
Sex: Male	Age: 46	Date of Birth: 02/01/1975	Type of Informant: Driver	
Race: Javanese	9		Language: English	Institution / School Name:
the state of the s	Occupation: Fire and safety inspector		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/01/2021 20:	:35	Type of Location: Straight Road	
Location: GEYLANG R	OAD					
Mark 19		Road Surface:		E 2000-000	nd Speed Limit: Km/h	
Weather: Clear Traffic Flow: One Way			rking	50 k	The state of the s	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SGZ8012T	Car					0
SMF9183K	Car			White	Seriously Damaged	1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210131/7036

CONTINUATION OF REPORT

Details of Perso	n Involved						
Any Pedestrian I	nvolved: No			MIXW MANAGEMENT CO.			
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA				
Driver							
Name	DZULKIFLI BIN JUN	MARI		ID No		S750099	91G
Related Vehicle	SGZ8012T (Car)			Conta	ct No.	8749722	25
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 2 Date of I	B,2A,2,3 Expiry: NIL
Date	NIL		Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		Sligh	t	

Brief Details.

On 31/1/2021 between 8.30 pm to 8.45 pm, I was on the way to Joo Chiat Road when the traffic along Geylang Road was red. I then stopped at the traffic light and I was the first car. After about a minute or so, i felt i heard like someone was horning me and thinking that its my turn to move off, I let go of my brake and the car moved forward. Immediately, the white far from the left hit onto my front left rear. At that moment, I realised that the light was not in my favour and had caused the accident. I do not sustain any injury but the other parties were conveyed to the hospital. I was in a state of shock that I did not even obtain the details of the other party.





3 of 3

Report No. T/20210131/7036

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

CONTINUATION OF REPORT

Ske	toh	DIO	n
SKE	LUII	ria	П

Authentication Stamp

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/01/2021 23:44
Officer In Charge Of Case: TP / TPIB / YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:





CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

SN

BR0085A

CERTIFICATE OF INSURANCE

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

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:F

CERTIFICATE No.

DMHCSNA00001902000

Engine No.: 1ZRY214306

Cha. No.:MR053REH104539391

1. Index Mark and Registration

SGZ8012T

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

25/03/2020

Excess Section II

S\$2,000.00

Excess Section II (Outside Singapore)

\$\$4,000.00

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.

(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: Tan Jia Hwei **Authorised Officer**

Authorised Signatory

Ax

Mo car

Date of Accident	: 31/01/21 Accident Time: 2030 hrs (24-HR-FORMAT)
Accident Place	: Junction Between Joo Chiat Road and Geylang R
Vehicle Reg. No (Car plate No.)	: SGZ8012 T Vehicle Make/Model: Toyota AITIS
Insurance Company	: China Taiping Policy No. DMHCSNA 0000 1942000
Name of Registered Owner	: Company / Individual Asia Express Car Rental Pte Hd
ID of Registered Owner	: Co Reg No: >01116882D Owner's NRIC No:
	: Co Contact No: 9199813) Owner's Contact No:
DRIVER'S Name	: Dzulkifli Bin Juman DRIVER'S NRIC No: 575009919
DRIVER'S Date of Birth	: 07/01/1975 DRIVER'S License Pass Date 09/03/2000
Relationship bet. Owner & Driver	: Spouse \ Parents \ Children\ Sibling \ Employee\ Others: Diver
DRIVER'S Address	: BIK 519A Tampines Central 8 #02-11 SC 521519)
DRIVER'S Contact No./ Alt No.	:1) 8749725 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: Pcijie @ expresscar-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 Was the accident reported to the pol Was there any video Captured by ca Exact purpose for which vehicle was	ice? (YES)\ NO
Other	Party Driver's Particulars (if any)
Vehicle Reg No: SMF 9183K	Vehicle Reg No:
Vehicle Make\Model:	Vehicle Make\Model:
Name DRIVER:	Name DRIVER:
C No. DRIVER:	IC No. DRIVER;
DRIVER'S Contact & add:	

send photo by email or whatopps