

# NATIONAL Assessment Centre Services

Date In: 05/07/22	Job description	Date & Time Completed	Done by
Ref No. NA/CTI0200 6388/13	SAS e-filing		
Veh No: SML8755K	E-mail (within 5hrs, A/C 2hrs)		
D.O.A 04/07/22 0630	i-Motor Claim Form		
OD / TP ? Reporting Only	i-Motor W/O (Within: OD: 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: PEDESTRIAN	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury :** \_\_\_\_\_

Date/Time	Actions

NA0001848	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) RT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR : Re-inspection \$75		
<b>Cat. 2/3:</b>	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	

## 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 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. 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	05/07/2022 14:14 (SGT)
Reported by	Driver
Date of Accident	04/07/2022 06:30 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	JUNC OF JALAN KELULUT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8755K
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WHEELS EXPRESS RENTAL & LEASING PTE LTD
Company Reg No	2XXXXX594C
Email Address	yeechye@yahoo.com.sg
Mobile Phone No	(Phone) +65-90603343
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00008142202

#### DRIVER

Name of Driver	LEE LENG POH
NRIC No	SXXXX336E
Date Of Birth	22/11/1964
Occupation	Outdoor

Date Of Driving Pass	06/09/1983
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81614671
Alt. Phone Number	-
Email Address	yeechye@yahoo.com.sg
Address	BLK 760 PASIR RIS ST 71
Address complement	#04-194
Postcode	510760
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	Collided into Pedestrian
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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

PLS REFER TO THE POLICE REPORT

#### ATTACHMENT(S)

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	SD CARD WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PEESTRIAN
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
Name of Driver .....	UNKNOWN
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	UNKNOWN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	PEESTRIAN
Were seat belts worn? .....	-
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.
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)

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' 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;

(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' law yers/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.



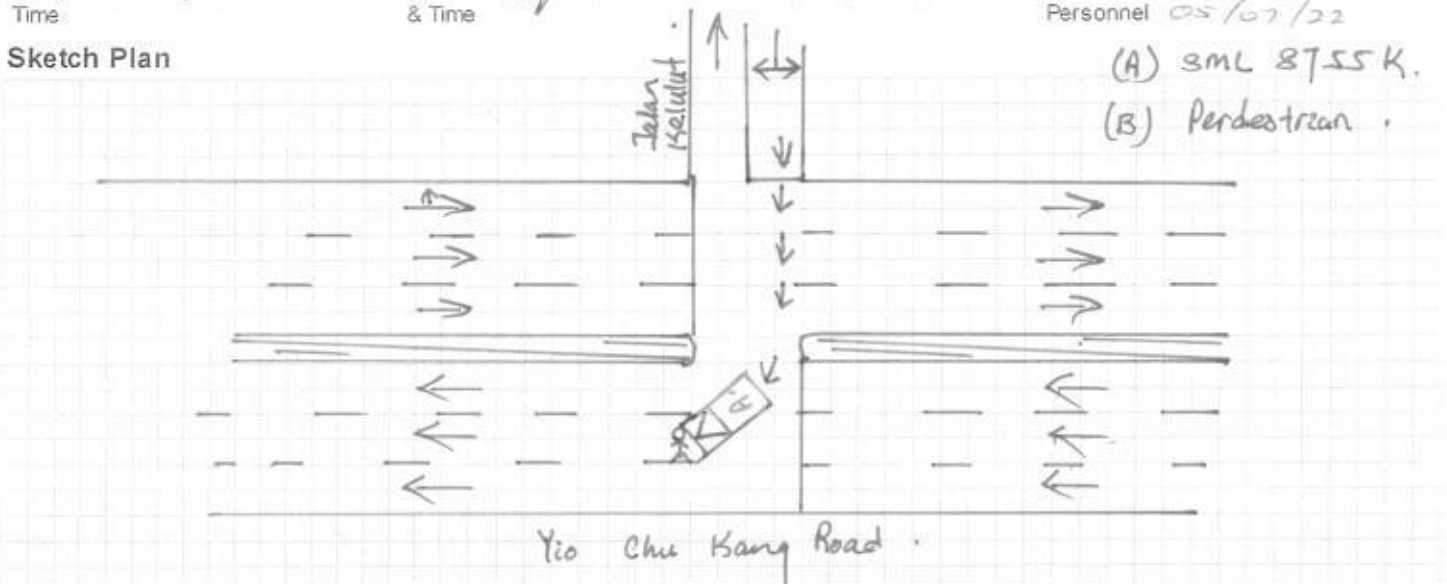
Policyholder's Signature / Date & Time

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

ROSLINDA BINTE A WAHAB

Witnessed by Reporting Centre Personnel 05/07/22

### Sketch Plan



Describe Circumstances of the Accident

Please refer to police report No:  
T/20220704/7064.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

A handwritten signature of the driver.

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

ROSLINDA BINTE A WAHAB

Witnessed by Reporting Centre  
Personnel 05/07/22





# SINGAPORE POLICE FORCE



T/20220704/7064

1 of 3

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

Report No. T/20220704/7064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/07/2022 21:33	Vide Report No.: F/20220704/0059	Station Diary No.:
--------------------------------------------	-------------------------------------	--------------------

**Informant's Particulars**

Name of Informant: LEE LENG POH			Address: 760 PASIR RIS STREET 71 #04-194 SINGAPORE 510760		
ID Type / ID No.: NRIC NO / S1676336E			Contact No.: Home/Office: Mobile: 81614671		
Nationality: SINGAPORE CITIZEN			Email: DOCSL72@GMAIL.COM		
Sex: Male	Age: 57	Date of Birth: 22/11/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/07/2022 06:30	Type of Location: T-Junction
Location:  YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SML8755K	Car					0

**Details of Person Involved**

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used



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

2 of 3

Report No. T/20220704/7064

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	LEE LENG POH		ID No.	S1676336E
Related Vehicle	SML8755K (Car)		Contact No.	81614671
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
<b>Pedestrian</b>				
Name	Unknown Pedestrian		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: ,2B,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight

**Brief Details.**

On the abovementioned time and date, i was travelling along Jln. Kelulut, near Lamp post TS5, intended to make a right turn towards Yio Chu Kang(towards Hougang). I stopped at the traffic junction and flipped on my right signal light as the traffic light was Red. when it turned Green, i move on, didnt notice any pedestrian was crossing the road, seconds later i suddenly hit a pedestrian on the left of my vehicle. I immediately apply brake, stopped the vehicle and went down to assist the pedestrain and sent him to A&E of SengKang General Hospital. I stayed ther with him while the Medical officer on duty was attending to him. Shortwhile, his friend arrived, i received a call from traffic police, requesting me to go to the place where the accident has taken place, i proceeded.  
All the above are trufully what happened.





**SINGAPORE  
POLICE FORCE**



T/20220704/7064

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

3 of 3

Report No. T/20220704/7064

**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 / TPIB /  
INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476415

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
04/07/2022 21:33

Classification Of Case:

VEHICLE NO:	SML 8755K.	MAKE & MODEL:	Honda Shuttle	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT:	04 / 07 / 2022.	CC:	1-S.	
TIME OF ACCIDENT:	0630 . HRS			
LOCATION OF ACCIDENT:	Yeo Chu Kang Road Junction Jalan Kelulut.			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE	<input checked="" type="radio"/> PRIVATE HIRE		
NAME OF OWNER:	Wheels Express Rental & Leasing Pte Ltd.			
TEL NO:	H/P: 9060 3343	OFFICE:	HOME:	
NRIC:	201810594C			
ADDRESS:	2, Sims Close #01-08, Gemini @ Sims (S) 387 298.			
EMAIL:	yee.chye @ yahoo . com . sg .			
CLAIM TYPE:	OD / THIRD PARTY <input checked="" type="radio"/> REPORTING ONLY			
FLEET POLICY:	<input checked="" type="radio"/> YES / NO ?			
INSURANCE COMPANY:	China Taiping .			
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft			
POLICY NO:	AMHC SNA 00008142202			
NAME OF DRIVER:	AS ABOVE / IF NO: LEE LENG POH			
NRIC:	S1676336E . ANY PASSENGER: N-A.			
DATE OF BIRTH:	22 / 11 / 1964	LICENCE PASSED DATE:	06 / 09 / 1983	
OCCUPATION:	<input checked="" type="radio"/> OUTDOOR / <input type="radio"/> INDOOR			
GENDER:	<input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE			
CONTACT NO:	H/P: 8161 4671 .	OFFICE:	HOME:	
ADDRESS:	BLK 760 Pass Res St 71 # 04-194 , (S) 510760			
EMAIL :	docs172 @ gmail . com .			
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:		INSURER:	
RELATIONSHIP:	Hires .			
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / OTHERS:			
ROAD SURFACE:	<input checked="" type="radio"/> DRY / <input type="radio"/> WET / OTHER:			
ANY INJURIES:	NO <input checked="" type="radio"/> IF YES, WHO? Pedestrian .			
NAME & CONTACT:				
NAME & CONTACT:				
POLICE REPORT:	NO / <input checked="" type="radio"/> IF YES, WHERE? Traffic Police (On-line).			
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?			
VEHICLE B REG NO:	Pedestrian .		ANY PASSENGERS:	
NAME OF DRIVER:			CONTACT NO:	
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?	<input checked="" type="radio"/> YES / <input type="radio"/> NO With Traffic Police .			
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="radio"/> YES / <input type="radio"/> NO			
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / <input type="radio"/> NO			
ACCIDENT PORTION:	No damaged .			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<input checked="" type="radio"/> YES / <input type="radio"/> NO			
WORKSHOP PARTICULAR:	N-S1 Automotive Pte Ltd .			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	JOSEPH TAN .			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ408LB

R SN

AN0721A

Cov. Type C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1962  
Road Transport Act, 1967 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1969 (Singapore)

DMHCNAD00008142202

CERTIFICATE No.

(B)HCNAD00008142202

Engine No: LEB7104036

Chassis No: GP72000051

1. Under Make and Registration  
Number of Vehicle

SMLE8755K

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

WHEELS EXPRESS RENTAL & LEASING PTE. LTD.

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

22/05/2022 22/05/22  
(00:00:00)

Excess Sect. I \$52,000.00

Excess Sect. II \$52,000.00

EX ON WINDSCREEN \$5100.00

4. Date of Expiry of Insurance

21/05/2023 21/05/23

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.

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.

HIRE PURCHASE CO.: BENEFIT AUTO ENTERPRISE PTE LTD AS HP OWNER

\* Limitations tendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 96 of the Road Transport Act 1967 (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, 1967 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Chua Sui Lay Sally  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208364E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

Motor Vehicle

MZ406L/B

R SN

AN6721A

Cov Type C

### 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, 1958 (Malaysia)

CERTIFICATE No.

DMICSNA000R14/202

Engine No. LEB710403E

Chassis No. GP77003051

Vehicle Type and Registration  
Number of Vehicle

SMB 875SR

AUTOSAFE

Name of Motorholder

WHEELS EXPRESS RENTAL & LEASING PTE. LTD.

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

22/05/2022  
(00 00 00)

Excess Sect I \$52,000.00

Excess Sect. II \$52,000.00

EX ON WINDSCREEN \$5100.00

Date of Expiry of Insurance

21/05/2023

Persons or Classes of Persons entitled to drive\*

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Please see reverse

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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

6389 6111

6222 1033

www.sg.cntaiping.com



## VEHICLE RENTAL &amp; LEASING AGREEMENT

Hirer's Name: <b>LEE LENG POH</b>		Doc: <b>2005272 @ Ann-Tam</b>	
NRIC No: <b>167633616</b>	Hirer's Contact No: <b>81614671</b>		
License Pass Date: <b>12-09-2018</b>	Next of Kin Name & Contact No (In Case of Emergency):		
Address: <b>BLK 760 JURONG RIS - S171 404 194</b>		(Singapore <b>S16760</b> )	
Occupation / Office Address:		(Singapore)	
Vehicle Reg No: <b>SMLE 87551N</b>	Make & Model: <b>HONDA SH-091R Hybrid</b>		
Commencing Start Date: <b>3-11-2021</b>	Commencing End Date: <b>3 months</b>		
Handover Time: <b>16:00pm</b>	Handover Time:		
Rental Per Day/Week/Month: <b>weekly \$430</b>	Deposit: <b>130 transfer acc from SMLE83004</b>		
Add Driver:	NRIC No: <b>VE221</b>		
License Pass Date:	Contact No:		
Remarks: <b>payment every Thursday</b>			

1. In the event Hirer decides to terminate the contract before the contract end date, deposit will NOT BE REFUNDED, ADDITIONAL PENALTY will be enforced upon 50% of the remaining outstanding rental.

2. In the event Hirer decided to cancel a reservation whereby a booking deposit is already been placed, there shall be NO REFUND on the deposit collected. Strictly no refund after deposit.

3. Failing to inform us of any existing scratches, dents & faults (if any) within 30 minutes after the collection of the vehicle, repair charges will incur when the vehicle is returned.

4. In the event that rental payment is not paid on expected date, at company discrepancy, we will tow the vehicle without notice. Belongings will be kept for maximum 2 weeks. If not collected, we will dispose of it.

Wheels Express Rental & Leasing Pte Ltd shall at no time be liable for the loss of belongings left in the vehicle.

5. Late payment of \$20 will be imposed per day due to any reasons if rental not received on rental due date.

6. Upon signing the contract, Hirer will be obliged to maintain the vehicle with due diligence at our respective workshop, failing to maintain the vehicle thereafter resulting in major faults, repair cost will be borne by the Hirer.

7. Hirer will bear all cost for debts collector commission and admin charges.

## Hirer Bank Account Details:

1st Party Excess: \$3000

3rd Party Excess: \$3000

CDW: Y / N

(additional \$5.00/day)

CDW if yes, excess @ \$1,000

Signature of Hirer

Signature of Authorized Person

LOCAL TOW SERVICE (24HRS) : 91828211

MALAYSIA TOW SERVICE (24HRS) : YONG - 016-704 7552 / 012-220 8076

TYRE &amp; BATTERY SERVICE (24HRS) : AH KEE 98751699

BENEFIT AUTOCARE: ERIC 9489 4845 | 11 Kaki Bukit Road 1 #01-02 Eunus Technolink (S415939)

AIRCON : PATRICK 94357824 | Blk 3022A Ubi Road 1 #01-49 S(408716)