

# NATIONAL APPRAISMENT CENTER SERVICES

SA 082180002

Date In: 11/11/2021 15:23  
Ref No: NAC/CT1210115264  
Veh No: SPF 82815  
D.O.A: 27/10/2021 08:00

Job description	Date & Time Completed	Done by
SAS e-thing		
E-mail (by date time, A/C time)		
1-Motor Claim X-ray		
1-Motor W/O (within 60 days, TP 40%)		
1-Photo Uploaded		
Assessment Survey Report		
Attil Report by Fax/Hand to Owner/Agent		

(1) TP / Reporting Only

TP Insurer

Preferred Wksp / INO Available Wksp / QW /

TP Insured/Owner Vch No: SAV 4280Y, INO: / Non-INO: /

Owner / Driver (

Policy No (

Confirmed by (

Insured/Driver Liability ( % (Note: Use Slows (WO) N10-20%, P121-79%, P180-100%)

Year of Registration (

Excess (\$

Loading: \$1,000 (

( ) Within 60 days of claim / Customer information solely confidential & solely NO for of report

( ) Total Loss Case (to e-mail insurer URGENTLY

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

1) Apply for Transport Allowance ( ) / Courtesy Car (

2) QO Check / Post Repair Inspection ( )

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

Injury (

MA 2104419

Driver/Owner

Continued No

Continued Portion

QC Checked by (Within 48 hours)

QC Checked by (Within 48 hours)

QC Checked by (Within 48 hours)

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1) All additional work done (WO)	
2) DA (within 14 days) (100%)	
3) TP Follow up	
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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
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 ..... 11/11/2021 15:23 (SGT)  
Date of Accident ..... 27/10/2021 08:00 (SGT)  
Exact Location of Accident ..... Jln Tan Tock Seng, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SFF8287J

INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CCA LEASING PTE. LTD.  
Company Reg No ..... 2XXXXX720W  
Email Address ..... scotchhere123@gmail.com  
Mobile Phone No ..... (Phone) +65-87544061  
Alternative Phone No ..... +65-87544061

## VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... ALTIS  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1598

## INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMHCSNA00008552100  
Cover Note Number ..... -

## DRIVER

Name of Driver ..... JORAIMI BIN SAMSUSIN  
NRIC No ..... SXXXX395A

Date Of Birth .....	09/11/1961
Occupation .....	Outdoor
Date Of Driving Pass .....	30/04/1982
Driving experience .....	39 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87544061
Alt. Phone Number .....	-
Email Address .....	scotchhere123@gmail.com
Address .....	BLK 117 PASIR RIS STREET 11 #02-531
Address complement .....	-
Postcode .....	510117
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Side Swipe
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJV4280Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
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.

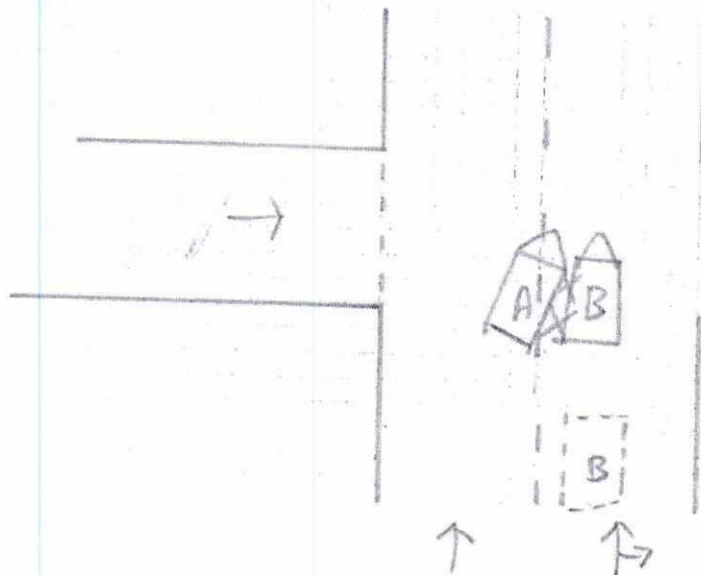


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SFF 8287J

B = SJU 4280Y

JUN TAN Tock SENG

Describe Circumstances of the Accident

ON THE STATED TIME AND DATE, I WAS ON THE  
LEFT LANE ALONG JLN TAN TOCK SENG. I WANTED TO MAKE  
A RIGHT TURN, I SIGNED RIGHT WHILE WAITING FOR THE  
RIGHT LANE TO BE CLEAR, VEHICLE B SLOWED DOWN, WHICH THEN  
I SLOWLY PROCEED. OUT OF A SUDDEN, VEHICLE B INCREASE  
HIS SPEED CAUSING MY RIGHT PORTION TO BE DAMAGE.

Declaration

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

Witnessed by Reporting Centre  
Personnel



CCA LEASING PTE LTD

CCA LEASING PTE LTD

UEN No: 201926720W

33 Ubi Ave 3, #06-21

Vertex(Tower B)

Singapore 408868

## Rental Agreement & Receipt

Original Copy

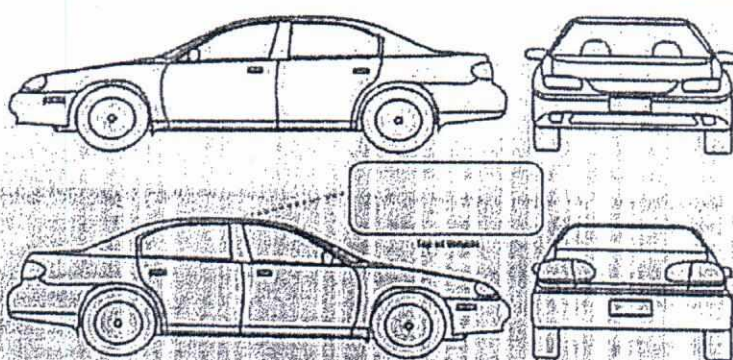
Rent ID:

Rental Start Date:

Rental End Date:

7/5/21

14/5/21

HIRER'S PARTICULARS		VEHICLE DETAILS			
Name: <u>Joraini Bin Samadun</u>	NRIC: <u>S14-P3395A</u>	Vehicle Carplate: <u>SFFP287J</u>			
Address: <u>Blk 117 Pasir Ris St 11</u> <u>#02-531 15110117</u>	Mobile Number: <u>8754 4061</u>	Make/Model: <u>Toyota Altis</u>			
PAYMENT AGREEMENT					
Rental Rate / Day	Payment Term	Deposit	Contract Term		
\$ <u>50</u>	<u>2 weeks</u>	\$ <u>200</u>	<u>2 weeks</u>		
<input type="checkbox"/> Referral Scheme, Amount: \$ _____ Referred by: _____					
COLLISION DAMAGE WAIVER (CDW)					
<input type="checkbox"/> Opt out for CDW	<input checked="" type="checkbox"/> \$6 Per Day	<input type="checkbox"/> \$8 Per Day			
The hirer is to bear excess of the first SGD\$3000/= NETT on the damage to CCA Leasing Pte Ltd (Hirer sign to acknowledge):	The hirer is to bear excess of the first SGD\$800/= NETT on the damage to CCA Leasing Pte Ltd (Hirer sign to acknowledge):	The hirer is to bear excess of the first SGD\$500/= NETT on the damage to CCA Leasing Pte Ltd (Hirer sign to acknowledge):			
BANK DETAILS		EMERGENCY CONTACT			
Account Name:	CCA LEASING PTE LTD	Contact Person:	Chris Lee / Chris Yeo		
Bank Name:	UOB CURRENT	Contact Number:	9630 7577 / 9456 6955		
Account Number:	396-311-114-0				
VEHICLE INSPECTION					
					
B - Bent	BR - Broken	C - Cut	CR - Cracked	D - Dented	F - Faded
R - Rust	L - Loose	M - Missing	PC - Paint Chip	S - Scratched	ST - Stained



VEHICLE NO: SFF 8287 J

MAKE &amp; MODEL: TOYOTA ALTIS

AUTO / MANUAL

DATE OF ACCIDENT	27 / 10 / 21	CC
TIME OF ACCIDENT	08.00 AM / PM	
LOCATION OF ACCIDENT	JLN TAN Tock SENG	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	CCA LEASING PTE LTD.	
EMAIL:	Scotthhere123@gmail.com	Office: MOBILE: /
NRIC		201926720W
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	CN TAIJING	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMHCSNA 0000855 2100	
NAME OF DRIVER	AS ABOVE / IF NO: JORAJMI BIN SAMSUDIN	
NRIC	S1483395A	
DATE OF BIRTH	09 / 11 / 1961	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER	X	
GENDER OF PASSENGER	MALE / FEMALE X	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	30 / 04 / 1982	
GENDER	Male / Female	
CONTACT NO.	Mobile: 8754 4061 Office: Home:	
EMAIL:	/	
ADDRESS	BLK 117 PASIR RIS STREET 11	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No:	INSURER:
RELATIONSHIP	Employee / If No: HIRER	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who?	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SVU 4280Y	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

Motor Hire Car

MZ406L/B

N SN

AN0108A

Cov. Type: T

### 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.	DMHCSNA00008552100	Engine No.: 3ZZ4926970	
		Cha No MR053ZEE106153918	
1 Index Mark and Registration Number of Vehicle	SFF8287J		
2 Name of Policy Holder	CCA LEASING PTE. LTD		
3 Effective date of the Commencement of Insurance for the purposes of the Regulations Ordinance or Enactment	20/08/2021 (00 00:00)	Excess Sect. II	SS\$1,500.00
		Excess Sect. II (Outside Singapore)	SS\$3,000.00
4 Date of Expiry of Insurance	19/08/2022		

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

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 for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) 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.

Issued By: Tan Mingjie  
Authorised Officer



Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com