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TP Insurer.	Ass't Report by	Fax/Hand to Owner	rayksn		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	The state of the s)
TP Particulars: Veh No:	CR 2UXX	INC()/1	Non-INC()		
Owner / Driver: (95/7/2/	Tel)	e naceae de districté es martes :
Andrew Married and Company of the Co	eriod (r Type: ()	-
Confirmed by : (Date:	Time:)	
	[Note-Est-Status (W	(O): N: 0-20%; P	. 21-79%. F: 80-160	1/0]	
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General Remarks;-		1			
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() Total Loss Case : to e-mail Insu	-	The state of the s			
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1) Apply for Transport Allowance ()/)			» « »««« « »»»
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Claimant's Rarticulars :-		1) AR : Accident Repor			
	d.A., regit in taken the turn	2) DA : Damage Assess 3) TF : Towing Fee	mont (\$100); INC (\$30 \$467		
Driver/Owner:	-	4) FT : Follow-Through	Survey	120 \$30	
Contact No:		5) VT : Pullow-Through	INC Daly (wef 10 Jon 2003)	Angeles & let all A warment street or	
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QC Checked by (Engr-In-Charge):		*NS: Courlesy Cot/	Ipt Allowates	23	
		*No: Repair Co-ordi	nution	\$10 \$25	
Auditors' Comments :-		*N8: DV / Collect E:	cess Courdination	\$5	
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		Invalue dated	Fee Charget		1



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.
- 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 of this report will be forwarded by the insurers of the GIA records management centre established by the General insurance Association of Singapore (GIA) for a reflection 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 18/01/2022 10:36 (SGT) Date of Accident 17/01/2022 13:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TOWARDS TUAS (ADAM ROAD EXIT) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJH4477X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No.

Yes DYNAMIC CAR RENTAL 5XXXX467K jasonkcapl@gmail.com (Phone) +65-88173108 (Office) +65-67465405

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Toyota Corolla AXIO

Private use

No - Claiming third party Commercial vehicle Auto 1496

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. ThirdParty DMHCSNA00011182101

DRIVER

Name of Driver NRIC No

CHANG GUANG RUI SXXXX803J

Date Of Birth	17/08/1005
Occupation	17/08/1995 Indoor
Date Of Driving Pass	
Driving experience	13/08/2020
Gender	1 YEAR AND 5 MONTHS
	Male
Mobile Number	(Phone) +65-88173108
Alt. Phone Number	-
Email Address	jasonkcapl@gmail.com
Address	BLK 56 TEBAN GARDENS ROAD #23-465
Address complement	•
Postcode	600056
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	INO
Temple regionalies retained by Billion	_
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet
nous curious	vvei
OTHER INFORMATION	
AAA SACAAN MAAAA AA	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	
N	
Name	CHUA HOCK THIAM
Gender	Male
DETAILS OF POLICE ACTION	
Mea the accident reported to the nation?	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Voc
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLR2420X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
CONTRACTOR OF STREET,	

	Vehicle Category	Private car
	Name of Driver	i iivate cai
*		- .
	Address	-
	Address complement	-
] =
	STANDARD BY CHOOCAL IN A LABOR DATE OF THE STANDARD OF THE STA	2₩
	Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
	Nature Of Damage	Ald Asia Facilic insurance Pte. Ltd.
	Details of property damaged in accident	-
	No. Of December (In It III)	-
	No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	00104545
Vehicle Manufacturer	GBL2454Z
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	•
Vehicle Category	-
	Commercial vehicle
Name of Driver	i.
Contact Number	-
Address	
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
140. Of Fassenger (including Driver)	

INJURED PERSONS DETAILS

INJURED 1	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	CHANG GUANG RUI Male (Phone) +65-88173108 SLIGHT INJURY SJH4477X Yes No
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	CHUA HOCK THIAM Male SLIGHT INJURY
Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SJH4477X Yes No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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)

I understand, acknow ledge, 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 the claims;
- (ii) investigating the accident and/or my claims;

CAD

- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Time	nature / Da	& Time	s Signature i	(If driver is not the			Personnel	y Reporting Centre
Sketch Plan	PIE	7EWARDS	luns	(ADAM	ROAD	EXIT)	
		Exit 1						A: 83H 4477X
		1204						B: SLR 2420X
		Â						C: GB L 2454Z
		台上						
		BI						

Describe Circumstances of the Accident	
On 17.01.2022 at about 13:30pm. I was travelling along PII	= touroudo TIAO
The state of the s	LANI SOIPMOI
(Adam Road Exit). The front vehicle stopped, I follow. Suddenly	T fall on 2 and 1
from my rear. I was involved in a 3 vehicles chain collision	1
me main collisio	h.
TOTAL TRANSPORT OF THE PROPERTY OF THE PROPERT	

Declaration

 $\ensuremath{\mathsf{IWe}}$ declare the foregoing particulars are true in every respect.

Reg. No. 52928467K

Policyholder's Signature / Date & Time

Vien

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

Witnessed by Reporting Centre Personnel

Date of Accident	: 17.01.2022 Accident Time : 13:30 pm (24-HR-Format)				
Accident Place	: PIE towards TUAS (Adam Road Exit)				
Vehicle No (Car Plate No)	: SJH 4477X Make/Model: Toyota Corolla Axio 1.5X				
Insurance Company	: China Taiping Policy No: DMH CSNA 00011182101				
Fleet Policy	: YES/NO				
Type of Coverage	: Comprehensive / Third Party / Third Party Fire & Theft				
Name of Owner / IC No	: Dynamic Car Rental (52928467K)				
Owner Contact No	:6146_5405Owner's HpCompany Tel				
Driver Name / IC No	: Chang Guang Rus (\$95288033)				
Driver's Date of Birth	: 13.08.1995 Driver's License Pass Date: 13.08.2020				
Relationship of Driver	: Spouse / Parents / Children / Sibling / Employee / Other Hirer				
Driver's Address	: BIK 56 Teban Gardens Road # 23-465 S (600056)				
Driver's Contact No	: 1) 8817 3108 2)				
Driver's Occupation	: NDOOR / OUTDOOR (e.g. working inside or outside office)				
Email Address	:jasonkcapl@gmail.com				
Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET				
Reporting Type	: Reporting Only / Claim Third Party / Claim Own Insurance				
Number of Passenger(include Driver)	2 person (1 Driver, 1 Passenger)				
Was ther any video footage ?	: RES / NO				
Exact purpose used at time of accident	: Private Use / Private Hire / Work Purpose				
Any injury (If Yes, Pls State)	: Yes (I Driver, I Rossenger).				
Other P	arty Driver's Particular (if any)				
Vehicle B No : SIR 2420X 7 A					
Vehicle C No: GBL 2454Z	Name & Contact No:				
Vehicle D No :	Name & Contact No:				
Vehicle E No :	Name & Contact No:				

*NEW - Passenger's Name & Gender:

Male: Chua Hock Thiam

Ju.



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

AN0707B

Cov. Type:T

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)

CERTIFICATE No.

DMHCSNA00011182101

Engine No.: 1NZD067989

Index Mark and Registration

SJH4477X

Cha. No :NZE1416083864

Excess Sect.II (Outside Singapore).

Number of Vehicle

2. Name of Policy Holder

DYNAMIC CAR RENTAL

Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment

14/10/2021 (00:00:00)

Excess Sect. II

\$\$1,500.00 \$\$3,000.00

4. Date of Expiry of Insurance

13/10/2022

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

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.

* 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

Dynamic Car Rental

TEL: (+65) 6741 7244, 6746 5405 FAX: (+65) 6745 8520, 6746 5786

HENTAL TERMS AND CONDITIONS

No. 22092

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	ban Gardens Ro	nd	PTH 1127X	CE MODEL ENTE PEPPER E 1/4 DE COM CATE PENE EL
# 23-46	5			
Singapore 600056			503	16.12.2021 @ 13:55 pm
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		PLACE OF ISSUE	MONTHS	* *F\$
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S SUMMATURS

DYNAMIC CAR RENTAL



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No: SU0822 1 2000 Vehicle Registration No: STHYY77X
	Name (as shown in NRIC): CHANG MONG MI NRIC/FIN/Passport No: SXXXX 8037
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
	Address: Singapore (
	Contact (Tel): Mobile No.:
	Email Address:
	Date of Accident: 17/0(12027 Time of Accident: 18:30
	Place of Accident: PLE TOURNOR WAS (ADAM PADO FIXIT)
	Insurance Company: CHNA MARINE
B)	ADDITIONAL INFORMATION / AMENDMENTS:
	I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:
	DRIVAR HP NUMBER TO +65 88173108
	nur 18/1/2022
	Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date: