NATIONAL Assessment Centre Services. [wel 1 Jan'03] . : MMA 119072057 Done by Date & Time Completed Job description Date In: 316/19 14:05 Ref No: SAS c-filling MAI CTI 1900 9745/14 E-mail (within this, AIC 2hrs) Yeh No: SMA 9757 G. I-Motor Claim Form 11(1) 116/19 12:50. I-Motor W/O (Within: OD 2hts, TP 4hts) (11) - AP ! Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wkon Fax Proformed Wiksp / INC Assign Wksp / QW: (INC ()/Non-INC (I'l Particulars: Veh No: SML 12095. Owner / Driver: (Tcl: Period: (Policy No: (Cover Type: (Confirmed by : (Time: Dates 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 (Concent Reinholes & A. T. March) Walk-In Customar: Customor's information strictly Confidential & Strictly NO refer of repelier.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towad-in (); Invoice: YES (Remarks 2 (INC HOUNTER 6798 6616) NEW AND 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Infary : Dinetrinos d'Addions MA1904106. 1) AR : Acadent Reporting (530); Chamants Particulary 2) DA : Damege Assessment (\$100); INC (\$50) \$40/\$45 3) TP : Towing Pee Driver/Owner: 4) FT : Follow-Through Survey 5) PT : Follow-Through Burvey (Resurvey) Contact No: Porulaining against INC Only (wol 10 Jan 2003) 6) TR: Re-imposition Damaged Portion: 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services; OD QC Checked by (Engr-In-Charge): *NS: Courtery Car / Tpt Allowance * Not Rapair Co-ordination 510 \$2.5 *N7; Post Repair Inspection Auditors Comments 22 *NS: DV / Collect Expess Coordination TP (Nti) : TP (Kan INC) against INC [al. 1] 9) N12: Idae Mobile Fee Charged Involve dated 91 2/3; Involce dated

1 . p# if 1 .75

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report 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.
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.

ASSAULT STATE OF THE STATE OF T	ACCIDENT STATEMENT
Date Of Report	03/06/2019 14:05
Date Of Accident	01/06/2019 12:50
Exact Location Of Accident	SIMS AVE TWDS CHANGI IN BETWEEN LOR 9 & 11
Country/State of Loss	SINGAPORE
A RESERVE TO THE RESE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA9757G
Insured/Policyholder	
Name Of Registered Owner	MR HYRIL ANNUAR BIN BORHAN
NRIC No	S7042733H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81382266
Alternative Phone No	OFFICE-81382266
Vehicle Particulars	
Manufacturer	NISSAN
Model	X-TRAIL
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	DMPCSN3067391800
Cover Note Number	•
Driver	
Name of Driver	MR HYRIL ANNUAR BIN BORHAN
NRIC No	S7042733H
Date Of Birth	09/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	05/04/1995
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81382266
Fax Number	THE CONTRACTOR OF THE CONTRACT
Contact Number	OFFICE-81382266
EMail Address	NOEMAIL

Address

BLK 673A YISHUN AVE 4 #12-638

Postcode

761673

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

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

2

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)

2

Passenger 1

NAME:

: INDAH WULAN DARI SITUMEANG

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

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)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SML1209S

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)

Page 2 of 18

DETAILS OF INJURED PERSON 1

Name

MR HYRIL ANNUAR BIN BORHAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SMA9757G

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report 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.
- 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 .:

SKETCH PLAN SIMS AVENUE TOWARDS CHANGI IMBETWEEN B: SML 12098 LORONG 9 1 MONG 9 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT TRAVELLING WAS THE STATED TIME LOCATION ALONG AND I noticed vehicle SLOWED ane DOWN SUDDENLY AND STOPPEL 1 FELT AN VEHICLE 1 MDACT OH REAR AND INSPECT AND 601 HOWH KNOW THAT VEHICLE HAD HIT 0H10 VEHICLE

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.:

GIARMIC SketchPlanFerm, V3

Date of Accident	i	1 C 9 Accident Time: 12:50 (24-HR-Format)
Accident Place		SIMS AVENUE TOWARDS CHANGI INBETWEEN LORUNG 9 X 11
Vehicle, No. (Ca	r Plate No.)	: SMA 97579 Make/Model: NISSAH X-TRAIL 2-0
Insurace Compar	ny	: CHINA TAIPING Policy No:
Owner or Compa	any Name /IC No.	: HYPIL AMMAR BUN BORHAM STOAZ733H
Owner or Compa	any Contact No.	:_ 8138 2266 Owner's HpCompany Tel
DRIVER'S Nam	e / IC No.	: HYRIL ANNUAR BIN BORHAN S7042733H
DRIVER'S Date	Of Birth	: 69 12 1970 DRIVER'S License Pass Date 05 APR 1995
Relationship of C	Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Adda	ress	: BIK 673A YISHUN AVENUE 4 #12-638 8761673
DRIVER'S Cont	act No./ Alt No.	:1) 8138 2266 2)
DRIVER'S Occu	ipation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address		: hyrilannuar Eyahoo. com sa
Weather & Road	Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type		: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passe	ngers (Including D	river):
Exact purpose for		r camera; YES 'NO s being used at the time of accident; Private use \ Work purpose
	Other F	arty Driver's Particular (if any)
Vehicle. No:	SML 1209	S Vehicle. No:
Vehicle Make Model:		
Name Driver:		Name Driver:
IC No. Driver/Contact:		IC No. Driver/Contact:
* NEW - Passo	enger's name &	gender:

me & gender: In dah Wulan Pari Situmeans (F)

REPUBLIC OF SINGAPORE



Name

HYRIL ANNUAR BIN BORHAN

Race MALAY

Date of birth Sec 09-12-1970 M Country of 6irth

SINGAPORE

1142733-

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S 7 0 4 2 7 3 3 H

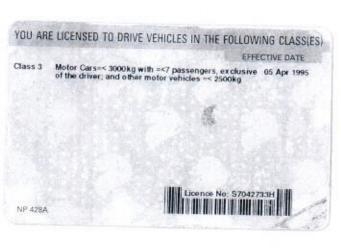
Name:

HYRIL ANNUAR BIN BORHAN

Birth Date: 09 Dec 1970

1653/6 Date: 30 Sep 2010





For LKK | NAC Use Only



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1F N SN AN0582A COMPREHENSIVE AUTOSAFE

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.

DMPCSN3067391800

Engine No : MR20791980B

Chassis No: JN1JANT32Z0801245

Index Mark and Registration

Number of Vehicle

SMA9757G

2. Name of Policy Holder

MR HYRIL ANNUAR BIN BORHAN

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

17 OCTOBER 2018 (09:59 HOURS)

NAMED DRIVERS EX SECT. I...........\$1,100.00

IN ADDITION TO NAMED DRIVERS EX:

4. Date of Expiry of Insurance

16 OCTOBER 2019

EX SECT. I - AGE <= 25......\$\$3,000.00 EX SECT. I - AGE >= 26......\$\$500.00

* AGE AS AT DATE OF ACCIDENT

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: *

Countersigned By:

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 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. : KENSO LEASING 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.

Authorised Officer

Authorised Signatory