

# NATIONAL Assessment Centre Services

1st 1 Jan 2021

20097240008

Date In: 20/08/2021 17:35  
Ref No: N/A/SMO200910014  
Veh No: EKS U5522  
D.O.A: 20/08/2021 12:59

Job description  
SAS e-illing  
E-mail (by date sent, A/C sent)  
I-Motor Claim Form  
I-Motor W/O (within 60 days, TP 4hrs)  
I-Photo Uploaded  
Assessment/Survey Report  
Ass't Report by Ins/Hand to Owner/VV/Ins

Date & Time Completed

Done by

Q1: TP: Reporting Only

TP Insurer:

Preferred Wksp / INC Ass'n Wksp / QW:

TP Handling/Ins: Vch No: SMM 8177Z 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 ( )

Process (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & strictly NO Referral of reputation

( ) Total Loss Case: to e-mail Insurer URGENTLY

Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Co ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

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1/12/03.716

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

QC Checked by:

QC Checked by:

QC Checked by:

QC Checked by:

QC Checked by:

QC Checked by:

QC Checked by:

QC Checked by:

QC Checked by:

1) All Accident Reporting (30)	INC (10)
2) DA: Damage Assessment (\$100)	\$100
3) Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
6) Towing Fee (if not done by Towing Co)	\$75
7) Towing Fee (if not done by Towing Co)	\$160
8) Towing Fee (if not done by Towing Co)	\$160
9) Towing Fee (if not done by Towing Co)	\$160
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99) Towing Fee (if not done by Towing Co)	\$160
100) Towing Fee (if not done by Towing Co)	\$160

Fee Charged  
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 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 Submission	30/08/2021 17:35 (SGT)
Date of Accident	29/08/2021 12:59 (SGT)
Exact Location of Accident	Woodsvale Condo, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS4552Z
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	VIKNESVARAN S/O SUBRAMANIAM
NRIC No	SXXXX215J
Email Address	viknes23debra25@gmail.com
Mobile Phone No	(Phone) +65-88584638
Alternative Phone No	+65-88584638

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Forza 300
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	300

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTMC01002788
Cover Note Number	-

### DRIVER

Name of Driver	VIKNESVARAN S/O SUBRAMANIAM
NRIC No	SXXXX215J

Date Of Birth	23/08/1982
Occupation	Indoor
Date Of Driving Pass	03/07/2012
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88584638
Alt. Phone Number	+65-88584638
Email Address	viknes23debra25@gmail.com
Address	11 WOODLANDS DRIVE 72 #05-34
Address complement	-
Postcode	738094
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	Raining
Road Surface	Wet

#### 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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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 SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM8177Z
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO CHUAN SEN
NRIC No	SXXXX679F
Contact Number	(Phone) +65-88772082
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	VIKNESVARAN S/O SUBRAMANIAM
Gender	Male
Phone No	(Phone) +65-88584638
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBS4552Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	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 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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

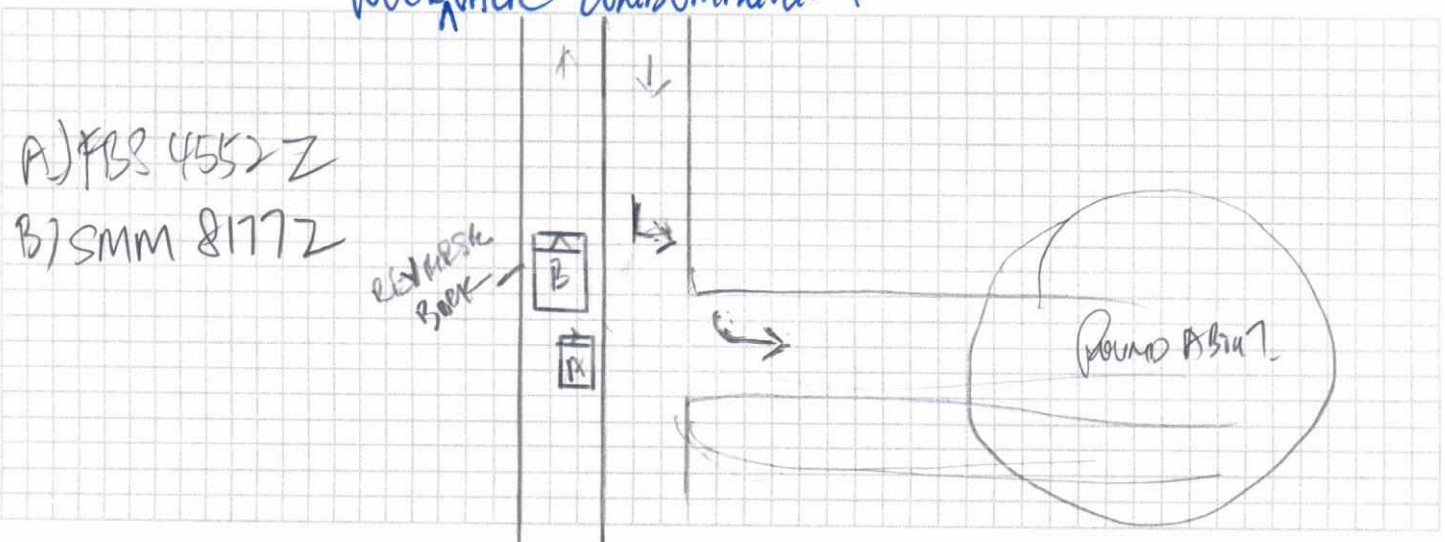
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



### Describe Circumstances of the Accident


DATE: 29 AUG 2021 (SUNDAY) TIME: 1259 HRS

LOCATION: WOODSVALE CONDO - INSIDE WOODSVALE CONDO

AS I ENTERED INTO WOODSVALE CONDO TO ENTER TO THE CARPARK, THERE WAS A VEHICLE (SMM 8177Z) IN FRONT OF ME HEADING TOWARDS THE CARPARK, THE VEHICLE SMM 8177Z STOPS BEFORE THE ZEBRA CROSSING AND I STOPPED MY VEHICLE (FRS 4552Z) BEHIND HIM. I SAW & NOTICED NO ONE WAS CROSSING AND SOUNDED MY HORN TO ALERT THE DRIVER. THE DRIVER ALL OF A SUDDEN THEN REVERSE HIS VEHICLE AND KNOCKED INTO MY VEHICLE AND I FELL OFF MY BIKE. DRIVER THEN CAME OUT OF HIS VEHICLE AND QUICKLY APOLOGISED TO ME AND HELP TO LIFT MY BIKE UP. WOODSVALE CONDO SECURITY OFFICER ALSO CAME AND TOOK PICTURES OF THE INCIDENT & TOOK DETAILS OF OUR PARTICULARS. DRIVER SAID HE WILL TAKE THE COST OF THE DAMAGES AND WE EXCHANGE OUR INFORMATIONS. MY VEHICLE HAD FRONT SIDE COVER, FENDER, FRONT BRAKE LEVEL, SIDE PANEL'S WERE DAMAGE, TOOK PICTURES AND SUBMIT VIDEO FOOTAGE TO THE DRIVER.

### Declaration

We declare the foregoing particulars are true in every respect.

 30/08/21 1600HRS

Policyholder's Signature / Date & Time

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

 30/08/2021

Witnessed by Reporting Centre Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 08 / 2021) (DD/MM/YYYY), TIME: (12 : 59) (HH:MM)

LOCATION: WOODSVALE CONDO

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBS 4552Z  
b) INSURANCE COMPANY: SOMPO INSURANCE  
c) POLICY NUMBER: D21MTMCO1002788  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA FORZA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
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: VIKNESEARAN S/O SUREMANIAM (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: S 8225215J CONTACT: 8858 4638  
C) ADDRESS: BLK 11 WOODLANDS DRIVE T2 #05-34, SPORE (738094)  
WOODSVALE CONDO

\* 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: (23 / 08 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 03/07/2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 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: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMM 8177Z MODEL: HUNDAI AVANTE  
b) DRIVER'S NAME: TEO CHUAN SEN  
c) NRIC/FIN/PASSPORT: S7766679F CONTACT: 8877 2082

### 9. THIRD PARTY VEHICLE

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

email = VIKNESE23 DEBRA25@GMAIL.COM

VIDEO

**Certificate of Insurance****ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)**

**Cert No./Policy No.** : D21MTMC01002788  
**Insured** : VIKNESVARAN S/O SUBRAMANIAM  
**Motor Vehicle (Regn No.)** : FBS4552Z  
**Cover** : Comprehensive  
**Policy Commencement Date** : 30 APRIL 2021 00:00  
**Policy Expiry Date** : 29 APRIL 2022 23:59  
**Maximum Liability (Section I)** : Market value at time of loss  
**Excess\*** : \$500 - Section I  
**Named Driver 1** : VIKNESVARAN S/O SUBRAMANIAM  
**HIRE PURCHASE OWNER** : LEONG SENG TRADING & CREDIT PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
VIKNESVARAN S/O SUBRAMANIAM

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

**Limitations As To Use**

Use only for social, domestic and pleasure purposes and  
(a) by the Insured in person in connection with his business or profession or  
(b) in connection with the Insured's business or profession

**The Policy does not cover**

- (i) Use for hire or reward
- (ii) Use for racing pacemaking, reliability trial or speed-testing
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business
- (iv) Use for any purpose in connection with the Motor Trade

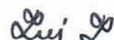
**Accident Reporting**

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For list of Accident Reporting Centres, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6461 6555.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref:MCY-MTMC.04)

**Sompo Insurance Singapore Pte. Ltd.**



Authorised Signatory

Date/Time of Issue : 29 APRIL 2021 12:56

**IMPORTANT NOTICE**

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 X0DZP64K4MT0MPAJ