

NATIONAL Assessment Centre Services

with Insured

SM09296003

Date In: 2/09/2021 16:19	Job description	Date & Time Completed	Done by
Ref No: XBA/SM021009866/4	SAS e-illing		
Veh No: FRS 1P706	U-Initial (by date time, A/S time)		
U.O.A: 2009/2021 16:00	1-Motor Claim Form		
	1-Motor W/O (Within 30 days, TP (hrs))		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

(1) Reporting Only

TP Insurer:

Preferred Wksp / INC Availn Wksp / CW:

TP Rep/Insur/Ag:

Veh No:

8H7894Z

INC () / Non-INC ()

Tel:

Owner / Driver:

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 ()

() Write-In Chequebook / Customer's Information strictly confidential & strictly NO Refor of repair.

() 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 > \$5000) ()

Injury:

NA2103960

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) All Additional Work Unit (DO)	INC ()
2) DA Survey / Assessment (\$100)	\$100
3) TP Follow Up	\$130
4) PT Follow Up / Through Survey	\$30
5) PT Follow Up / Through Survey (Resurvey)	\$30
6) PT Follow Up / Through Survey (W/O Ins)	\$30
7) PT Follow Up / Through Survey (W/O Ins)	\$30
8) PT Follow Up / Through Survey (W/O Ins)	\$30
9) PT Follow Up / Through Survey (W/O Ins)	\$30
10) PT Follow Up / Through Survey (W/O Ins)	\$30
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13) PT Follow Up / Through Survey (W/O Ins)	\$30
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27) PT Follow Up / Through Survey (W/O Ins)	\$30
28) PT Follow Up / Through Survey (W/O Ins)	\$30
29) PT Follow Up / Through Survey (W/O Ins)	\$30
30) PT Follow Up / Through Survey (W/O Ins)	\$30

For Client
Per Client

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	21/09/2021 16:19 (SGT)
Date of Accident	20/09/2021 16:00 (SGT)
Exact Location of Accident	603 Clementi West Street 1, Block 603, Singapore 120603
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS1270G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GIAM TECK CHOON (YAN DECHUN)
NRIC No	SXXXX921F
Email Address	choon@swimeasy.net
Mobile Phone No	(Phone) +65-87758898
Alternative Phone No	+65-87758898

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Forza 300
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	279

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTMC01000673
Cover Note Number	-

DRIVER

Name of Driver	GIAM TECK CHOON (YAN DECHUN)
NRIC No	SXXXX921F



Date Of Birth	21/05/1973
Occupation	Outdoor
Date Of Driving Pass	12/10/1995
Driving experience	25 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87758898
Alt. Phone Number	+65-87758898
Email Address	choon@swimeasy.net
Address	BLK 102 HENDERSON CRESCENT #02-18
Address complement	-
Postcode	150102
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	Hit and run / Vandalism / Damaged whilst parked
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?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210920/2088

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	SH7894Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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.
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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.

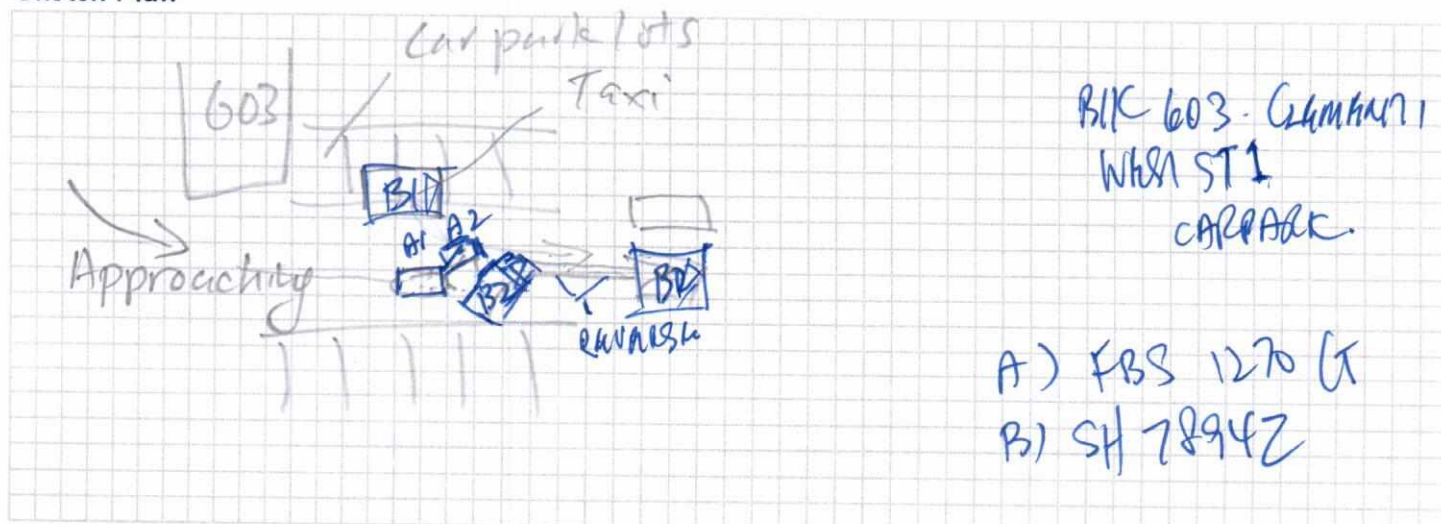
[Signature] 21/09/2021
15:34

Policyholder's Signature / Date & Time

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

[Signature] 21/09/2021
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20210920/2088


Declaration

We declare the foregoing particulars are true in every respect.

 21/09/2021
15:54

Policyholder's Signature / Date &
Time

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

 21/09/2021

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (20/09/2021) (DD/MM/YYYY), TIME: (16:00) (HH:MM)

LOCATION: Open Carpark near Blk 603 Clementi West St 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBS 1270G
b) INSURANCE COMPANY: SOMPO
c) POLICY NUMBER: 12 21m TMC010 00673
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA FORZA 300 (2019)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: FOOD DELIVERY (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: GIAM TECK CHOON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7316921 F CONTACT: 87758878
c) ADDRESS: Blk 102 Henderson Crescent # 02-18
8C150102

* 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: (21/05/1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12 OCT 1995

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: Clementi

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5H7894Z MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = choon@swimeasy.net

VIDEO



**SINGAPORE
POLICE FORCE**



T/20210920/2088

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20210920/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2021 17:49		Vide Report No.:		Station Diary No.: 101	
Informant's Particulars					
Name of Informant: GAM TECK CHOON			Address: APT BLK 102 HENDERSON CRESCENT #02-18 SINGAPORE 150102		
ID Type / ID No.: NRIC NO / S7316921F			Contact No.: Home/Office: Mobile: 87758898		
Nationality: SINGAPORE CITIZEN			Email: choon@swimeasy.net		
Sex: Male	Age: 48	Date of Birth: 21/05/1973	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/09/2021 16:00	Type of Location: Car Park
Location: CLEMENTI WEST STREET 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS1270G	Motorcycle	HONDA	NSS300A	White	Slightly Damaged	0
SH7894Z	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS1270G	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC01000673	20/01/2021	19/01/2022



**SINGAPORE
POLICE FORCE**



T/20210920/2088

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20210920/2088

CONTINUATION OF REPORT

Brief Details.

On 20/09/2021 at about 1600hrs, I was riding my motorcycle bearing registration number, FBS1270G at the open carpark near Blk 603 Clementi West Street 1 when a blue taxi bearing registration number, SH7894Z suddenly reverse and hit onto the front part of motorcycle.

Before the collision, I actually stopped my motorcycle and let the taxi move instead. But the taxi suddenly reversed and hit onto my motorcycle. He then came out from his vehicle and he said that there is no damage on the motorcycle.

The driver entered his taxi and drive off without giving his particulars.

I do not have any in-vehicle camera installed on my motorcycle.

The accident took about 3 minutes.

I wish to state that I have a witness who saw the accident

The witness details are as follows :

Name : Alan Tay

Hp : 91507547

I did not suffer any injury from this accident.

My motorcycle has some damages on the front part of the motorcycle. I do not know the exact cost of the repair.



SINGAPORE
POLICE FORCE



T/20210920/2088

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20210920/2088

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report

D /

SI IMRAN BIN MOHAMMAD
HAJAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079

Signature Of Informant:

Date/Time:
20/09/2021 17:49

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE

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. : D21MTMC01000673
Insured : GIAM TECK CHOON (YAN DECHUN)
Motor Vehicle (Regn No.) : FBS1270G
Cover : Comprehensive
Policy Commencement Date : 20 JANUARY 2021 12:26
Policy Expiry Date : 19 JANUARY 2022 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$500 - Section I
Named Driver 1 : GIAM TECK CHOON (YAN DECHUN)
HIRE PURCHASE OWNER : NIL

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
GIAM TECK CHOON (YAN DECHUN)

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 racing pacemaking, reliability trial or speed-testing
- (ii) Use for the carriage of passengers for hire or reward
- (iii) Use for any purpose in connection with the Motor Trade

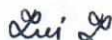
Accident Reporting

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 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.03)

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 20 JANUARY 2021 11:45

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: MY100 3NDSHK4R4TDBMNAJ