NATIONAL Assessment Centr	e Services	[well 1 Jan/05]	MINA 118114089.		
Date In: 319118 15:29.	Jeb descriptio	n	Date & Time Completed	Don	ic by
Ref No: NA/CTI18016024 64.	SAS e-filing				
Veli No SKL 8072X	E-mail (within	a Shrs, AIC 2hrs)			4
D.O.A: 1/9/18 21:15-	i-Motor Cla	im Form			
OD / P.eporting Only	i-Motor W/	O (Within: OD 2hrs	, TP 4hrs)		
		urvey Report			
TP Insurer:	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (AND DESCRIPTION OF THE PERSON	Tol: Fa	ix:)
TP Particulars: Veh No:	53N 3915 Z	. INC()/Non-INC()	17	
Owner / Driver: (,,,,,		Tcl:)	
Policy No: () Per	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) []	Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 80-10	0%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	00 ()/\$2,000)()			
General Remarks;-				20% S	
() Walk-In Customer : Customer's infor					
() Total Loss Case : to e-mail Insure				- I	
Drive-In ()/ Towed-In (); Invoice		NO () ; To	owing Co: ()
	er salanmen aretaerka			THE STREET	Carlor
Remarks: (INC hodine: 6788 6616)			Date&Time Completed	Done	eby
	Courtesy Car ()	74		
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()			
Injury:					
Date/Time Actions			e e e sue s	500 Pro 3 m	
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M	91805606	100	aration Checklist	InBill	Add Bill
laimant's Particulars :-	Post Series and	1) AR : Accident I 2) DA : Damage A	AND DESCRIPTION OF THE PARTY OF	30.00	
river/Owner:		3) TF : Towing Fe	e . S40/S		
		4) FT : Follow-Th 5) FT : Follow-Th		30	
ontact No:		For claiming ag	ninst INC Only (wef 10 Jan 2005)	75	
armaged Portion;		6) TR : Re-inspect 7) N1 : Idao DA +		60	
	1	8) NTUC Addition	al Services:-		
C Checked by (Engr-In-Charge):	73,		AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	\$5	
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uditors! Comments :-		+N8: DV / Colle	et Excess Coordination	\$5	
(.).		TP (N11): TP (9) N12: Idea Mobi		30	A)
t. 2/3;		Invoice dated	Fee Charged		3. 地位为金属
#F23550		Invoice dated	Fee Charged	治律和以	

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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 Authorised Driver.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.
- 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.

aforesaid,	250 000 00 000 00
CONTRACTOR OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	03/09/2018 15:29
Date Of Accident	01/09/2018 21:15
Exact Location Of Accident	BLK 336 BT BATOK ST 32 OPEN CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL8072X
Insured/Policyholder	
Name Of Registered Owner	AZHARI BIN MOHD JADI
NRIC No	S6812241D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93298960
Alternative Phone No	OFFICE-93298960
Vehicle Particulars	
Manufacturer	FORD
Model	MONDEO 2.3 AUTO 4DR
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3100151801

D	PI	• /	α	,

Cover Note Number

Name of Driver	AZHARI BIN MOHD JADI
NRIC No	S6812241D

 Date Of Birth
 24/03/1968

 Occupation
 INDOOR

 Date Of Driving Pass
 12/01/1991

Driving Experience 27 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93298960

Fax Number

Contact Number OFFICE-93298960

EMail Address NOEMAIL

Address

BLK 336 BT BATOK ST 32 #03-299

Postcode

650336

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

0

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

YES

Are accident photos available for attachment? Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJN3915Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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 Authorised 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>.
- 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.
- 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.
- By the lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

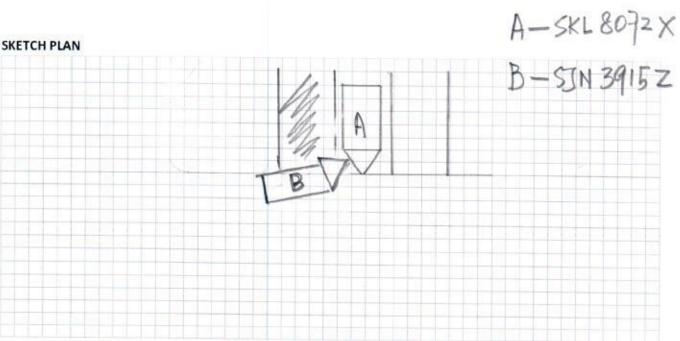
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCOMSTANCES OF THE ACCIDENT
On Mapois e2:15pm I was informed by my
NEIGHBOUR THAT MY VECHILE WAS HIT BY ANOTHER COR
AT THE CARPORK. I CHICKLY WENT DOWN STAIR TO THE
CARPARK, I SAW MY CAR WAS HIT BY CAR PLATE NO.
SIN 3915 Z HONDA JAZZ GREZ LOLOR. THE DRIVER
ADMITTED AND WISH TO MAKE PRIVATE SETTLEMENT.
HOWEVER THE NEXT DAT, SHE ASKED ME TO MAKE
CLAIM AGAINST HER INSURANCE.
\triangle 1
12.00 F.A. W. 100 J. V. V. 100 J. V. V. 100 J. V. V. 100 J. V. V. V. V. 100 J. V.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

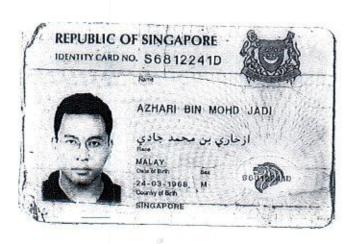
Date & Time:

Reporting Centre Personnel's Signature

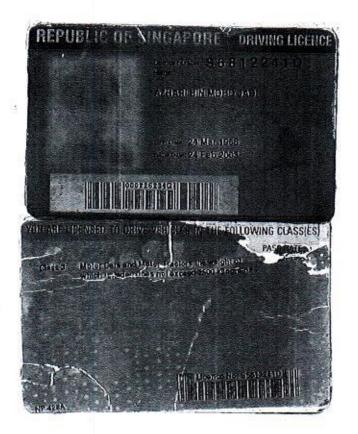
Name:

NRIC/FIN No.:

Pate of Accident: 1-9-2018	Accident time. 21.15ptv.	
Vehicle (A) No: SKL 8072 X	Make Model: FORD	
SINGADIRE 6503	34TOK STREET 32 #03-298	
Owner Name: AZHARI BIN MC		
	T BATOK STREET 32 #03-298	2
SINEMPORE 6503	336	
owner NRIC: S68 122 41 D Email	stanjanettanegmail.com	
IP: 9329 8960 Home:	Office:	
Comprehensive / Third Party / Third Party Fire &	NG Theft) Insurance Policy No: DMPCSN 3100157	801
Driver Name: AZHAPI BIN MOH	D JADI	
Driver NRIC: 56812241D	Date of Birth: 34-03-1968	
Priver Contact No: 93298960	Occupation: INDOOR.	
Priving License Pass Date: 12 01 1991	Relationship With Owner:	
nyone Injured: YES / (0)	Name:	
Police Report: YES / NO	- If YES, Where:	
assenger In Vehicle (A):		
Witness Name:	NRIC: HP:	
Illess Ivanics	UPPSEID SE	
Vehicle (B) No: STN 3915 Z		
00119 0017	Vehicle (C) No:	
river Name:	Vehicle (C) No: Driver Name:	
Driver NRIC:	Driver Name:	
Oriver NRIC: Contact No:	Driver Name: Driver NRIC: Contact No: Insurance:	
Oriver NRIC: Contact No: Insurance:	Driver Name: Driver NRIC: Contact No:	
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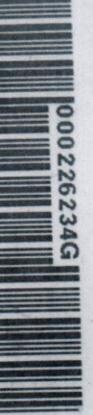


DRIVING LICENCE

AZHARI BIN MOHD JADI

Birth Date: 24 Mar 1968

Issue Date: 24 Feb 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: Se812241D



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg. No. 200208384E

MOTOR PRIVATE CAR

MXIE R SN AN05974

COV. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Componistion) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Componistion) Rufes, 1960 Road Transport Act, 1887 (Mathysia) Motor Vehicles (Third-Party Risks) Rufes, 1959 (Mataysia)

ORIGINAL

CERTIFICATE No.

DMPCSN3100151801

Engine No :7304901 Chano:wE0oxxG8807104901

1. Index Mark and Registration Number of Vehicle

SKL8072X

AUTOSAFE

2. Name of Policy Holder

4. Date of Expiry of Insurance

AZHARI BIN MOHD JADI

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

21 January 2018 Named Drivers Ex Sect. I 551,000.00 Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25...... \$\$3,000.00

20 January 2019 Ex Sect. I - Age >= 26..... \$5500.00

* Age as at date of accident

EX ON WINDSCREEN \$\$100.00

5. Persons or Classes of Persons entitled to drive."

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

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:"

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first SS1,000 will apply to the Insured and Hamed Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: HITACHI CAPITAL ASIA PACIFIC PTE LTD AS HP OWNER

*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.

SG WOOK FRAMER OF EXTENT the policy to which this Certificate relates is issued in accordance with the provisions of the Model Applicies (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transger and Transger a

PleaseSiggeore 575720 Tel: 6933 9400 Fax: 6456 0678

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ____SG_MOTOR_TRADER_PIE_LTD.____ Authorised Officer