

		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffery Ong	

Please let us know within **two (2) working days** whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Please note our office will be closed on 24<sup>th</sup> January 2020 (Friday). Business will resume on 28<sup>th</sup> January 2020 (Tuesday).

Wishing you a happy and prosperous Lunar New Year, filled with wealth, good health and success always!

Best Regards

**Grace Teo**

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147

For motor claims survey request, please email to [motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)



**Sompo Insurance Singapore Pte. Ltd.**

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

**Website:** [www.sompo.com.sg](http://www.sompo.com.sg) | **Facebook:** [www.facebook.com/SompoSG](https://www.facebook.com/SompoSG)

Quick & Easy Claims Submission<sup>1</sup> & Product Purchase<sup>2</sup> via Sompo SG



<sup>1</sup> For Travel, Personal Accident & Home Insurance | <sup>2</sup> For Travel, Personal Accident, Home & Private Motor Insurance

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**From:** Chew Goon Motor(ad3) <[ad3@chewgoonmotor.com.sg](mailto:ad3@chewgoonmotor.com.sg)>

**Sent:** Friday, January 3, 2020 5:26 PM

**To:** Claims - Motor Survey <[MotorSurvey@sompo.com.sg](mailto:MotorSurvey@sompo.com.sg)>; Gnoh, Pau Loong <[PauLoong.Gnoh@sompo.com.sg](mailto:PauLoong.Gnoh@sompo.com.sg)>; [chewgoon@singnet.com.sg](mailto:chewgoon@singnet.com.sg); Eric <[eric@chewgoonmotor.com.sg](mailto:eric@chewgoonmotor.com.sg)>

**Subject:** SDV9955Y Claiming Against Your Insured: GBD7457A Accident Date: 03.01.2020

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC  
Owner ID: 257G

**Vehicle Details**

Vehicle No.: SDV9955Y  
Vehicle to be Exported: No  
Intended Deregistration Date: 03 Jan 2020  
Vehicle Make: MERCEDES BENZ  
Vehicle Model: C200 SPORT AUTO  
Primary Colour: Blue  
Manufacturing Year: 2017  
Engine No.: 27492031046163  
Chassis No.: WDD2050422R307272  
Maximum Power Output: 135.0 kW (181 bhp)  
Open Market Value: \$41,820.00  
Original Registration Date: 20 Dec 2017  
First Registration Date: 20 Dec 2017  
Transfer Count: 0  
Actual ARF Paid: \$45,548.00

**Intended PARF Rebate Details**  
PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 19 Dec 2027  
PARF Rebate Amount: \$34,161.00

**Intended COE Rebate Details**  
COE Expiry Date: 19 Dec 2027  
COE Category: B - Car above 1600cc or 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$53,711.00  
COE Rebate Amount: \$42,752.00  
**Total Rebate Amount: \$76,913.00**

The information contained herein is correct as at 03 Jan 2020

OK

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	257G
Vehicle No.:	SDV9955Y
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Jan 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C200 SPORT AUTO
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	27492031046163
Chassis No.:	WDD2050422R307272
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$41,820.00
Original Registration Date:	20 Dec 2017
First Registration Date:	20 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$45,548.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Dec 2027
PARF Rebate Amount:	\$34,161.00
COE Expiry Date:	19 Dec 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period (Years):	10
QP Paid:	\$53,711.00
COE Rebate Amount:	\$42,708.00
Total Rebate Amount:	\$76,869.00

The information contained herein is correct as at 06 Jan 2020

OK





## 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 Report	03/01/2020 10:53
Date Of Accident	03/01/2020 09:50
Exact Location Of Accident	ANG MO KIO IND PK 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV9955Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHEE SIONG
NRIC No	SXXXX257G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96200585
Alternative Phone No	OTHERS-96200585

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200 SPORT AUTO
Exact Purpose for which vehicle was being used at time of accident	PTE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC19P00038600
Cover Note Number	20/12/19 - 19/12/20

### Driver

Name of Driver	TAN CHEE SIONG
NRIC No	SXXXX257G
Date Of Birth	20/03/1971
Occupation	INDOOR
Date Of Driving Pass	25/01/1995
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96200585
Fax Number	
Contact Number	OTHERS-96200585
Email Address	NOEMAIL

Address	50 BT. BATOK EAST AVE 5 #05-07
Postcode	659801
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH. \*THIRD PARTY CLAIM BY CHEW GOON MOTOR\*

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DIRECT TO REPAIR WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD7457A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HOSSAIN KAZAL
NRIC/Passport Number	GXXXX927U
Contact Number	87476169
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: (ANK)  
NRIC/FIN No.: