

NATIONAL Assessment Centre Services

| | | | |
|--------------------------|--|------------------------|----------|
| Date: 04/04/23 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA/CT03003492/13 | E-mail (within 8hrs. Aft: 2hrs) | | |
| Veh No: DC7874T | I-Motor Claim Form | | |
| DOA: 03/04/23 | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| OD: TP / Reporting Only | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: 9BT6208C | 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%. F: 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: (INC hotline: 6788 6616) | Date & Time Completed: | 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 | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|--------------|---|
| NA0300972 | Invoice Preparation Checklist | Amf (\$) | A |
| Claimant's Particulars | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments: | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idas DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON: | | |
| | * 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 (Non INC) against INC \$20 | | |
| | 9) N12: Idas Mobile \$10 | | |
| | Invoice date: | 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 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 | 04/04/2023 15:57 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 03/04/2023 16:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BENDEMEER RD & WHAMPOA WEST FILTER LANE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | PC7874T |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | SINGAPORE CAB BOOKING PTE LTD |
| Company Reg No | 2XXXXX923K |
| Email Address | mohamadazrisamat@gail.com |
| Mobile Phone No | (Phone) +65-98224405 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-------------------------------------|
| Manufacturer | Toyota |
| Model | HIACE HIGH ROOF COMMUTER TURBO AUTO |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |
| Transmission | Auto |
| CC | 2982 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMB1SNW00001772300 |

DRIVER

| | |
|----------------|--------------------|
| Name of Driver | MOHAMAD AZRI SAMAT |
| NRIC No | SXXXX257J |
| Date Of Birth | 09/03/1987 |
| Occupation | Outdoor |

| | |
|--|----------------------------|
| Date Of Driving Pass | 06/01/2014 |
| Driving experience | 9 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87844914 |
| Alt. Phone Number | - |
| Email Address | mohamadazrisamat@gail.com |
| Address | BLK 212 MARSILING CRESCENT |
| Address complement | #08-15 |
| Postcode | 730212 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 7 |
| 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 | - |

PASSENGER 1

| | |
|--------|-----------|
| Name | PASSENGER |
| Gender | Male |

PASSENGER 2

| | |
|--------|-----------|
| Name | PASSENGER |
| Gender | Male |

PASSENGER 3

| | |
|--------|-----------|
| Name | PASSENGER |
| Gender | Female |

PASSENGER 4

| | |
|--------|-----------|
| Name | PASSENGER |
| Gender | Female |

PASSENGER 5

| | |
|--------|-----------|
| Name | PASSENGER |
| Gender | Female |

PASSENGER 6

| | |
|--------|-----------|
| Name | PASSENGER |
| 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

PLS REFER TO THE ATTACHED STATEMENT.

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 GBJ6208C
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MOHAMAD AZRI SAMAT
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK & BACK
Injured person in which vehicle? PC7874T
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person PASSENGER
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? PC7874T
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person PASSENGER
Gender Female
Phone No -

| | |
|---|---------|
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT |
| Injured person in which vehicle? | PC7874T |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 4

| | |
|---|-----------|
| Name of injured person | PASSENGER |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT |
| Injured person in which vehicle? | - |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

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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 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 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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

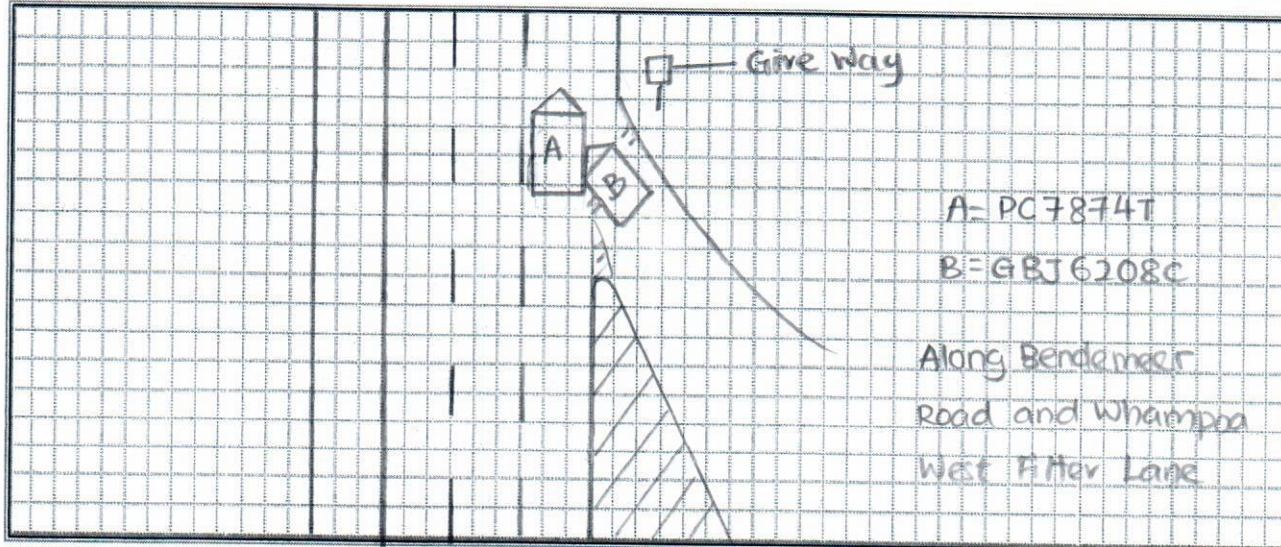


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On the stated date & time, I, vehicle 'A' was travelling along the stated venue. Suddenly vehicle 'B' from whomper west after lane dash out & hit onto my vehicle near right portion. I wish to state that vehicle 'B' was in the give way direction which he never stopped.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

m

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

[Signature]

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

shym 04/04/14

SINGAPORE ACCIDENT STATEMENT

| | | | | | |
|---|--|---------------------------|--|----------------------|--|
| Accident Date: 3/4/2013 | | Time: 16:30 | | (hh:mm) 24 hr format | |
| Location: Along Bendemeer Rd 2 Whampoa West After Lane | | | | | |
| Vehicle Number: PC7874T | | | | | |
| Insured Name: Singapore Cab Booking Pte Ltd | | | | | |
| NRIC / FIN: 201616923K | | Contact Number: 9822 4405 | | | |
| Make: Toyota | | Model: Hiace | | (A110) 2982 | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | | |
| () Yes If No, Pls select: (/) Third Party () Reporting | | | | | |
| Insurance Company: China Taiping | | | | | |
| Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only | | | | | |
| Policy Number: DMBISNW00001772300 | | | | | |
| Name of Driver: Mohammad Azri Samat () Same as Insured | | | | | |
| NRIC / FIN: 88706257J | | Contact Number: 8784 4911 | | | |
| Date of Birth: 09 Mar 1987 | | | | | |
| Driving Pass Date: 06 Jan 2014 | | | | | |
| Occupation () Indoor (/) Outdoor | | | | | |
| Gender (/) Male () Female | | | | | |
| Email Address: mohamadazrisamat@gmail.com () NO EMAIL | | | | | |
| Address of Driver: Blk 212 Marsiling Crescent #08-15 S730212 | | | | | |
| Was driver an employee of the Insured's Company? (/) 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 (/) No | | | | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | | | | |
| Insurance Company of Driver's Own Vehicle | | | | | |
| Weather Conditions (/) Clear () Raining () Others | | | | | |
| Road Surface (/) Dry () Wet () Others | | | | | |
| Was any foreign vehicle involved in this accident? () Yes (/) No | | | | | |
| Was anybody injured in the accident? (/) Yes () No | | | | | |
| If yes, injured detail: Driver - Neck and Back Pain | | | | | |
| Was there any video captured by Car Camera? () Yes (/) No | | | | | |
| Was the Accident reported to the Police? () Yes (/) No If yes attach police report | | | | | |
| DETAILS OF 3 rd party | | Name / Nric | | Contact | |
| Veh B: G576208C | | | | | |
| Veh C: | | 6 passengers on board | | | |
| Veh D: | | | | | |
| Veh E: | | - 2 male | | | |
| Veh F: | | - 4 female | | | |

waiting driver

veh A
injured 2 f
1 m
driver 1 m

Motor Bus

MZ601

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)

N SN

AN0706B

Cov. Type:C

CERTIFICATE No.

DMB1SNW00001772300

Engine No.: 1KD2845636

Cha. No.: JTFST22P700039536

1. Index Mark and Registration
Number of Vehicle

PC7874T

AUTOSAFE
=====

2. Name of Policy Holder

SINGAPORE CAB BOOKING PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, (14:19:41)
Ordinance or Enactment

27/01/2023

Excess Sect I . S\$1,500.00

Excess Sect. II S\$3,000.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

26/01/2024

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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.: MOTOR 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: HON BROTHERS PTE. LTD.
Authorised Officer

Authorised Signatory