

NTUC Assessment Centre Services

Date In: 20/02/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C123001865/d4	SAS e-filing		
Veh No: SJ1380G	E-mail (w/ date Recd. AP/2hrs)		
DOA: 22/11/2022 22:25	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (Within: OB 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

Particulars:	Veh No: pedestrian	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 ()	
Access: (\$)	Loading: \$1,000 () / \$2,000 ()	

Special Remarks: ()

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

Total Loss Case : to e-mail insurer URGENTLY.

Re-In () / Towed-in () ; Invoice: YES () / NO () ; Towing Co. ()

Prints: FAX () / Online: 678846610	Date & Time Completed	Done by
Apply for Transport Allowance () / Courtesy Car ()		
C Check / Post Repair Inspection ()		
Upload Resurvey Photo [Repair Cost > \$30000] ()		

Survey: ()

Time: () Actions: ()

ENTERED 12 APR 2023

A NA2300528	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
			1st Bill	Add Bill
Owner's Particulars:	1) AR: Accident Reporting (\$30);			
Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
No:	3) TF: Towing Fee \$40/\$45			
Portion:	4) FT: Follow-Through Survey \$120			
Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Initial DA + SMART Survey \$160			
	8) NTUC Additional Services:-			
	9) NTUC: Courtesy Car / Tpt Allowance \$5			
	10) NTUC: Repair Co-ordinator \$16			
	11) NTUC: Brief Remarks to Insurance \$1			

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 Actual 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	20/02/2023 18:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/11/2022 22:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BUKIT MERAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJJ380G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BASERIN BIN MAAROP
NRIC No	SXXXX839D
Email Address	rinmaarop@gmail.com
Mobile Phone No	(Phone) +65-97460699
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
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 - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1986

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00015082100

DRIVER

Name of Driver	BASERIN BIN MAAROP
NRIC No	SXXXX839D
Date Of Birth	11/07/1972
Occupation	Outdoor

Date Of Driving Pass	04/04/2004
Driving experience	18 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97460699
Alt. Phone Number	-
Email Address	rinmaarop@gmail.com
Address	APT BLK 35 BEDOK SOUTH AVENUE 2
Address complement	# 03-429
Postcode	460035
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collided into Pedestrian
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Marina Bay Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002229999
Alt. Police Station Phone No	(Fax) +65-64359276
Police Station Address	No 70 Marina View Singapore 018962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT-T/20221123/2003
 *PICTURES TAKEN BY TP AND HAS COMMENCED REPAIR. PICTURES TAKEN IS PHOTOS OF THE ACCIDENT SCENE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PEDESTRIAN
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

IMPORTANT NOTICE

SKETCH PLAN

1. Please ~~report~~ **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 Actual 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 ~~use~~ **use** 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to 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 ~~judgment~~ **judgment** 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.

3. 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 who have insured vehicle(s) involved in this accident (all Insurers) 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 Insurers 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/are 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 filed outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

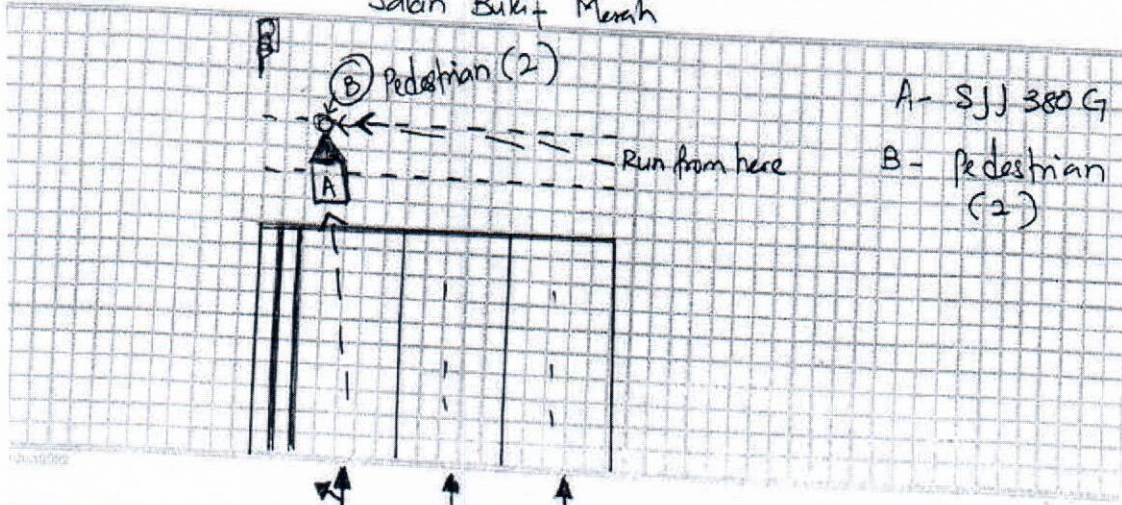
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC Card)

gmm 20/2/2023

Sketch Plan

Jalan Bukit Merah



SKETCH PLAN #2

Describe the circumstances of the Accident

Please Refer to the attached
police Report

- 7/2022 1123 /2003 -

Declaration
I have prepared this report in accordance with the requirements of the relevant legislation.

[Signature]
31/3/2023

[Signature] 20/02/2023



SINGAPORE POLICE FORCE



T/20221123/2003

1 of 3

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

Report No. T/20221123/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2022 00:28		Vide Report No.: A/20221122/0139		Station Diary No.: 1	
Informant's Particulars					
Name of Informant: BASERIN BIN MAAROP			Address: APT BLK 35 BEDOK SOUTH AVENUE 2 #03-429 SINGAPORE 460035		
ID Type / ID No.: NRIC NO / S7250839D			Contact No.: Home/Office: Mobile: 97460699		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 11/07/1972	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 22/11/2022 22:25	Type of Location: T-Junction
Location: JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ380G	Car	TOYOTA	NOAH 2.0X CVT	Brown	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ380G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000150 82100	10/12/2021	21/12/2022



**SINGAPORE
POLICE FORCE**



T/20221123/2003

2 of 3

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

Report No. T/20221123/2003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Used	
Driver			
Name	BASERIN BIN MAAROP	ID No.	S7250839D
Related Vehicle	NIL	Contact No.	97460699
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am currently working as a Grab Driver (SJJ380G) and earlier on 22/11/2022 at about 2225hrs, I was travelling along Jalan Bukit Merah towards CTE and the traffic light was in my favour.

2 pedestrians suddenly run out of the pedestrian crossing at the traffic light of the junction between Jalan Bukit Merah x Kim Tian Road and I was unable to brake in time.

My car came into contact with 1 of the female pedestrian and I immediately stopped my vehicle and called for police assistance. I went out of my vehicle and went to check on the condition of the female pedestrian and observed that she is still lying on the floor. Subsequently I contacted Grab to inform them about the accident. When the ambulance came, they straight away send the female pedestrian to SGH thus I was unable to exchange particulars with them.

Traffic police also attended to me and gave me a case card and told me to lodge a traffic police report.

I would like to state that my car cam is functional, but I did not put any SD card inside.



**SINGAPORE
POLICE FORCE**
SAFEGUARDING EVERY DAY

Our Ref: TP/IP/31650/2022

BASERIN BIN MAAROP
35 BEDOK SOUTH AVENUE 2
#03-429
Singapore 460035

000080

Traffic Police
10 Ubi Avenue 3
Singapore 408865

IB Call Centre: 65470000
FAX: 65474883

Date: 21/12/2022

Dear Sir

**TRAFFIC ACCIDENT INVOLVING PEDESTRIAN & SJJ380G ALONG JALAN BUKIT MERAH
JUNCTION OF KIM TIAN ROAD ON 22/11/2022 AT 22:32 HRS**

I refer to the above accident.

2 We have completed the case. Our investigations have not produced any substantive results. Traffic Police is unable to conclusively determine the party at fault. Hence no action is being taken against anyone with regards to the accident, at this point in time.

3 You may wish to note that our decision does not preclude future prosecution should new evidence emerge at a later stage. Please be informed that our decision does not preclude you from pursuing insurance / civil claims.

4 If you have any clarification, you may contact the Investigation Officer, Fadli Shaifuddin Bin Mohamed Sani at office number: 65476845.

Yours faithfully,
SI Fadli Shaifuddin Bin Mohamed Sani
Investigation Officer (GIT D)
Traffic Police
Singapore Police Force

This is a computer-generated letter. No signature is required.

A FORCE FOR THE NATION

MAHADI ABU BAKAR & PARTNERS

ADVOCATES & SOLICITORS

(UEN No. 53179837B)

#14-01, TONG ENG BUILDING, 101 CECIL STREET SINGAPORE 069533

TEL: 62252355

FAX: 62279913

Email: mab_law06@yahoo.com.sg

YOUR REF: **SJJ 380 G**

3 February 2022

OUR REF: MAB/11091/22/ana

BASERIN BIN MAAROP

35 Bedok South Avenue 2

#03-429 Singapore 460035



WITHOUT PREJUDICE

Certificate of Posting

URGENT

Dear Sir

THIRD PARTY CLAIM BY NORAYADI BINTE MOHAMED AZIT OF BLK 5 BANDA STREET #15-92 SINGAPORE 050005

We are instructed by the abovenamed as the Pedestrian to act and claim for serious personal injuries and damages against you in connection with accident involving SJJ 380 G along Jalan Bukit Merah, lamp post no. 88 on 22/11/2022 at about 10.30 pm.

We are instructed that the accident was caused by your negligence in driving and management of motorcar no. SJJ 380 G.

As a result of the accident, our client (the Claimant) sustained serious personal injuries, suffered pain. Her serious injuries are set out in the medical report annexed to this letter. She has been put to loss and expenses.

We hereby, in compliance with Para 3.1 of the **Pre-Action Protocol for Personal Injury (PI) Claims and Non-Injury Motor Accident (NIMA) Claims (Appendix B of the State Courts Practice Directions 2021)**, give notice of our client's intention to claim damages for personal injuries, damages and consequential loss and expenses suffered by him, against you, the driver of motorcar no. SJJ 380 G, for his negligence and/or contributory negligence in driving, use and management of motorcar no. SJJ 380 G at the material time, and, if necessary, to commence legal action against you for the same.

We also, in compliance with Para 3.2 of the PI/NIMA pre-action protocol, set-out the quantification of our client's claim herein as follows:-

A) GENERAL DAMAGES

(As per Medical Report dated 14/12/2022 by Dr Tan Xiang Yin from Singapore General Hospital whereby our client was given **fourteen (14) days** of medical leave from 23/11/2022 till 06/12/2022 & two (2) colour photographs at the scene of accident.)

1)	<u>Large Scalp Hematoma in the Occipital and high parietal regions</u>	\$4,800.00
	<u>Case Authorities</u>	
a)	Leong Mei Li Janice v Low Mun Seng DC Suit No 3408 of 1997	
2)	<u>Left Chest Wall Tenderness</u>	\$1,000.00
	<u>Case Authorities</u>	
a)	Teo Liang Heng v Tan Cher Cheng DC Suit No. 1016 of 1996	
3)	<u>Cervical Spine Tenderness</u>	\$1,500.00
	<u>Case Authorities</u>	
a)	Tham Kok Hong & Ors v Zschoernig Bernhard Max Fanz DC Suit No. 4145 of 1999	
4)	<u>Superficial Abrasion over Left Wrist and Right Little Finger</u>	\$ 500.00
	<u>Case Authorities</u>	
a)	Yeow Ah Seng v Chong Lew Lin MC Suit No. 19050 of 1996	
		<u>\$ 7,800.00</u>
B)	<u>SPECIAL DAMAGES</u>	
1)	Hospital and Medical expenses	\$ 357.23
2)	Estimated transport charges from Singapore General Hospital to home at Blk 5 Banda Street at \$10.00 on 1 occasion per trip	\$ 10.00
3)	Estimated transport charges from home at Blk 5 Banda Street to Singapore General Hospital and back to home at \$20.00 on 4 occasions	\$ 80.00
C)	Legal Costs	\$ 2,800.00
D)	Disbursements (<i>Notes of Disbursement</i> is enclosed)	\$ 526.49
		<u>\$11,573.72</u>

Please note that the above quantification is made on a without prejudice basis and we reserve our client's rights to re-quantify the claim.

We wish to put you on notice, Paragraphs 3.3 and 3.4 of the PI/NIMA pre-action protocol, in respect of claims where the estimated quantum falls within the jurisdiction of a Magistrate Court, within **fourteen (14) days** of sending the acknowledgement letter to us, you are required to send a letter to us stating whether you agree or has any objections to the appointment of the medical expert proposed by us for the relevant specialty. **TAKE NOTICE** that we wish to appoint our client's doctor(s) as per the medical report and/or specialist medical report provided, as the **single joint expert**.

Please let us know if you consent to our proposed medical expert(s) as the single joint expert. If you fail to reply or fail to object to any of our proposed medical expert within the stipulated timeline, you are deemed to have agreed to the appointment of our medical expert as the single joint expert.

We also, in compliance with Paragraph 3.6 and 3.7 of the PI/NIMA pre-action protocol, copies of the following documents supporting the claim have been forwarded to your insurers with a copy of this letter. You may obtain the same from them if you wish so.

1. Full and complete Singapore Accident Statements and Police Reports together with type-written transcripts of all persons involved in the accident;
 - a. Traffic Police Accident Report lodged by the Pedestrian
 - b. Traffic Police Accident Report lodged by eye-witness, Adam Malik Bin Bahtiar
 - c. Traffic Police Accident Report lodged by driver of motorcar no. SJJ 380 G
2. Original, coloured copies or scanned photographs of the accident scene;
3. Medical report from the treating doctor, reviewing doctor and medical specialist;
 - a. Medical Report dated 14/12/2022 by Dr Tan Xiang Yin from SGH
 - b. Inpatient Discharge Summary from SGH
4. Certificate for medical leave;
5. Bills for medical treatment and evidence of payment;
6. LTA Search on vehicle no. SJJ 380 G and supporting documents for all other expenses claimed.

In compliance with Paragraph 3.9 of the PI/NIMA pre-action protocol, we wish to remind you to pass this letter of claim and the attached documents to your insurer immediately if you wish to claim under your insurance policy.

We also take this opportunity to remind you that you are required to comply with Paragraphs 4.3 and 4.4 of the PI/NIMA pre-action protocol, **within fourteen (14) days** from the date hereof, to send an acknowledgment letter to us, failing which we may commence proceedings without sanction by the Court.

In addition, under Paragraph 4.6 of the PI/NIMA pre-action protocol, **within eight (8) weeks** from the date hereof, you must reply to us with the following:-

- a) The reply shall indicate whether the insurer is defending the claim or whether you are defending the claim personally. Reasons for the insurer's decision not to act must be provided.
- b) Subject to sub-paragraph (d) below, the reply must state your position on the claim on both liability and quantum (eg, whether the claim is admitted or denied) or make an offer of settlement. If the claim is not admitted in full, you must give reasons and provide a list of documents together with copies of all relevant supporting documents. You are to confirm /state the identity of the person driving his vehicle at the time of the accident and provide the driver's identification number and address if this is not already stated in the Singapore Accident Statement.

Ref no. MAB/11091/22/ana

In view of an amicable settlement at this stage of the intended proceedings, we render below a list of disbursements incurred as to date :-

NOTES OF DISBURSEMENTS

1) LTA search fee	\$ 7.49
2) Medical Report fee	\$110.00
3) Traffic Police Accident Search and Report fees	\$ 34.00
4) Public Trustee's fee	\$225.00
5) Miscellaneous, photocopy charges, fax, transport charges, phone calls, development of coloured photograph at the scene of accident, postage charges and other incidentals	<u>\$150.00</u>
	<u>\$526.49</u>



Singapore
General Hospital
SingHealth

Restricted, Sensitive (High)

Tel: (65) 6222 3322
Fax: (65) 6224 9221
Singapore General Hospital
Outram Road
Singapore 169608
www.sgh.com.sg

Reg No 198703907Z

MR/15381/2022 [MHA] (Request No.: 202224577)

14 December 2022

MEDICAL REPORT ON NORAYADI BINTE MOHAMED AZIT
MRN NO. S6917237G

The above-mentioned patient was seen in the Department of Emergency Medicine, Singapore General Hospital on 22 November 2022 at 2310 hours. She was attended to by myself and Dr Gregory Tan Boon Leong.

Ms Noryadi claimed that she was hit by a car while crossing a major road at Bukit Merah and Kim Tian Road. Post-accident she complained of occipital headache and midline cervical tenderness.

On arrival to the emergency department, Ms Noryadi's vitals were stable. Physical examination revealed the following significant findings:

- Occipital scalp hematoma
- Left chest wall tenderness
- Cervical spine tenderness
- Superficial abrasion over left wrist and right little finger

The following investigations were performed in the emergency department

- Focused assessment with sonography for trauma scan: no free fluid seen
- Chest and Pelvis X-ray: No fracture or dislocation seen
- Computed tomographic scan of Chest, Abdomen, Pelvis, Brain and cervical spine: no fracture or dislocation seen, no intracranial haemorrhage. Large scalp haematoma in the occipital and high parietal regions
- Full blood count, renal panel unremarkable
- Liver function test: mild transaminitis

Ms Noryadi was seen in the emergency department by the orthopaedic and general surgeons. The following treatment was performed in the emergency department

- Analgesia

PATIENTS. AT THE HEART OF ALL WE DO.®

SingHealth Duke-NUS Academic Medical Centre

-2-

Ms Noryadi was treated in the emergency department with the diagnosis of

- Road traffic accident complicated by
 - o Scalp hematoma
 - o Superficial abrasions over left wrist and right little finger
- Transaminitis

She was subsequently admitted to the general ward under the General surgery specialty. Kindly follow up with inpatient team for subsequent enquiries



Dr Tan Xiang Yin
Medical Officer
Department of Emergency Medicine

ACCIDENT STATEMENT

ACCIDENT DATE: 22 / 11 / 2022 (DD/MM/YYYY), TIME: 22 : 25 (HH:MM)

LOCATION: Jalan Bukit Merah

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ1 380G
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMHCSN W 000 15082100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Noah AUTO / MANUAL
 f) TYPE: (SEDAN) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Hire
 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: Baserin Bin Maarop (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7250839D CONTACT: 97460699
 c) ADDRESS: APT BLK 35 Bedok South Avenue 2 # 03-429
8460035

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 11 / 07 / 1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 04/04/2004

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

Marina Bay

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Pedestrian MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = rinmaarop@gmail.com

NO



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

pd

Motor Hire Car

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)

MZ406L/B

R SN

AN0707B

Cov. Type C

CERTIFICATE No.

DMHCSNA00023512201

Engine No.: 3ZR0B00065

Cha. No. ZRR800397454

1. Index Mark and Registration
Number of Vehicle

SJJ380G

AUTOSAFE

2. Name of Policy Holder

BASERIN BIN MAAROP

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

22/12/2022
(00:00:00)

Excess Sect. I. S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

Excess Sect. II (Outside Singapore) S\$2,500.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

21/12/2023

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.

BASERIN BIN MAAROP

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.

HIRE PURCHASE CO.: BENEFIT AUTO ENTERPRISE 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Issued By

Chua Suat Lay Sally

Authorised Officer

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

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