

FEI AUTO

25 KAKI BUKIT ROAD 4 SYNERGY @KB #03-33 SINGAPORE 417800

TEL: 6702 3533 FAX: 6702 3577

Email: feiauto.kb@gmail.com

Date: **17/03/2021**

To **Sompo Insurance Singapore Pte Ltd**
Motor Claims Department
50 Raffles Place, #03-03
Singapore Land Tower
Singapore 048623

Email: motorsurvey@sompo.com.sg

Dear Sir/Mdm,

NOTIFICATION OF ACCIDENT

Please be informed that an accident involving my/our vehicle no. **SMW3623H** and vehicle(s) no. **SMY8896T** had taken place at / along **Slip Road from Clementine Ave 6 towards AYE (Pandan Flyover)** on date **16.03.2021** at time **06:55**.

Kindly let us know within 2 working days from the date of this notice if you wish to carry out or waive a pre-repair inspection.

If we do not hear from you within 2 working days, we shall proceed to repair the vehicle without further notice and our client shall claim for the additional loss of use arising from the giving of this notification to you.

Please contact our workshop at 6702 3533 before attending the inspection.

Yours sincerely,



PRI

Date / Time	
Company Name	
Surveyor	
Contact No.	
Signature	

DISMANTLED PARTS

Date / Time	
Surveyor	

AFTER REPAIR

Date / Time	
Surveyor	

VEHICLE NO: SMW3623H

MAKE & MODEL: Honda Freed

AUTO / MANUAL

DATE OF ACCIDENT	16 / 03 / 2021	*C.C.
TIME OF ACCIDENT	6:55 (AM) / PM	
LOCATION OF ACCIDENT	Skip road from Clements Ave 6 towards AYE (Pandan Flyover)	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	Tan Puy Peng Email: rontayps@gmail.com	
TELP NO	Mobile: 82334075 Office: Home:	
NRIC	S1506087E	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	Sampo Insurance Singapore Pte Ltd	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	D20MTPV01015574	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO,	
NRIC		
DATE OF BIRTH	26 / 05 / 1961	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	24 / 05 / 1990	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 82334075 Office: Home:	
EMAIL	rontayps@gmail.com	
ADDRESS	Blk 84B Lorong 2 Tua Payah #22-303 Singapore 312084	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No. INSURER:	
RELATIONSHIP	Employee / If No, <u>Owner</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other,	
ROAD SURFACE	<u>Dry</u> / Wet / Other,	
ANY INJURIES	No / If yes, <u>Who?</u> Driver.	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SMV8896T	Any Passenger, <u>Yes</u> 1
NAME	Gilbert Connor Clinton	
CONTACT NO.	96877179	
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	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		
		YES / NO

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 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.
 - (d) My Personal Information will 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.



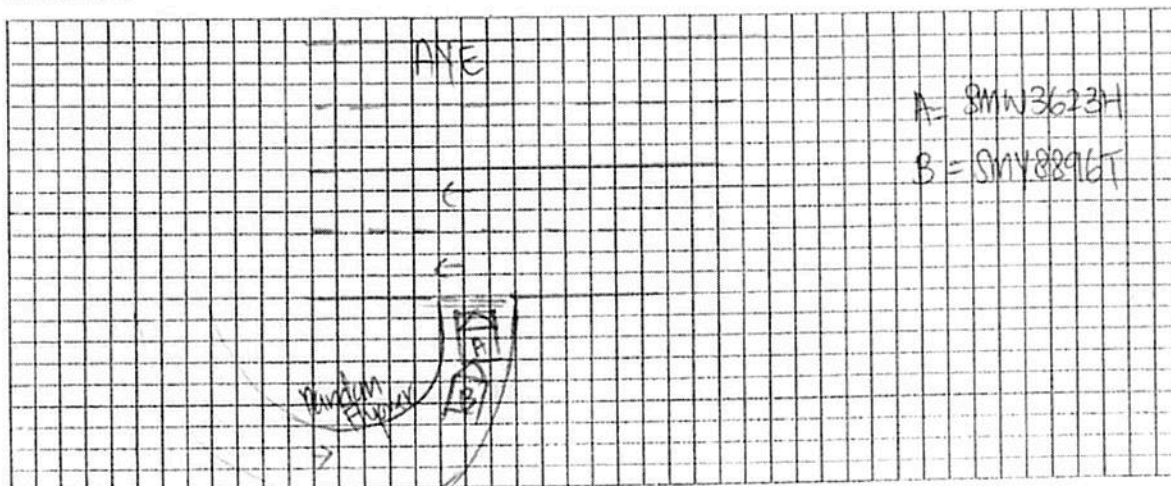
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/3/2021, I was travelling along Clementi Ave 6 towards AYE. When I approached the slip road, I slowed down and stopped to wait for the traffic to clear. 5-10 secs later, suddenly, I felt a huge impact on my rear and realised that vehicle B has collided on my vehicle.

As a result, my car sustained damages on the rear portion. Due to the impact of collision, I felt neck pain and back pain.

DECLARATION

We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

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



SINGAPORE POLICE FORCE



T/20210317/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210317/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2021 11:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAY PUEY SENG			Address: 84B LORONG 2 TOA PAYOH #22-303 SINGAPORE 312084		
ID Type / ID No.: NRIC NO / S1506087E			Contact No.: Home/Office: Mobile: 82334075		
Nationality: SINGAPORE CITIZEN			Email: RONTAYPS@GMAIL.COM		
Sex: Male	Age: 59	Date of Birth: 26/05/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Supervisor/General foreman (building and related trades)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/03/2021 06:55	Type of Location: Flyover
Location: CLEMENTI AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMW3623H	Car	HONDA	FREED 1.5B CVT	Blue		0
SMY8896T	Car	SUBARU	ORESTER 2.0XT			1

Details of Vehicle Insurance



SINGAPORE POLICE FORCE



T/20210317/7007

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210317/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMW3623H	TENET SOMPO INSURANCE PTE. LTD.	D20MTPV0101557 4	16/11/2020	15/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY PUEY SENG		ID No. S1506087E
Related Vehicle	SMW3623H (Car)		Contact No. 82334075
Hospital/Clinic	FAMILY CARE CLINIC & SURGERY		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	16/03/2021		Date NIL
No. of Days granted Medical Leave		03	Degree of Slight

Brief Details.

On 16/3/2021, I was travelling along Clementi Ave 6 towards AYE.

When I approached the slip road, I slowed down and stopped to wait for the traffic to clear.

5-10secs later, suddenly I felt a huge impact on my rear and realised that vehicle B has collided on my vehicle.

As a result, my car sustained damages on the rear portion.

Due to the impact of collision, I felt neck pain and back pain.



**SINGAPORE
POLICE FORCE**



T/20210317/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210317/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/03/2021 11:11
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 17 Mar 2021 / 17:12:56

Receipt Date/Time : 17 Mar 2021 / 17:12:56

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210317-003215

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SMY8896T

As at 17 Mar 2021/06:55:00

Insurance Co: SOMPO INSURANCE SINGAPORE PTE. LTD.

1	Insurance Enquiry - SMY8896T Enquiry Fee 20210317171132359545	7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			0.04
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Total Amount Payable			7.45
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Paid By

20210317171139278	Direct Debit: eNETS Debit (Internet Banking)	7.45
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Total	7.45
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Cash Change	0.00
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Tendered Amount	7.45
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Excess Refundable Amount	0.00
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THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.