

NATIONAL Assessment Centre Services: [ver 1 Jan'05] MNA 118145950

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 12/11/19 11:20 | Job description | Date & Time Completed | Done by |
| Ref No: MA1CTZ18020401/64 | SAS e-filing | | |
| Veh No: SKR 3472B | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 10/11/19 21:05 | I-Motor Claim Form | | |
| OD: (IP) Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tot: () Fax: ()

TP Particulars: Veh No: G8G 4776H. INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

| Remarks: | Date & Time Completed | Done by |
|---|-----------------------|---------|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |

| | | | |
|---------------------------------|--|-------------|-----------|
| MA1807326 | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
| Client's Particulars: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors Comments: | 6) TR: Re-inspection \$75 | | |
| Est. 1: | 7) N1: Idao DA + SMRT Survey \$160 | | |
| Est. 2/3: | 8) NTUC Additional Services:- | | |
| | OD: | | |
| | *N5: Courtesy Car / Tpt Allowance \$3 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$23 | | |
| | *N8: DV / Collect Excess Coordination \$3 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idao Mobile \$0 | | |
| | Invoice dated | Fee Charged | |
| | 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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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.

ACCIDENT STATEMENT

| | |
|----------------------------|------------------------------------|
| Date Of Report | 12/11/2018 11:20 |
| Date Of Accident | 10/11/2018 21:05 |
| Exact Location Of Accident | PIE TWDS CHANGI AFTER ENG NEO EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SKR3472B |
| Insured/Policyholder | |
| Name Of Registered Owner | MR MUHAMMAD HAZLIE BIN SARPUN |
| NRIC No | S8106044D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92217537 |
| Alternative Phone No | OFFICE-92217537 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | AIRWAVE |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | DMPCSN3005031800 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | MR MUHAMMAD HAZLIE BIN SARPUN |
| NRIC No | S8106044D |
| Date Of Birth | 04/03/1981 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/12/2007 |
| Driving Experience | 10 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92217537 |
| Fax Number | |
| Contact Number | OFFICE-92217537 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------|
| Address | BLK 635A SENJA RD #24-243 |
| Postcode | 671635 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | RAINING |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

| | |
|---|-------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBG4776H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|-------------------------------|
| Name | MR MUHAMMAD HAZLIE BIN SARPUN |
| Approximate Age | |
| Injuries Sustain | NECK & ELBOW |
| Injured person in which vehicle? | SKR3472B |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

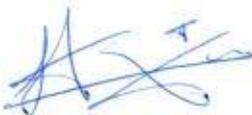
SKETCH PLAN

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**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding 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. 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.
7. 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:
 - (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.
- (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:
 - (i) 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:

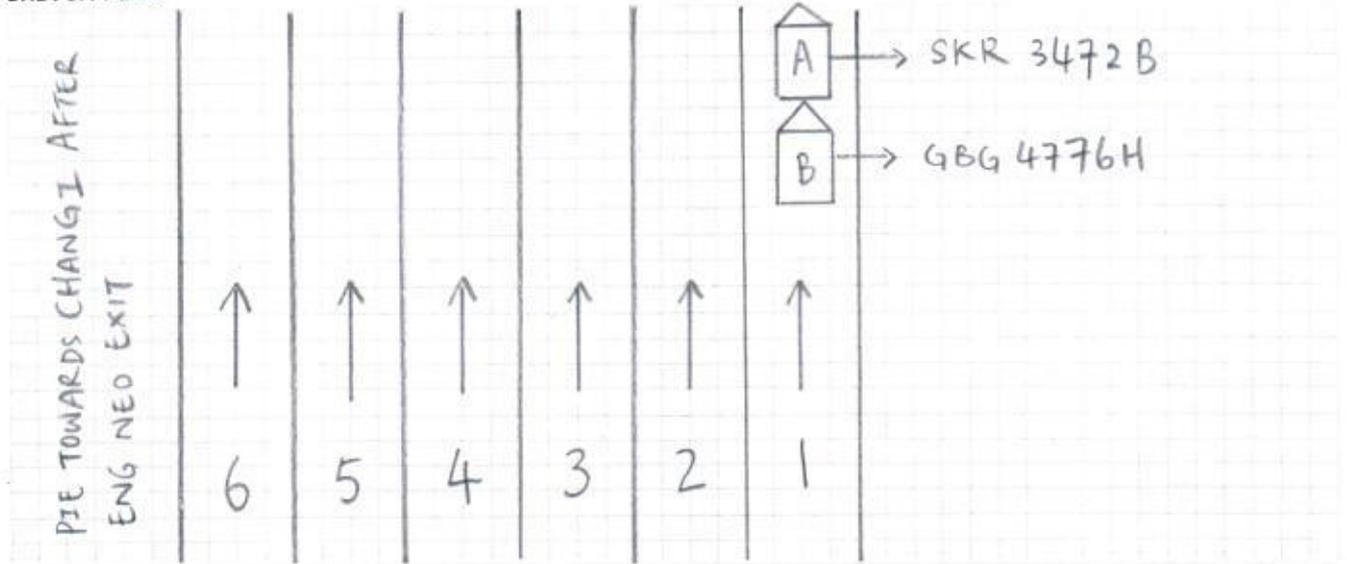


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
Report NO: T/20181111/7006

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.:

SINGAPORE ACCIDENT STATEMENT

| | | | | | | | | |
|---|--|--|-------------------------|--|--|---|--|--|
| Accident Date: 10/11/2018 | | | Time: 2105 HRS | | | (hh:mm) 24 hr format | | |
| Location PIE TOWARDS CHANGI AFTER ENG NEO EXIT | | | | | | | | |
| Vehicle Number SKR3472B | | | | | | | | |
| Insured Name Muhammad Hazlie Bin Sarpan | | | | | | | | |
| NRIC/FIN S8106044 | | | Contact Number 92217537 | | | | | |
| Make Honda | | | Model Airwave | | | | | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | | | | | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | | | | | | | |
| Insurance Company China Taiping | | | | | | | | |
| Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only | | | | | | | | |
| Policy Number DMPCSN3005031800 | | | | | | | | |
| Name of Driver | | | | | | (<input checked="" type="checkbox"/>) Same as Insured | | |
| NRIC / FIN | | | Contact Number | | | | | |
| Date of Birth 04/03/1981 | | | | | | | | |
| Driving Pass Date 21/12/2007 | | | | | | | | |
| Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor | | | | | | | | |
| Gender (<input checked="" type="checkbox"/>) Male () Female | | | | | | | | |
| Email Address hazlie.sarpan.spear@gmail.com | | | | | | () NO EMAIL | | |
| Address of Driver Blk 635A Senja Road #24-243 | | | | | | | | |
| Singapore 671635 | | | | | | | | |
| Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No | | | | | | | | |
| If No, Relationship of the Driver with the Insured | | | | | | | | |
| () Owner () Spouse () Friend () Relative () Children () Sibling | | | | | | | | |
| Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No | | | | | | | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | | | | | | | |
| Insurance Company of Driver's Own Vehicle | | | | | | | | |
| Weather Conditions () Clear (<input checked="" type="checkbox"/>) Raining () Others | | | | | | | | |
| Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others | | | | | | | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | | | | | | | |
| Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No | | | | | | | | |
| If yes, injured detail Muhammad Hazlie Bin Sarpan (Neck & Elbow) | | | | | | | | |
| Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No | | | | | | | | |
| Was the Accident reported to the Police? (<input checked="" type="checkbox"/>) Yes () No If yes attach police report | | | | | | | | |
| DETAILS OF 3 rd party | | | Name / Nric | | | Contact | | |
| Veh B GBG4776H | | | | | | | | |
| Veh C | | | | | | | | |
| Veh D | | | | | | | | |
| Veh E | | | | | | | | |
| Veh F | | | | | | | | |

Drivers Only



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181111/7006

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | Pang Yian | ID No. | S2021916E |
| Related Vehicle | GBG4776H (Van) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | MUHAMMAD HAZLIE BIN SARPUN | ID No. | S8106044D |
| Related Vehicle | SKR3472B (Car) | Contact No. | 92217537 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 11/11/2018 | Date Discharge | 11/11/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On 10/11/2018 at about 2105hrs, I was travelling straight at lane 1 along PIE towards Changi. As the traffic was heavy after the Eng Neo Exit & vehicle in front of me started to slow down, I kept a distance & start to slow down also.

Suddenly, I felt an impact from behind. I stopped my vehicle & came out to see what happened. I then realised that it was vehicle B that had hit onto my rear of vehicle A causing damages to my vehicle A.

Vehicle A: SKR3472B
Vehicle B: GBG4776H



**SINGAPORE
POLICE FORCE**



T/20181111/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20181111/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/11/2018 15:46

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8106044D



Name

MUHAMMAD HAZLIE BIN
SARPUN

محمد حزالى بن سرفون

Race

MALAY

Date of birth

Sex

04-03-1981

M

Country of birth

SINGAPORE

SKR 34723

owner & driver



4689241



NRIC No. S8106044D

Date of issue

04-03-2011

APT BLK 635A SENJA ROAD #24-243
SINGAPORE 671635

NRIC No: S8106044D

Date: 21/03/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8106044D**
 Name: **MUHAMMAD HAZLIE BIN SARPUN**

Birth Date: **04 Mar 1981**
 Issue Date: **21 Dec 2007**

001554104C



SAR 3472 B

Owner & driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| | PASS DATE |
|--|-------------|
| Class 2B Motorcycles \leq 200 CC | 17 Aug 2011 |
| Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractor/vehicles \leq 2500 kg | 21 Dec 2007 |

S / No. 9000151224

S8106044D

NP 42BA

Licence No: S8106044D



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 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

| | | |
|--|---|--|
| CERTIFICATE No. | DMPCSN3005031800 | Engine No : L15A5157135 Chassis No: GJ11206047 |
| 1. Index Mark and Registration Number of Vehicle | SKR3472B | |
| 2. Name of Policy Holder | MR MUHAMMAD HAZLIE BIN SARPUN | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 15 JANUARY 2018 (09:27 HOURS) 14 JANUARY 2019 | NAMED DRIVERS EX SECT. I.....S\$1,500.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN.....S\$100.00 |
| 4. Date of Expiry of Insurance | | |
| 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 FACE-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 S\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : PRIME STREET CAPITAL 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.

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.



Countersigned By:

Authorised Officer

Authorised Signatory