

NATIONAL Assessment Centre Services

SMO92190002

Date In: 15/09/2021 16:54	Job description	Date & Time Completed	Done by
Ref No: NA2103873	SAS e-illing		
Veh No: 64 9401C	Terminal (Scale 100, 100 100)		
D.O.A: 14/09/2021 17:15	1-Motor Claim Form		
(1) : TP / Reporting Only	1-Motor W/O (with 100 100 100, TP 100)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Asst Report by Fax / Hand to Owner / V.I.S.P		

Preferred Wksp / INC Assgn Wksp / OW: ()

TP Insurer: () Veh No: SGT 8123G 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 ()

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

() Write-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 > \$9000) ()

Injury: ()

()

()

()

NA2103873

Driver/Owner	1) All Additional Services (000)	
Contract No:	2) DA / Survey Allowance (\$100)	INC (10)
Damage Portion:	3) TP / Filing Fee	\$120
QC Checked by (Bug-In-Charge):	4) PT / Follow Through Survey	\$30
	5) PT / Follow Through Survey (Resurvey)	\$30
	6) TP / Follow Through Survey (TP Only) (with 100 100 100)	\$75
	7) TP / Follow Through Survey	\$160
	8) TP / Follow Through Survey	\$160
	9) TP / Follow Through Survey	\$160
	10) TP / Follow Through Survey	\$160
	11) TP / Follow Through Survey	\$160
	12) TP / Follow Through Survey	\$160
	13) TP / Follow Through Survey	\$160
	14) TP / Follow Through Survey	\$160
	15) TP / Follow Through Survey	\$160
	16) TP / Follow Through Survey	\$160
	17) TP / Follow Through Survey	\$160
	18) TP / Follow Through Survey	\$160
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	47) TP / Follow Through Survey	\$160
	48) TP / Follow Through Survey	\$160
	49) TP / Follow Through Survey	\$160
	50) TP / Follow Through Survey	\$160

Fees Charged
Per 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	15/09/2021 16:54 (SGT)
Date of Accident	14/09/2021 17:15 (SGT)
Exact Location of Accident	269A Yishun Street 22, Singapore 762269
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY9401C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KWH MARKETING PTE LTD
Company Reg No	1XXXXX636E
Email Address	wilsontan@udpl.com.sg
Mobile Phone No	(Phone) +65-97423815
Alternative Phone No	+65-97423815

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	L300
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2477

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D20MTPCVE002511
Cover Note Number	-

DRIVER

Name of Driver	TAN BOON SIONG (CHEN WENXIANG)
NRIC No	SXXXX615A

Date Of Birth	14/05/1971
Occupation	Outdoor
Date Of Driving Pass	09/10/1991
Driving experience	29 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97423815
Alt. Phone Number	-
Email Address	wilsontan@udpl.com.sg
Address	BLK 837 HOUGANG CENTRAL #07-531
Address complement	-
Postcode	530837
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	Collision - Major/Minor Rd
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

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ8123G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM CHOON HIAN DERRICK
NRIC No	SXXXX594F
Contact Number	(Phone) +65-86420112
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

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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.



Law 15/9/21

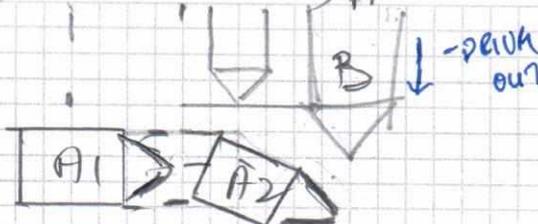
15/09/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan BIK 269A 1/13THRU ST 22 (OPEN CARPARK) 41



A) GY9401C

B) SLJ 8123G

Describe Circumstances of the Accident

I was at Yishuan BIK 269 A ST 22 CARPARK AND WANTED
TO MAKE A 3 POINT TURN PARK IN LOT 45. AND WHEN
I WAS MOVING SUDDENLY A CAR FROM THE LOT 41 DROVE
OUT OF MY LEFT FRONT HORN HIS RIGHT SIDE OF HIS BUMPER
DROOP. I STOP MY VEHICLE & HE REVERSE HIS CAR & WE EXCHANGE
PARTICULARS. NO ONE WAS INJURED.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 15/9/21

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

[Signature] 15/9/2021
Witnessed by Reporting Centre Personnel

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

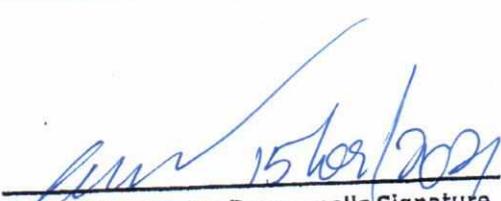
Original Report No: SN109219F0002 Vehicle Registration No: 9Y/9V01C
 Name (as shown in NRIC): Low Boon Seng NRIC/FIN/Passport No: 80000615A
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 97423815
 Email Address: _____
 Date of Accident: 14/09/2021 Time of Accident: 17:15
 Place of Accident: BK 269A, Yishun 8722 @ PMA Carpark
 Insurance Company: Sampo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To include the vehicle number & particulars

Policyholder / Driver's Signature
Date:


 Reporting Centre Personnel's Signature
Name:

ACCIDENT STATEMENT

ACCIDENT DATE: (14.9.21) (DD/MM/YYYY), TIME: (17:15) (HH:MM)
LOCATION: 269A Yishun St 22 (OPAN GARAGE)

- 1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: G49401C
 - b) INSURANCE COMPANY: SOMP Insurance
 - c) POLICY NUMBER: D20MTPCUE 002511
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: MITSUBISHI L300
 - 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) YES NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
- 2. INSURED / POLICY HOLDER
 - a) NAME: KWH Market 4 PL (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: 199401636E CONTACT:
 - c) ADDRESS:

* CONTINUE TO 3. & IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER
 - a) NAME: TAN BOON SIONG (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: 57119615A CONTACT: 9742 3845
 - c) ADDRESS: BIK 837 Hougang Central #07-531
(91530837)

- * d) DATE OF BIRTH: (14/06/1971) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR) 9/10/1991
- f) DATE OF DRIVING PASS

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
- 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) YES NO
IF YES, PLEASE STATE WHICH POLICE STATION: _____

No of passenger
(including driver)
(1)

- 8. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: SLJ 8123G MODEL: H0
 - b) DRIVER'S NAME: LIM CHUAN HIAN DEVIC
 - c) NRIC/FIN/PASSPORT: 58802594F CONTACT: 8642 0112

No of passenger
(including driver)
()

- 9. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: _____ MODEL: _____
 - b) DRIVER'S NAME: _____
 - c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = wilson.tan@judpl.com.sg
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. : D20MTPCVE002511
1. Registration No. : GY9401C
2. Insured Name : KWH MARKETING PTE LTD
3. Commencement Date : 28 SEPTEMBER 2020 00:00
4. Expiry Date : 27 SEPTEMBER 2021 23:59
5. Coverage : Third Party
6. Excess : \$1250 - Section II
 : \$2500 - All Claims - Additional Named Driver Excess for Tan Yong Kwee (SXXXX683D)

7. Persons or Classes of Persons entitled to drive*

b) Any person who is driving on the Insured's order or with their 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.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- 1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

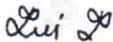
9. ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.
In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit www.sompo.com.sg for list of Accident Reporting Centers.

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)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 20 AUGUST 2020 09:24

**Limitation 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.*

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they 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 (Cap.189)
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy