NATIONAL Assessment Centre Serv	ices (wef Jan'06]		1
Date In: 4 17107 2023 Jeb de	escription	Date & Time Completed	Done by
Ref No: NAICT123007370/04 SAS	e-filing		-
Yeh No: SLX9883P E-m	nail (within 8hrs, AIC 2hrs)		
D.O.A: 5107/2023 20:30 1-M	otor Claim Form		
OD / TP / Reporting Only	otor W/O (Within: OD 2hrs	i, TP 4hrs)	
i-Ph	ioto Uploaded	1	
TP Insurer: Asse	essment/Survey Report		
	t Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:	
	386C INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Period: ()	Cover Type: (.)
Confirmed by: (Date:	Time:)
	Status (WO): N: 0-2	0%; P: 21-79%. P: 80-100	%]
Year of Registration: () Warranty	:YES()/NO() .	
)/\$2,000()		
General Remarks;-			
() Walk-In Customer: Customer's information s	strictly Confidential & St	rictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer URGH	ENTLY.	The same of the sa	
Drive-In ()/ Powed-In (); Invoice: YES (.) / NO(); T	lowing Co: (
1) Apply for Transport Allowance () / Courtesy (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	Car () ()		
		·	
Date/Time Actions			### \$\$\$604658755
NIA .	E SALANA SALANA		8134-22481
NA2362170	Invoice Pre	paration Checklist	Amit (S) A
lhimant's:Particulars ;-	1) AR : Acciden		
Priver/Owner:	3) TF: Towing		.5
	4) FT : Follow-T	Through Survey \$12 Through Survey (Resurvey) \$3	
ontact No:	For claiming	against INC Only (wef 10 Jan 2005)	1
amaged Portion:	6) TR : Re-inspe 7) N1 : Idac DA	+ SMRT Survey \$16	
	8) NTUC Additi		
C Checked by (Engr-In-Charge):	OI)* *N5: Courtes	y Car / Tpt Allowance \$	5
NAMES AND ASSOCIATION OF THE OWNER OF THE OWNER.	*N6: Repair C	Co-ordination \$1	0
uditors Comments :-	*N8: DV / Co	Heet Excess Coordination S	5
at. 1:		(Non INC) against INC \$2	.0
at. 2/3:	Invoice dated	Fee Charged .	0
	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 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
- 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 17/07/2023 17:13 (SGT) Reported by **Actual Driver** Date of Accident 15/07/2023 20:30 (SGT) Exact Location of Accident Singapore Additional Location Information ORCHARD LINK TOWARDS BIDEFORD ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX9883R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner VINZ LEASING PTE LTD Company Reg No 2XXXXXX117H Email Address chiewmegan@gmail.com Mobile Phone No (Phone) +65-88338778 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Prius 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 1797

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNA00004872300

DRIVER

Name of Driver CHIEW NYOKE MUI NRIC No SXXXX420B Date Of Birth 29/08/1974 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	21/08/2007 15 YEARS AND 11 MONTHS Female (Phone) +65-97349885 - chiewmegan@gmail.com APT BLK 694C WOODLANDS DRIVE 62 # 11-64 733694 No Hirer No
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	No No -
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	SLC4386C Private car

Address	-
Address complement Postcode	-
	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

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</u> and <u>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 ecceptance 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 Monetery Authority of Singapore and any relevant government agency/euthority (such as the police), for the purpose(s) of:
- (i) processing, handling end/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 peckages); 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 / Duray 1841	Driver's Signa	ture (if driver is not the policyhol		essed by Reporting Centre	17/7 avr3
Sketch Plan Orchard	tink town	ards Bideti	ord Roo		
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	+++++++++				╞ ╎┼┼┼┼┼┼
					
 	711111	772			
##494####		PAR		HHH	
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					<u> </u>

on the stated date and time, I mad travelling along the stated location. I signalled my intention to switch (and and proceeded. Suddenly, retricte & baged and. my driver side door.	
signalled my intention to switch (ane and proceeded. Suddenly, retricte & barged ant.	
proceeded. Suddenly, retricle & barged anto	
my deiver side door.	

Declaration

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

Policyholder's Signature / Date Tary GUL Striper's Signature (Lighter is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

O------



202241117H 53 UBI AVE 1 #01-44 (\$)408934

CAR RENTAL AGREEMENT

RENTAL NO: 0037

HIRER'S NAME:	CHIEW NYOKE MUI	
HIRER'S NRIC:	S7477420B	
HIRER'S ADDRESS:	694C WOODLANDS DR 62 #11-64 (S)733694	
DATE OF BIRTH	29/8/1974	
DRIVING LICENCE PASS DATE:	21/8/2007	
CONTACT NUMBER:	97349885	
EMAIL:	chiermegan@gmail.com	
PURPOSE OF RENTAL:	PHV	
EMERGENCY CONTACT:	Cherbell 93382052	

RENTAL VEHICLE DETAILS

CAR PLATE NO.:	SLX9883R	MAKE & MODEL :	TOYOTA PRIUS HYBRID 1.8A
CHASIS NO.:	ZVW508037396	ENGINE NO.:	2ZR6914944
WEEKLY RENTAL:	\$518/- (DAILY @ \$74/-)	CDW RATE:	\$35/-(DAILY @ \$5/-)
	TOTAL WE	EKLY PAYMENT: \$553.00)
	DRIVING LICENCE TYPE: CL	ASS 3 / PDVL / TDVL / LE	SS THAN 2YEARS
EXC	ESS: \$2500/\$2500, EXCES	S \$4000/\$4000 LESS TH	AN 2 YEARS LICENCE
CONTRACT TERM :	6 MONTHS		
START DATE & TIME:	19/5/2023	END DATE & TIME:	20/11/2023
START MILEAGE:		END MILEAGE:	

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

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

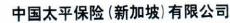
Driving Licence and Passport or FIN card. Hirer guarantees that he / she is not under any suspension order on his/her Driving License.

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	: 15/07/2023 · Accident Time: 2030 · (24-HR-FORMAT)
Accident Place	: Orchard Link towards Bideford Rd.
Vehicle Reg. No (Car plate No.)	:SLX 9883 R. CC: 1800. Vehicle Make/Model: Toyota Prins
Insurance Company	: China Taiping. Policy No. DMHCSNA00004872300
Name of Registered Owner	: Company / Individual <u>Vinz leasing</u> Pte Ltd.
ID of Registered Owner	: Co Reg No: 2022411174 · Owner's NRIC No:
owner email address:	: Co Contact No: 8833 877& Owner's Contact No:
DRIVER'S Name	: Chiew Nyoke Mui DRIVER'S NRIC No: 874774206
DRIVER'S Date of Birth	: 29 08 1974 DRIVER'S License Pass Date 21 8 2007
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	: 694c, Woodlands Pr 62, #11-64, s(733694).
DRIVER'S Contact No./ Alt No.	:1) 97349885 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: chiewmegan @ gmail.com.
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (including D Was the accident reported to the pol Was there any video Captured by ca Exact purpose for which vehicle wa Any injuries, if yes(name of the incompanion)	ice? YES \ NO
	Party Driver's Particulars (if any)
Vehicle Reg No: Scc4386c.	Vehicle Reg No:
Vehicle Make\Model:	Vehicle Make\Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:
REPORT FORM EXPLAINED IN : ENGLISH	H / CHINESE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT: OWNE	=R / DRW⊭R / BOTH



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Hire Car

CERTIFICATE OF INSURANCE

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

M7406L/B

SN

AN0695A

Cov. Type:C

CERTIFICATE No.

DMHCSNA00004872300

Engine No.: 2ZR6914944

Cha. No.: ZVW508037396

1. Index Mark and Registration

SLX9883R

AUTOSAFE

Number of Vehicle

VINZ LEASING PTE. LTD

\$\$2,000,00

2. Name of Policy Holder

Excess Sect I

\$\$4,000.00

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (10:35:51)

Excess Sect. I (Outside Singapore) Excess Sect. II S\$1,500.00

Ordinance or Enactment

28/02/2023

Excess Sect.II (Outside Singapore).

\$\$3,000,00

4. Date of Expiry of Insurance

27/02/2024

EX ON WINDSCREEN

S\$100.00

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.

(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 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:_____

Chai Huilin Lynn

Authorised Officer

6222 1033

Authorised Signatory

www.sg.cntaiping.com

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

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