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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 Actual 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.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

09/06/2023 11:39 (SGT) **Actual Driver** 08/06/2023 02:20 (SGT) 366 Orchard Rd, Singapore 238904 YOTEL DROP OFF POINT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMA7385J

INSURED/POLICYHOLDER

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

Yes VINZ LEASING PTE. LTD. 2XXXXX117H reporting.gt@gmail.com (Phone) +65-88338778

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 C-hr

Employment

No - Claiming third party Private hire Auto 1797

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMHCSNA00004872300

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

NG KHAI KENG, EDMOND SXXXX472A 13/09/1978 Outdoor

Date Of Driving Pass 16/12/2020 Driving experience 2 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-91408808 Alt. Phone Number **Email Address** edmondng78@outlook.com Address BLK 463 ANG MO KIO AVENUE 10 #03-1102 Address complement Postcode 560463 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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) 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? 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? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH OWNER **DETAILS OF OTHER VEHICLE PROPERTY 1** M

Vehicle Registration Number	SLF6782M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

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 Gender Phone No Address	NG KHAI KENG, EDMOND Male (Phone) +65-91408808
Address Complement	x -
Post Code	-
Approximate Age Years Old Injuries Sustained	-
Injured person in which vehicle?	SLIGHT INJURY SMA7385J
Were seat belts worn?	Yes
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 Actual Driver.
- 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.
- 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.

OSING Pto LEG

Policyholder's Signature / Date & Time

river's Signature (if driver is not the policyholder) / Date

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

Sketch Plan Yelfel DROP OF POINT

A: IMA 7385J.

B. SCA-676JM

B. SCA-676JM

Describe Circumstance of the Accident
I was stationary at Yotel dropost point. Out of
Sudden, vehicle (B) who was in front of me started to
reverse at a very fast speed and collided onto
my vehicle front portion.

Declaration

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



July 2

Witnessed by Reporting Centre Personnel



VINZ LEASING PTE LTD 202241117H 53 UBI AVE 1 #01-44 (S)408934

CAR RENTAL AGREEMENT

RENTAL NO: 0029

HIRER'S NAME:	NG KHAI KENG EDMOND		
HIRER'S NRIC:	S7826472A		
HIRER'S ADDRESS:	463 ANG MO KIO AVE 10 #03-1102 (S)560463		
DATE OF BIRTH	13/12/1978		
DRIVING LICENCE PASS DATE:	16/12/2020		
CONTACT NUMBER:	91408808		
EMAIL:	edmond78@outlook.com		
PURPOSE OF RENTAL:	PHV		
EMERGENCY CONTACT:	84995585 (MOTHER)		

RENTAL VEHICLE DETAILS

		· WILL CHIL DE LITTE	
CAR PLATE NO.:	SMA7385J	MAKE & MODEL :	TOYOTA C-HR HYBRID 1.8A
CHASIS NO.:	ZYX102112846	ENGINE NO.:	2ZR8405929
WEEKLY RENTAL:	\$525/- (DAILY @ \$75/-)	CDW RATE:	\$35/- (DAILY @ \$5/-)
	TOTAL WE	EKLY PAYMENT: \$560.00	
	DRIVING LICENCE TYPE: CLA	ASS 3 / PDVL / TDVL / LES	S THAN 2YEARS
EXC	ESS: \$2500/\$2500, EXCES	S \$4000/\$4000 LESS THA	N 2 YEARS LICENCE
CONTRACT TERM :		2 HTYJOM E	
START DATE & TIME:	CZMAYXZZ	END DATE & TIME:	03 AUG 2023 /33/03
START MILEAGE:		END MILEAGE:	771

Hirer/Authorized Ride('Hirer')(Relief)

Hirer must produce a valid Singapore NRIC and Driving License or a valid International Driving License & valid Foreign.

Driving Licence and Passport or FIN card. Hirer guarantees that he / she is not under any suspension order on his/her Driving License.

Terms of Payment / Security Deposit Amount: \$500.00

Hire charges and Security Deposit for the hire period is payable by The Hirer at the time of taking over the vehicle. The Hirer is to pay a mandatory amount of security deposit. It will be refunded back to The Hirer by bank transfer, 14 days from the end of the hiring period. The Company will use the security deposit to offset any repairs, fines or summons incurred by The Hirer during the rental period. All rental charges paid in advance is non-refundable.





Date of Accident	: 08/06/23 Accident Time: 0320 (24-HR-FORMAT)
Accident Place	Yotel drop off point
Vehicle Reg. No (Car plate No.)	SMA-73857 CC: 1.R Vehicle Make/Model: Joyota CHR
Insurance Company	China 7P Policy No. OMHCSNA00004973300
Name of Registered Owner	: Company / Individual Vinz Leasing 12te Hd
ID of Registered Owner	: Co Reg No: 202241117H Owner's NRIC No:
owner email address: reporting. 9t @ gmost. com	: Co Contact No: 8833 8778 Owner's Contact No:
DRIVER'S Name	- No Khai Keng : Edmond. DRIVER'S NRIC No: \$7826472A
DRIVER'S Date of Birth	: 13 09 1978 DRIVER'S License Pass Date 16 12 2020
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: Hirer
DRIVER'S Address	:463, Ang Mobio Ave 10, #03-1102, s(560463).
DRIVER'S Contact No./ Alt No.	:1) 9140 8808 2)
DRIVER'S Occupation	: INDOOR \OUTGOOR (eg. working inside or outside of an ofc)
Email Address	edmonding 782 outlook.com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Ower Party Claim Own Insurance
Number of Passengers (including Di Was the accident reported to the pol Was there any video Captured by ca Exact purpose for which vehicle was Any injuries, if yes(name of the in	river): Name & Gender;
Other	Party Driver's Particulars (if any)
Vehicle Reg No: SLF 6782M	Vehicle Reg No;
Vehicle Make\Model:	
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	
DRIVER'S Contact & add:	DRIVER'S Contact & add
	/ CHINESE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT : OWNE	RIDRIVER/BOTH)



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.

Motor Hire Car

CERTIFICATE OF INSURANCE

MZ406L/B

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Tronsport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0695A

Cov. Type:C

CERTIFICATE No.

DMHCSNA00004872300

Engine No.: 27R8405929 Cha. No.: ZYX102112846

Index Mark and Registration Number of Vehicle

SMA7385.1

AUTOSAFE

2. Name of Policy Holder

VINZ LEASING PTE. LTD.

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00)
Ordinance or Enactment

Excess Sect I.

\$\$2,000.00

Excess Sect. I (Outside Singapore)

4. Date of Expiry of Insurance

Excess Sect. II

\$\$4,000.00

27/02/2024

Excess Sect.II (Outside Singapore).

\$\$1,500.00

EX ON WINDSCREEN .

\$\$3,000.00 \$\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below. 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:*

Use for the carriage of passengers or goods in connection with the Policyholder's business.
 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. : TECK WEI CREDIT PTE LTD

**Limitations rendered inoperative by Section 8 of the Molor 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: Chai Huilin Lynn Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 🐔 3 Anson Road #16-00 Springleaf Tower Singapore 079909

O 6389 6111

6222 1033

www.sg.cntaiping.com