

ADDITIONAL ASSESSMENT Complete Servicers

10/1/2021

2110821A80008

Date In: 28/10/2021 14:54
Ref No: NBACT2100008814
Veh No: SUV 536D
D.O.B: 21/10/2021 19:10

| Job Description | Date & Time Completed | Done by |
|---|-----------------------|---------|
| SAS Calling | | |
| Transfer to Vehicle Repair Shop | | |
| Motor Claim Verin | | |
| Motor W/O (Vehicle ID, TP, etc) | | |
| Photo Uploaded | | |
| Assessment/Repair Report | | |
| Asst Report by Rep/Hand to Owner/Vision | | |

(1) / TP / Reporting Only

TP Insured

Preferred Wksp / INO Available Wksp / QW /

Tell

Fax

TP / Hand / Rep /

Veh No

SUA 6021

INO

/ Non-INO

Owner / Driver

Tell

Policy No

Period

Cover Type

Confirmed by

Date

Time

Insured/Driver Liability

(%) (Note: Est. Slows (WO) N: 0-20%, P: 21-79%, P: 80-100%)

Year of Registration

Warranty YES / NO

Excess (\$)

Loading: \$1,000 / \$2,000

() Within Guarantee / Customer's information strictly confidential & solely NO Refor of reputation

() Total Loss Case / to email Insurer URGENTLY

Drive-In

/ Towed-In

/ Towed-In

/ NO

/ Towed-In

1) Apply for Transport Allowance / Courtesy Car

2) QC Check / Post Repair Inspection

3) Upload Recovery Photo (Repair Cost > \$9,000)

Injury

2110821A80008

Driver/Owner

Continous No

Continued Portion

QC Checked by (Sign-In-Check)

| | |
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| 1) All Assessment Work Done | 2021 |
| 2) All Assessment Work Done | 2021 |
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| 100) All Assessment Work Done | 2021 |

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 Submission | 28/10/2021 14:54 (SGT) |
| Date of Accident | 27/10/2021 19:10 (SGT) |
| Exact Location of Accident | CTE, Singapore |
| Additional Location Information | TOWARDS YISHUN AFTER TOA PAYOH EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SMV5336D |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | YANNILA DESIGN & CONCEPT |
| Company Reg No | 5XXXX048A |
| Email Address | sufian_suratnoh@hotmail.com |
| Mobile Phone No | (Phone) +65-91729047 |
| Alternative Phone No | +65-91729047 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Toyota |
| Model | RAIZE |
| Variant | - |
| 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 - Reporting only |
| Vehicle Category | Commercial vehicle |
| Transmission | Auto |
| CC | 996 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNA00206162101 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------------|
| Name of Driver | SUFIAN BIN SURATNOH |
| NRIC No | SXXXX878D |

| | |
|--|----------------------------------|
| Date Of Birth | 31/01/1978 |
| Occupation | Outdoor |
| Date Of Driving Pass | 23/01/2008 |
| Driving experience | 13 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91729047 |
| Alt. Phone Number | - |
| Email Address | sufian_suratnoh@hotmail.com |
| Address | BLK 293 YISHUN STREET 22 #02-227 |
| Address complement | - |
| Postcode | 760293 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | OWNER |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

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 the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|--------------------------|
| Name | MAZSHELLAWATY BINTE WARI |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SLA6681Y |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |

| | |
|---|----------------------|
| Name of Driver | LU HONG |
| NRIC No | SXXXX150E |
| Contact Number | (Phone) +65-93213458 |
| 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 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 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 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.

X

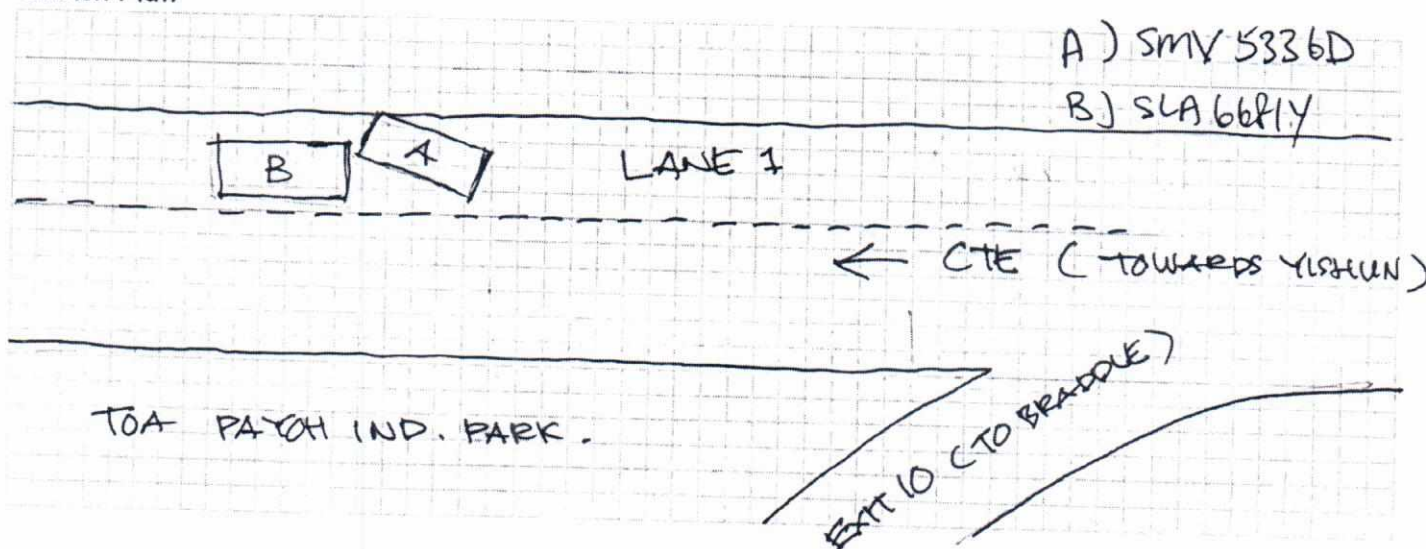
Policyholder's Signature / Date &
Time 28.10.2021 1130 HRS




Driver's Signature (If driver is not the policyholder) / Date
& Time 28.10.2021 1130 HRS


Witnessed by Reporting Centre
Personnel 28/10/2021

Sketch Plan



Describe Circumstances of the Accident

I was driving along CTE (towards Yistuin) on the First Lane. Maintaining a speed of Approx. 90 km/hr. Out of a sudden, the car, in front of me did an Emergency Brake. Despite of maintaining a safe distance, I ended up colliding with the third party's rear bumper (bottom right side). My car sustained a Bottom Left scuff on the Front Bumper. No injuries were found on both sides and no damage to public or government's property.

Date of accident : 27th Oct 2021.

Time of accident : Approx 1910 HRS.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

28th OCT 2021 1140 HRS

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (27 / 10 / 2021) (DD/MM/YYYY), TIME: (19:10 HRS) (HH:MM)

LOCATION: CTE (TOWARDS YISHUN) AFTER TOA PAICH EXT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMV 5336 D
 b) INSURANCE COMPANY: CHINA TAIPEI
 c) POLICY NUMBER: DMPCSN00206162101
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA RAZE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: COMMUTING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: YANILA DESIGN & CONCEPT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 53421048A CONTACT: 91729047
 c) ADDRESS: BLK 293 YISHUN ST 22, #02-227
S760293

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SUFIAN BIN SURATNOH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7800878D CONTACT: 91729047
 c) ADDRESS: BLK 293 YISHUN ST 22, #02-227
S760293

* d) DATE OF BIRTH: (21 / 01 / 1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23 JAN 2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLA 6681Y MODEL: TOYOTA AERAS
 b) DRIVER'S NAME: LU HONG
 c) NRIC/FIN/PASSPORT: S7065150E CONTACT: 9321 3458

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

MAZSHEILAWATI
BINTE WARI

No of passengers
(Including driver)
(02)

No of passenger
(Including driver)
(02)

No of passenger
(Including driver)
()

Email = sufian_suratnoh@hotmail.com
 VIDEO



Motor Private Car

MX4F

R SN

AN0420A

Cov. Type:C

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.

DMPCSA00206162101

Engine No.: 1KR2577827

Cha. No.: A200A0016137

1. Index Mark and Registration
Number of Vehicle

SMV5336D

AUTOSAFE
=====

2. Name of Policy Holder

YANNILA DESIGN & CONCEPT

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

06/10/2021
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

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

Ex Sect. I - Age >= 26 S\$500.00

4. Date of Expiry of Insurance

05/10/2022

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

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:

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.: SWEE SENG 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



Handwritten signature

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Handwritten signature

Issued By: _____
Lim Lee Choo
Authorised Officer

Authorised Signatory