

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MMA 11911 8597

| | | | |
|-----------------------------|--|-----------------------|---------|
| Date In: 7/19/19 11:02 | Job description | Date & Time Completed | Done by |
| Ref No: MA1 C72 19015857/44 | SAS e-filing | | |
| Veh No: GBJ 2252A | E-mail (within 8hrs, AIC 2hrs) | | |
| DDA: 6/19/19 11:00 | I-Motor Claim Form | | |
| OD: (P) Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: XE 3246C | 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: | 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 | Action |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| MA1906726 | Invoice Preparation Checklist | Am (\$) | Adj (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) PT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments: | For claiming status: INC Only (ver 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idas DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | OD: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (N11) INC against INC \$20 | | |
| | 9) N12: Idas 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 willful 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 | 07/09/2019 11:02 |
| Date Of Accident | 06/09/2019 11:00 |
| Exact Location Of Accident | T JUNC OF PENJURU RD & TEBAN GARDENS CRES |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | GBJ2252A |
| Insured/Policyholder | |
| Name Of Registered Owner | HOPE TECHNIK PTE LTD |
| Co Reg No | 200606254N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-68770693 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCVSN1908021900 |
| Cover Note Number | - |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | MOHAMAD JAFRY BIN SAMSUDIN |
| NRIC No | S8703798C |
| Date Of Birth | 13/02/1987 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/05/2007 |
| Driving Experience | 12 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90191014 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 95 BEDOK NORTH AVE 4 #14-1409 |
| Postcode | 460095 |
| Was driver an employee of the Insured's Company | YES |
| 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 | COLLISION - MAJOR/MINOR RD |
| 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? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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? | 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 STATEMENT.

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 | XE3246C |
| 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) | |

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.

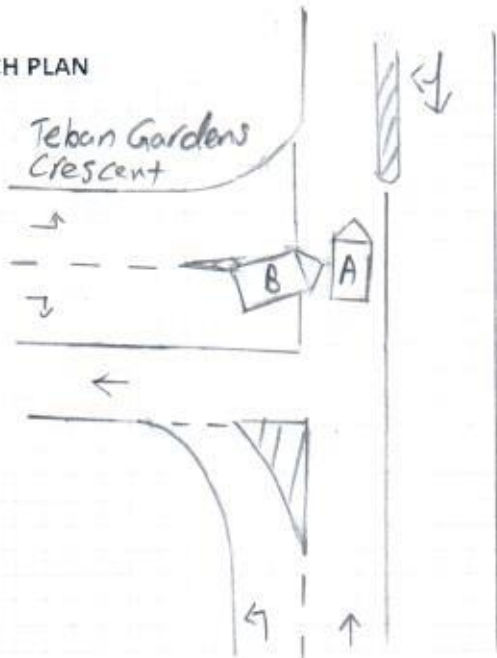


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A = GBJ2252A

B = XE3246C

T-Junction Of
Penjuru Road
and Teban Gardens Crescent

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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.:

On 06.09.19 at about 11:00 hours at T-Junction of Penjuru Road and Teban Gardens Crescent. After I took the exit from AYE and entered Penjuru Road (towards Penjuru Road Roundabout) as I was travelling straight on my lane, suddenly vehicle (B) coming out from Teban Gardens Crescent failed to stop at the stop line and collided onto left hand side portion of my vehicle (A).

Vehicle (A): GBJ 2252A

Vehicle (B): XE 3246C



A handwritten signature in blue ink, appearing to be a stylized "A" or "H" followed by a flourish.

SINGAPORE ACCIDENT STATEMENT

| | | | | | |
|---|--|--------------------------|--|----------------------|--|
| Accident Date: 06/09/2019 | | Time: 11:00 | | (hh:mm) 24 hr format | |
| Location T-Junction of Penjuru Road and Teban Gardens Crescent | | | | | |
| Vehicle Number GBJ2252A | | | | | |
| Insured Name Hope Teknik Pte Ltd | | | | | |
| NRIC / FIN 200606254N | | Contact Number 6877 0693 | | | |
| Make Toyota | | Model Hiace | | | |
| 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 DMCVSN1908021900 | | | | | |
| Name of Driver Mohamad Jafry Bin Samudin () Same as Insured | | | | | |
| NRIC / FIN 58703798C | | Contact Number 90191014 | | | |
| Date of Birth 13/02/1987 | | | | | |
| Driving Pass Date 20/05/2007 | | | | | |
| Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor | | | | | |
| Gender (<input checked="" type="checkbox"/>) Male () Female | | | | | |
| Email Address mohamadjafry@hopetechnik.com () NO EMAIL | | | | | |
| Address of Driver B1K95 Bedok North Avenue 4, #14-1409 5(460095) | | | | | |
| Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) Yes () 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 (<input checked="" type="checkbox"/>) Clear () Raining () Others | | | | | |
| Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others | | | | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| If yes, injured detail | | | | | |
| Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No | | | | | |
| Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report | | | | | |
| DETAILS OF 3 rd party | | Name / Nric | | Contact | |
| Veh B | | XE3246C | | | |
| Veh C | | | | | |
| Veh D | | | | | |
| Veh E | | | | | |
| Veh F | | | | | |

Driver Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8703798C



Name

MOHAMAD JAFRY BIN SAMSUDIN

Race

INDONESIAN

Date of birth

13-02-1987

Sex

M

Country/Place of birth

SINGAPORE

G3D 2252A

driver

5229260



NRIC No. S8703798C



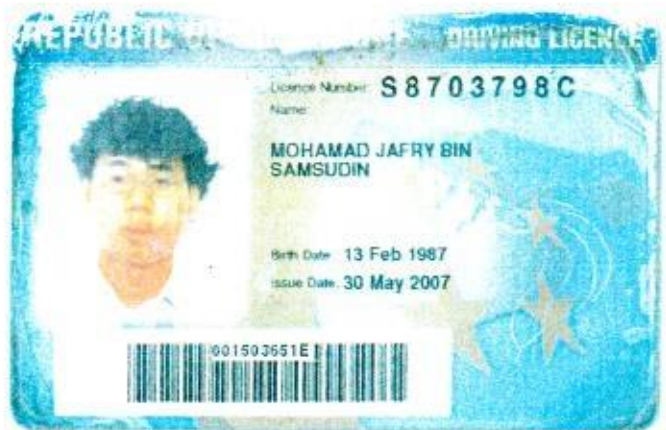
90191014

Date of issue

16-10-2013

Address

APT BLK 95 BEDOK NORTH AVENUE 4
#14-1409
SINGAPORE 460095



GAD 2252A

driver



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. | DMCVSN1908021900 | Engine No :1KD2833547 Chassis No:JTFHT02P800246726 |
| 1. Index Mark and Registration Number of Vehicle | GBJ2252A | |
| 2. Name of Policy Holder | HOPE TECHNIK PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 18 FEBRUARY 2019 | EXCESS SECT 1S\$350.00 EX. ON WINDSCREENS\$100.00 |
| 4. Date of Expiry of Insurance | 17 FEBRUARY 2020 | |
| 5. Persons or Classes of Persons entitled to drive * | | |

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR 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: *

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.
- THE POLICY DOES NOT COVER.
- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
 - (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

* 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 Signatory

Countersigned By:

Authorised Officer

Elaine Lee
97489011