ATIONAL Assessment Centre	Services (1861.3.1.) Done by	1
rate in 9/11/202	Job description Date & Time Completed Done by	
114/	SAS e-filing	
	E-mail (within Shrs. AIC 2hrs)	
Vehilo SJX 50426	i-Motor Claim Form	
DUA 8/11/2022 1943	i-Motor W/O (Within: OD 2hrs, TP 4hrs)	
OD 🔘 ′ Peporting Only	i-Photo Uploaded	
	Assessment/Survey Report	
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp	
Wksp / OW: (Tel: Fax:)
Preferred Wksp / INC Assign Wksp / QW: (Veh No: \$1	U 8660 L INC()/Non-INC()	
The state of the s	lel.	
Owner / Driver: (eriod: () Cover Type: ()	
Policy No: () 10 Confirmed by: (Date: Time:)	
Insured/Driver Liability: (%) [[Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]	
	Warranty: YES () / NO ()	
Excess: (\$) Loading: \$1,0	000 () / \$2,000 ()	and the second second second
The sale and the s	NO safer of renairer	
() Walk-In Customer: Customer's info	formation strictly Confidential & Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insu	rer URGENILY.)
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SUBMITTED BY: AZRIL VERSION: 1 (09/11/2022 17:57 (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 <u>completed</u> by the <u>Policyholder and/or the Actual Driver</u> 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.

5. Any false reporting may be referred to the Police for investigation.

6. This report will be forwarded by the insurance of the CIA Records Management Centre cetablished by the Centre Insurance Association of Signature. 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 Reported by Date of Accident **Exact Location of Accident**

Additional Location Information

Country/State of Loss

09/11/2022 17:57 (SGT)

Driver

08/11/2022 19:43 (SGT)

Singapore

MOULMEIN ROAD TOWARDS NEWTON

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJX5042B

INSURED/POLICYHOLDER

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

Alternative Phone No

Yes

CLX55 PTE LTD 2XXXXX868H

kennykubpom99@gmail.com (Phone) +65-82054488

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 Vellfire

Employment

No - Claiming third party

Private car

Auto 2494

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMHCSNA00005212202

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN KOK SAN SXXXX254Z 28/12/1972 Outdoor

Accident report SN0922B90006

17/05/2005 Date Of Driving Pass 17 YEARS AND 6 MONTHS Driving experience Male Gender (Phone) +65-98791088 Mobile Number Alt. Phone Number jackytankoksan@gmail.com BLOCK 411 COMMONWEALTH AVENUE WEST #06-3073 **Email Address** Address Address complement 120411 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Hirer No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Side Swipe Type of Accident Raining Weather Conditions Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION No Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes VIDEO WITH WORKSHOP Reasons for not uploading a video of the accident DETAILS OF OTHER VEHICLE PROPERTY 1 SLL8660L Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category LIEN SOON ENG Name of Driver Page 2 of 16

@ Accident report SN0922B90006

NRIC No	SXXXX899I
Contact Number	-
Contact	-
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	TAN KOK SAN Male
Gender	
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJX5042B
	Yes
	No
Was this injured conveyed to hospital by ambulance?	140

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 Actual 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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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' 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.

Policyholder's Signature / Date & Time

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

Kel Sh

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

9/11/202

Describe Circumstance of the Accident
I was travelling straight along Montmein foud Lowards
Newton. Out of Sudden, I felt an impact from my retricte
left side portion. When I got down, I saw reliable (B)
trying to cut into my lane and collided onto
my vehicle left stell pation.

Declaration

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



TAN Lose Sa

9/11/2022

Date of Accident	: 08 Hov 2022 Accident Time: 1843. (24-HR-FORMAT)
Accident Place	: Moulmein fouel Lawards Menton.
Vehicle Reg. No (Car plate No.)	: SJX 5042B Vehicle Make/Model: Poyota Vellfire
Insurance Company	: Clines Tai Ping Policy No. OMHCSNA000005212202.
Name of Registered Owner	: Company / Individual CLX58 Pte Ltd.
ID of Registered Owner	: Co Reg No: 201807868h. Owner's NRIC No:
Cenny Ruspom 99 (gueis 1. com.	: Co Contact No: Owner's Contact No: 8305 4488
DRIVER'S Name	: Pan kok Son DRIVER'S NRIC No: 873503542
DRIVER'S Date of Birth	: 28 Que 1973. DRIVER'S License Pass Date 17 May 2005
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: Hirer.
DRIVER'S Address	: Block 411 Commonwealth Avenue West 406-3273.
DRIVER'S Contact No./ Alt No.	:1) 9879 1088. 2)
DRIVER'S Occupation	: INDOOR \OUT OOR (eg. working inside or outside of an ofc)
Email Address	: jackytan Lok ran @ grast. rom
Weather & Road Surface	: CLEAR & DRY \ RAININ & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
	ice? YES \
Vehicle Reg No: 3LL 8660L	Vehicle Reg No:
Vehicle Make\Model: Name DRIVER: Lien Joon En IC No. DRIVER: \$ 13428997	Name DRIVER:
IC No. DRIVER: \$ 1342 8997	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:
REPORT FORM EXPLAINED IN : ENGLISH WHO REPORTED THE ACCIDENT : OWN	ER / DRIVER / BOTH



CLX55 PTE LTD - DMHCSN...



Done



中国太平保险 (新加坡)有限公司

Motor Hire Car

MZ406L/B

CERTIFICATE OF INSURANCE
Motor Verlicios (Trius Party Risks and Compensation) Act (Chapter 189)
Motor Verlicios (Trius Party Risks and Compensation) Rules 1960
Rosal Transport Act. 1987 (Mallayria)
Motor Verlicios (Trius Party Rosals) Rules 1999 (Matayria)

AN0420A

Cov. Type.C

CERTIFICATE No.

Engine No.: 2ARH627514 Cha. No.: AGH300038548

1 Index Mark and Registration

CLX55 PTE LTD

SJX5042B

4 Date of Expiry of Insurance

04/04/2023

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.

ANY EMPLOYEE OF THE COMPANY

ANY AUTHORISED HIRER/DRIVER

The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whist drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: SWEE SENG 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 Rode Transport Act 1973 (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).

CERTIFICATE OF INSURANCE

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Py Py Issued By: Moseli Chia Wen Jye

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

S 6389 6111

6222 1033

www.sg.cntaiping.com



中国太平保险 (新加坡) 有限公司

Motor Hire Car

R SN

AN0420A Cov. Type:C







CLX 55 Pte Ltd

22 Sin Ming Lane #06-76 Midview Clty Singagapore 573969 UEN 201807868G

HIRE AGREEMENT (INDIVIDUAL)

THIS AGREEMENT MADE ON this 4th day of October 2022 between -

- CLX55 PTE LTD (UENNo.201807868G) a company incorporated in Singapore and having its registered office at 22 Sin Ming Lane #06-76 Midview City SINGAPORE 573969 (hereinafter referred to as "the Owner");
- TAN KOK SAN, (NRIC S7250254Z) of Blk 411 Commonwealth Ave West #06-3073 Singapore 120411

(herein after referred to as "the customer").

(collectively, referred to as "the parties")

It IS HEREBY AGREED as between the Parties as follows -

ì	1	A C	O	E M	E	NIT	FOR	L	ID	-
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- 1.1. The Owner will let and the Customer will take on hire upon the following terms and conditions the Car.
- 1.2. This Agreement is a conditional agreement and will commence upon the receipt of delivery of the Car except for the Deposit, part of which would be payable upon the signing of this Agreement.
- 1.3. The Customer shall sign a NOTE OF CONFIRMATION OF RECEIPT OF DELIVERY OF THE CAR as per Schedule 3 when taking delivery of the Car.
- 1.4. The Customer shall be a mere bailee of the Car and no interest shall pass to the Customer.

2. HIRERATE

- 2.1. The Hire Rate shall be the sum of SGD\$595 weekly, starting 5th October 2022 payable in advance on Monday of each week on the date of commencement of this Agreement, as the case may be.
- 2.2. A late fee of \$50 shall be imposed for each week of late payment.
- 2.3. The Owner and Customer have agreed that there is no period of credit, time is of the essence.

PERIOD OF HIRE

- 3.1. The Period of Hire shall be for a fixed period of Six(06) months.
- 3.2. Date of commencement of Hire will be 4th October 2022 to 3rd April 2023.
- 3.3. Two (02) weeks notice shall be given after completion of contract should the customer decide not to continue the lease.

DEPOSIT

- 4.1. The Customer is required to pay a deposit of SGD 500.00 ("Deposit")
- 4.2. Zero (0) week advanced payment to be paid upon handing over of vehicle
- 4.3. The Deposit shall be deductible by the Owner against such claim(s) as against the Customer. The balance after such deduction(s) shall only be refundable to the Customer after successful fulfillment of this Agreement.
- 4.4. In the event the customer terminates the lease prematurely, the deposit shall be forfeited and shall not be used to reduce the outstanding oweing.
- 4.4 Weekly rental payments to be made to DBS Current 047-9039228





CLX 55 Pte Ltd

22 Sin Ming Lane #06-76 Midview City Singagapore 573969 UEN 201807868G

SCHEDULE 2

NOTE OF CONFIRMATION OF RECEIPT OF DELIVERY OF THE CAR

3.	I, Tan Kok San (NRIC S7250254Z) of Blk 411 Commonwealth Ave West #06-3073 Singapore
	120411, do confirm having taken delivery of the Car, details of which are as follows -

Brand

Toyota

Make / Model

Vellfire

Licence Number

SJX 5042 B

Chassis Number

On this 4th day of October 2022, at 1000 hrs,

I confirm and acknowledge that any alteration to the vehicle carries an administrative charge as per paragraph 7.1.6 of this Agreement and I further confirm that the Car was received in good condition.

Yours faithfully

Name

TAN KOK SAN

NRIC

S7250254Z

