| William State Street Centr | a services - twitte | | |
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| Dately 10/05/2023 | Job description | Thue &Tune Completed | Done |
| REFNO NA LIP23004805 1 4 | Sals e-filing | | |
| YEHNO SMN 7662R | E-mail (within alex Alex | hra, | |
| DOA 09 05 2023 15:45 | i-Motor Claim Form | | |
| OD TP Reporting Only | I-Motor W/O (Within: C | D Zhrs, TP 4hrs) | ~~ |
| | i-Photo Uploaded | | ~ |
| TP Insurer: | Assessment/Survey Rep | ort | |
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| Preferred Wksp / INC Assign Wksp / QW: (| | Tol: Fa | x: |
| Owner/Driver: (| 81544. IN | C()/Non-INC() | |
| Polini Mari | | Tel: |) |
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| , 20ading . \$1,000 | | | |
| | ention added to Control of the | Marie of the Series | |
| () Walk-In Customer: Customer's inform () Total Loss Case : to e-mail Insurer | TIP CRAIMY TO MIDENTIAL & | Strictly NO rafer of repairer. | |
| D | | | |
| , invoice: | YES()/NO() | ; Towing Co. (| • |
| Remarks 4. Questioning 678816616 | | Diegrand Completed | : 'ha' ' |
| - TApply for Transport Allowance ()/Cou | rtcsy Car () | Salva | . Hone.by |
| 2) QC Check / Post Repair Inspection | () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$300 | 0] () | | |
| Injury: | | | |
| Dale Time Actions | AP 470 Hashows Calendar | Neerlie was a series of the se | |
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| NA2301382 -: | landing senting | MANUAL CONTRACTOR OF THE PARTY | |
| | An voice to | eparation Checklist | Anit (S) . A |
| Claimangs Particulars | 1) AR: Accide 2) DA: Dama | ent Reporting (\$30); | · Ist.Bill Ac |
| Driver/Owner: | 3) TF: Towing | Fee | |
| Contact No: | | Through Survey . 5120 | |
| | For deimine | Through Survey (Resurvey) 530 (ngainst ING Only (wef 10 Jan 2005) | |
| Damaged Portion: | 6) TR: Re-ins | osstion 575 | |
| | 7) N1 ; Idao D. | A+SMRT Survey 1160 | |
| QC Checked by (Engr-In-Charge): | Qn | tional Services;- | |
| 4 12 4 | No: Renair | sy Car/Tpt Allowance 35 Co-ordination 510 | |
| Auditors Comments | *N7: Post R | mair Inspection | |
| | 2'P(N11): | collect Excess Coordination 35 Tr (Non INC) against INC 520 | |
| int 2/3: | 9) N12: Idna k | Sobile 30 | |
| | Involva dated | The state of the s | MACHEO TILE |

© SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the 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

- 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.

| 7. By the lodgement of this report to the insurers, you hereby consent to the ar | n by interested parties. The General Insurance Association of Singapore (GIA) for archiving rehiving of this report at the centre and to copies of the report being made available aforesaid. |
|---|--|
| | DENT STATEMENT |
| | PENT STATEMENT |
| Date of Submission | 10/05/0000 10 |
| reported by | 10/03/2023 [6:27 (S(31) |
| | |
| | |
| | |
| Country/State of Loss | UBI ROAD 1, INFRONT OF COMFORTDELGRO ENGINEERING Singapore |
| DETAILS | OF OWN VEHICLE |
| Vehicle Registration Number | 010 |
| INSURED/POLICYHOLDER | SMN7662R |
| ************************************** | |
| Is company? Name Of Registered Owner. | |
| or registered Owner | |
| inputity i teu into | THE TANK CAN RENTAL DIE I TO |
| | 2XXXXX941M |
| Mobile Phone No Alternative Phone No | dreamcarrentalsg@gmail.com |
| Alternative Phone No | (Phone) +65-81288789 |
| VEHICLE PARTICULARS | |
| Manufacturer | |
| ACCORDANGE CONTRACTOR | Toyota |
| 740343443443443444444444444444444444444 | Vios |
| accident which vehicle was being used at time of | |
| | Private hire |
| | No - Claiming third party |
| Pehicle Category | Private hire |
| *************************************** | Auto |
| DC | 1496 |
| INSURANCE COMPANY | |
| lame of Insurance Company | |
| olicy Number / Cover Note Number | Liberty Insurance Pte Ltd |
| | SD23V04302/VPZ/R03 |
| DRIVER | |
| ame of Driver | |
| | LEE SOO LYE |
| RIC No | SXXXX806J |
| ate Of Birth | 23/03/1953 |
| | Outdoor |

23/03/1953 Outdoor

Date Of Driving Pass Driving experience 25/10/1977 45 YEARS AND 7 MONTHS Mobile Number Female Alt. Phone Number (Phone) +65-96267278 Email Address Address dreamcarrentalsg@gmail.com Address complement 2 SIANG KUANG AVENUE Postcode Is the driver the policyholder? 347920 If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Hirer Vehicle Registration Number of Other Vehicle Owned by Driver No Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Weather Conditions Side Swipe Road Surface Clear Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Number of Passengers (Including Driver) Yes Has the driver been approached by unknown person(s) 2 soliciting/offering accident claims assistance? Translator's name No Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender **RAYMOND TAN** Male DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? No CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? Yes Yes DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number Vehicle Manufacturer SH8154U Vehicle Model Hyundai Vehicle Variant 140

| Vehicle Colour | |
|---|------------------------------------|
| Vehicle Cote | |
| Name of Driver | Private car |
| NRIC No | TAN TAI HWA |
| Contact Number | SXXXX329E |
| Address | |
| Address complement Postcode | APT BLK 17A TELOK BLANGAH CRESCENT |
| Postcode | # 28-266 |
| Insurance Company Name | 091017 |
| Nature Of Damage | |
| Details of property damaged in accident | |
| NO. Of Passenger (Including Driver) | :- |
| (moldding Driver) | • |

IMPORTANT NOTICE

SKETCH PLAN

- Please report $\underline{\text{correctly}}$ 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 withholding of material facts
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance Any False reporting may be referred to the Police for investigation.
- 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
- 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 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 (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:

 processing, handling and / or dealing with my claims including the settlement of the claims and any necessary investigations (i)
- (ii)
- carrying out and / or dealing with my instructions or responding to any enquiries by me;
- administrating my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could (iv) involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of (v)
- complying with applicable law in administering, processing, handling and / or dealing with my claims. (Collectively the
- (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. Co. Reg. No. 201607941M Policyholder's Signature / Date & Time Driver's Signature (if driver is not the 10/05/23 Witnessed by Reporting Centre policyholder) / Date & Time 10/05/23 1200 Personnel 202 vehicle

| - | On 9th May 2023 3.45 pm I was travely |
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| | Volume to and hit outo car |
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| 7: | |
| rat | fion |
| | re the foregoing particulars are true in every respect. |

Driver's Signature (If driver is not the policyholder) / Date & Time 10/05/13

1202

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

1202

10/05/23



Name :

Dream Car Leasing Pte. Ltd. (Co.Reg. 201420013Z)

155 Kaki Bukit Shun Li Industrial Park S416012 | Tel: +65 6748 9747 Fax: +65 6748 3762 Email : dreamcarrentalsg@gmail.com | Web : www.dreamcarrental.com.sg

Solye Ogmail. com

AGREEMENT FORM

KUANG AVENUE

Email:

| The above vehicle is oblibited. Whilst the sponsible for any, but The use of this vehicle ponsibility of the driver about the ponsible for any, but Should the vehicle here. | cle during the p | o, venicular accid | 20 / 3/ 21 roads only. As such and is driven in or dent, damages, lose, | Time | | Time |
|--|---------------------|--|--|---|--|--|
| The use of this vehicle ponsibility of the driver about the found using the ponsible for any, but the bould the vehicle here. | cle during the p | o, venicular accid | roads only. As such and is driven in or dent, damages, lose, | | / / | 1 |
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| ponsibility of the driver about the found using the ponsible for any, but Should the vehicle he | ve named / aut | eriod from the dat | | fire or theft caused to | this vehicle. | Will be held fully |
| ONLY the driver aboriver found using the ponsible for any, but | ve named / aut | | e of taking over | | | |
| ONLY the driver about the found using the consible for any, but should the vehicle he | ve named / aut | | o or taking over until | the termination date o | f this agreement w | ill be under the full |
| should the vehicle he | ve named / aut | | | | | and the same of th |
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| er your care and agr | ee to pay all fine | es and any amount | government as accord | greed to be liable for government authorities | any issues with the | vehicle that arise |
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| pon claiming the v | ehicle's insura | nce which the dri | ver stated above sha | all ha liable to | | |
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| ed in car-or any other | er breakdown n | andown due to dri | ver's negligence, flat I | pattery, tire puncture, and tear, a nominal fee | empty petrol tank | oss of kour I |
|) and S\$100/- (from | 8PM to 12PM. | Saturday and Sun | iday PH 24Haves | nd tear, a nominal fee | of S\$50/- (from w | eekdays 12PM to |
| o maint | | and Can | iday, Fri 24Hours) | | M 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 121 101 10 |
| to driver's need- | e vehicle will be | borne by the owne | er. Driver must keen r | note of the vehicle en | The state of the s | |
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| er's approval. If the | driver is caug | ht repairing the v | is to inform the own | er immediately. NO r nop unauthorized by | epairs are to be d | One without the |
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| es the rights to repo | ossess the veh | icle with an addit | ional S\$1500/- comp | carried out during the ensation and any oth | e use of this vehic | le. The owner |
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EXISTING DEFECTS & FAULT / TIME & DATE OF HANDING OVER OF VEHICLE

| | STATE OF HANDING OVER OF VEHICLE |
|--|--|
| TOP REAR FRONT | RIGHT SIDE LEFT SIDE |
| COLLECTION OF VEHICLE IN DATE TIME am/pm MILEAGE OUT IN KM FUEL LEVEL 1913 121 18 53 CHECK OUT BY: 1/2 E 100 B) F | RETURN OF VEHICLE IN DATE TIME am/pm MILEAGE IN in KM CHECK OUT BY: The sem/pm MILEAGE IN in KM FUEL LEVEL The sem/pm FUEL LEVEL Th |
| GPS Model: P-PLATE CLEAN Y N RE | EFUNDABLE DEPOSIT: \$ OTHERS: |
| EHICLE HANDED OVER CLEAN, SHALL BE RETURNED CLEAN OR A PENALTY OF | |
| EHICLE ARE STRICTLY FOR LOCAL (SINGAPORE) USE ONLY. | AGREED & ACKNOWLEDGE AS LISTED ABOVE STATED: |
| NLY NAMED DRIVER ARE ALLOWED TO USE THE VEHICLE AT ALL TIMES. | Sign |
| ve read and fully understand the content of this agreement. I will not disput ed period and thus this agreement. | te to the claims made against me for any incident occurring during the |
| RETURNING OF | |

GNED UPON RETURNING OF VEHICLE:_

DATE:

| Date of Accident: 9th May 2023 Accident Times 3.45 PM |
|--|
| Date of Accident: Accident Place (A): MBI ROAD I, IN FRONT & COMFONT Del |
| Vehicle Reg. No.(Car Plate No.): SMN 7662 R |
| Vehicle Make/Model : ToyoTA VIOS (SA (PHV) |
| Insurance Company : LIBERTY INSURANCE PTE LTP Policy No SP23V04302/VPZ/R03 |
| Owner or Company Name/IC No: WEST WAY CAP RENTAL PTE LTP (2016079- |
| Owner or company Contract No:Owner's Hp 81288789 Company Tel |
| DRIVER'S Name / IC No : LEE SOO LYE IC No: 8077806 J DRIVER'S Date Of Birth : 23 MAR 1953 DRIVER'S Licence Pass Date: 25 OCT 1977 |
| DRIVER'S Date Of Birth: 23 MAR 1953 DRIVER'S Licence Pass Date: 25 OCT 1977 |
| relationship of Owner & Driver : Spouse) Parental Child |
| DRIVER'S AMMERICE & X DIVING |
| DRIVER'S Contract No /Alt No :1) 9626 7278 2) |
| DRIVER'S Occupation : INDOOR OUTDOOR (e.g. Working inside of outside office) |
| Email Address : dreum curse ptal 5 Gag mail . (on |
| Weather & Road Surface : CLEAR & DRY\RAINING & WET \ AFTER RAIN & WET |
| Reporting Type : Reporting Only Claim Other Party Claim Own Insurance |
| Number of passengers (Including Driver) () Anybody injured in the accident: Yes (NO |
| Passenger Name : RAY MOND TAN (Male) Female) |
| Was there any video captured by car camora (VES) |
| exact purpose for what vehicle was being used at the time of accident. Delivery |
| Purpose. |
| (B) Other Party Oriver's Particulars (15 |
| Vahisla flag No. $14 \times 154 \times $ |
| venicle Reg No: |
| Vehicle Make \ Model: HYUNDAT ILO 1.7 (RDT Vehicle Make\Model: |
| Driver Name: TAN TAL HWA Driver Name: S1178329 F |
| Driver IC No: STITE Driver IC No: |
| Driver's Contract & Add: TELOK BLANGAH Driver's Contract & Add: CRESCENT#28-266 |
| SINGAPORT 091017 |





Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Website: http://www.libertyinsurance.com.sg

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 ROAD TRANSPORT (AMENDMENT) ACT 2019

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

| Certificate No | SD23V04302 /VPZ /R03 | |
|---|----------------------|--|
| Form | | |
| Date Of Issue | MZ406C | |
| | 28-MAR-2023 | |
| 1.Index Mark and Registration No. of Vehicle: | SMN7662R | |
| 2.Chassis number of Vehicle: | OWN 47 00217 | |

2.Chassis number of Vehicle:

MR2B23F3101185913 3. Name of Policyholder:

WEST WAY CAR RENTAL PTE LTD

4.Effective date of Commencement of Insurance for the purpose of the Act: 18-APR-2023 00:00 AM

5.Date of Expiry of Insurance: 17-APR-2024 23:59 PM

6.Persons or Classes of Persons

entitled to drive*:

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage. 7.Limitations as to use*:

- A) Use for carriage of passengers or goods in connection with the Policyholder's business.
- B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.
- C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired. 8. Policy does not cover:
- A) Use for racing, pace-making, reliability trial or speed-testing.
- B) 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 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.

> For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

> > Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only) MARKET VALUE AT THE TIME OF LOSS

SUM INSURED: EXCESS:

All Claims S\$2000,Additional Excess for Young, Elderly & Inexperienced Drivers S\$2000,Windscreen

FINANCE COMPANY: PRODUCER NAME:

TAI THONG LEE TRADING PTE LTD NEWSTATE STENHOUSE (S) PTE LTD

PLVC/PLVC/03-APR-23

03-APR-23