

NATIONAL Assessment Centre Services

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In 08/05/2023 | Job description | Date & Time Completed | Done by |
| Ref NO NA/C1123004685/d4 | SAS e-filing | | |
| Veh No SKA 7898 U | E-mail (within 2hrs, AP 2hrs) | | |
| DOA 07/05/2023 23:25 | I-Motor Claim Form | | |
| OD/TP/Reporting Only | I-Motor W/O (Within OD 2hrs, TP 4hrs) | | |
| | 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:

FBK 4091D

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

NA2361345

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Call 1:

Call 2/3:

| Invoice Preparation Checklist | Amc (\$) | Is Bill | Add |
|---|-------------|---------|-----|
| 1) AR: Accident Reporting (\$30); | | | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| 3) TP: Towing Fee \$40/\$45 | | | |
| 4) FT: Follow-Through Survey \$120 | | | |
| 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| For claiming against INC Only (wef 10 Jan 2005) | | | |
| 6) TR: Re-inspection \$75 | | | |
| 7) NI: Idau 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: Idau 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 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 | 08/05/2023 15:19 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 07/05/2023 23:25 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | CARNHILL ROAD TURNING LEFT TO ORCHARD ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKA7898U |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------|
| Is company? | No |
| Name Of Registered Owner | MOHAMMAD SUKUR BIN SAYIN |
| NRIC No | SXXXX986J |
| Email Address | BADANGRETURN@GMAIL.COM |
| Mobile Phone No | (Phone) +65-87502477 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Wish |
| 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 - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1798 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMHCSNW00008422300 |

DRIVER

| | |
|----------------|--------------------------|
| Name of Driver | MOHAMMAD SUKUR BIN SAYIN |
| NRIC No | SXXXX986J |
| Date Of Birth | 27/08/1979 |
| Occupation | Outdoor |

| | |
|--|--|
| Date Of Driving Pass | 20/08/2009 |
| Driving experience | 13 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87502477 |
| Alt. Phone Number | - |
| Email Address | BADANGRETURN@GMAIL.COM |
| Address | APT BLK 448C BUKIT BATOK WEST AVENUE 9 |
| Address complement | # 02-38 |
| Postcode | 653448 |
| 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 | 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) | 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE 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 | FBK4091D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| 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 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 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

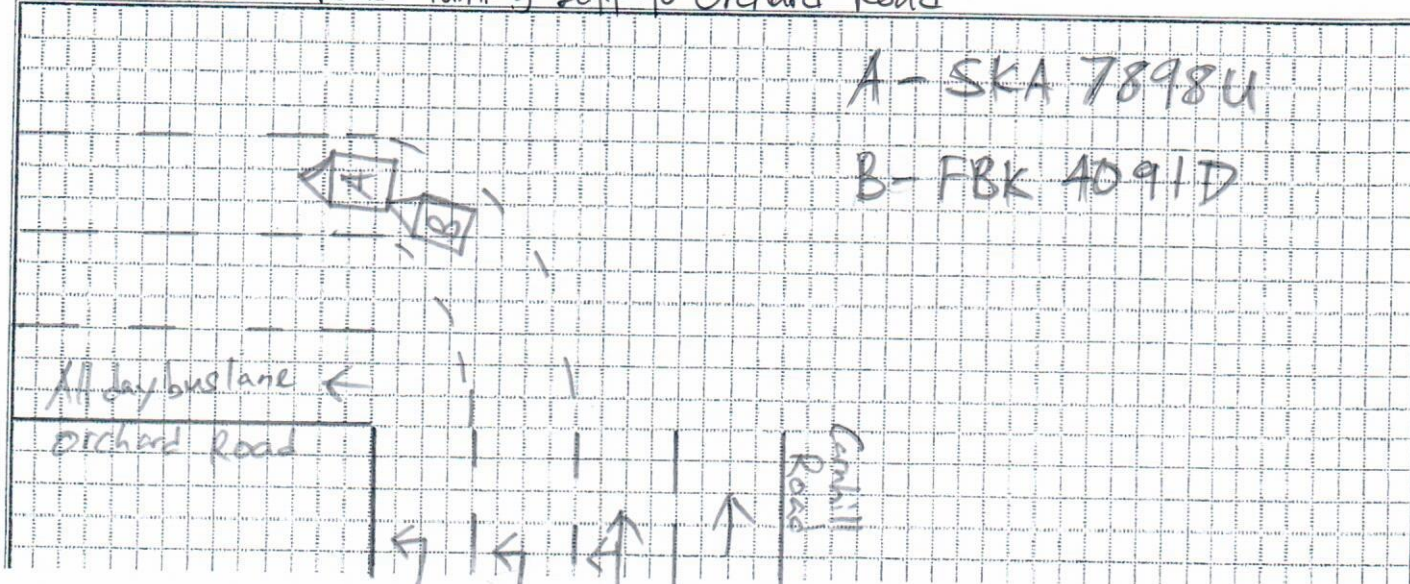
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan Cornhill Road turning left to Orchard Road



Describe Circumstance of the Accident

On the stated date and time, I was in Lane turning Left
Onto the stated Road when suddenly I felt a huge impact from the Rear of
my vehicle. When I alighted my vehicle, I saw VRN FBK 4091 D had collided
onto my vehicle

Declaration

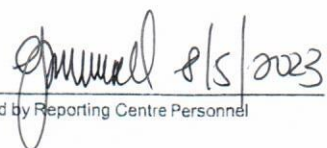
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



8/5/2023

Witnessed by Reporting Centre Personnel

VEHICLE NO: SKA 7898 U

MAKE & MODEL: Toyota Wish

AUTO / MANUAL

| | | |
|--|--|-----------------------------|
| DATE OF ACCIDENT | 07 / 05 / 2023 | C.C. 1,800 |
| TIME OF ACCIDENT | 2325 hrs | AM / PM |
| LOCATION OF ACCIDENT | Carnhill Road turn left to orchard Road. | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | |
| NAME OF OWNER | Mohammad Sukur Bin Sayin | |
| EMAIL | BADANGRETURN@gmail.com | OFFICE: — MOBILE: 8750 2477 |
| NRIC | S7923986J | |
| CLAIM TYPE | OD / THIRTY PARTY / REPORTING ONLY | |
| FLEET POLICY | YES / NO | |
| INCURANCE CO. | China Taiping | |
| TYPE OF COVERAGE | Comprehensive / Third Party / Third Party Fire & Theft | |
| POLICY NO. | DMHCSNW00008422300 | |
| NAME OF DRIVER | AS ABOVE / IF NO: | |
| NRIC | - As Above - | |
| DATE OF BIRTH | 27 / 08 / 1979 | |
| ANY PASSENGER | YES / NO | |
| NAME OF PASSENGER | Nil | |
| GENDER OF PASSENGER | MALE / FEMALE | |
| OCCUPATION | Outdoor / Indoor | |
| DATE OF DRIVING PASS | 20 / 08 / 2009 | |
| GENDER | MALE / FEMALE | |
| CONTACT NO. | Mobile: 8750 2477 Office: — Home: — | |
| EMAIL | BADANGRETURN@gmail.com | |
| ADDRESS | Blk 448C Bukit Batok West Ave 9 #02-38 653448 | |
| DOES DRIVER OWN OTHER VEHICLES? | NO / If yes, Reg No: INSURE: — | |
| RELATIONSHIP | Employee / If NO: owner | |
| WEATHER CONDITION | Clear / Raining / Other: | |
| ROAD SURFACE | Dry / Wet / Other: | |
| ANY INJURIES | NO / If yes, Who? | |
| CONTACT NO. | Nil | |
| ROLICE REPORT | NO / If yes, Where? | |
| NOTICE OF INTENDED PROSECUTION? | NO / If yes, Who? | |
| VEHICLE B NO. | FBK 4091 D | Any Passenger: 0 |
| 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 | Nil | |
| WITNESS CONTACT NO. | Nil | |
| WAS THERE ANY VIDEO CAPTURE? | YES / NO | |
| WAS THERE ANY AUDIO RECORDED? | YES / NO | |
| SCENE ACCIDENT PHOTOS TAKEN? | YES / NO | |
| WHO IS REPORTING | DRIVER / OWNER / BOTH | |
| Original Language Used | English / Mandarin / Others: | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / 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.

Motor Hire Car

MZ406L/B

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

AN0721A

Cov. Type:C

CERTIFICATE No. DMHCSNW00008422300

Engine No.: 2ZRA651084

Cha. No.:JTDGG20W005001498

1. Index Mark and Registration
Number of Vehicle

SKA7898U

AUTOSAFE

=====

2. Name of Policy Holder

MOHAMMAD SUKUR BIN SAYIN

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

20/04/2023

(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

19/04/2024

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.

MOHAMMAD SUKUR BIN SAYIN

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.

Issued By: BENEFIT AUTO INSURANCE AGENCY

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