NATIONAL Assessment Centre	Services							
Date In 27/09/21	Job description	Date & Time Completed	Done	by				
Ref No NA/SMO21009893/3	SAS e-filing							
Veh No SBF 1388U	E-mail (within Stars, AFC 2hrs,							
DOA 25/09/21 2005								
	i-Motor W/O (Within OD 2hrs. TP 4hrs)							
OD (IP)' Peporting Only	i-Photo Uploaded							
TP Insurer	Assessment/Survey Report							
- Induct	Ass't Report by Fax / Hand to Owner/Wksp							
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fax:						
TP Particulars: Veh No:	CKB4671R INC(	)/Non-INC( )						
Owner / Driver: (		Tel:	)					
Policy No: ( ) Perio	od: ( )	Cover Type: (	)					
Confirmed by : (	Date:	Time:	)					
	ote-Est. Status (WO): N: 0-20	0%, P: 21-79%. F: 80-100	%]					
	arranty: YES ( ) / NO (	)						
Excess: (\$ ) Loading: \$1,000  General Remarks:-	0 ( )/\$2,000 ( )							
1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	urtesy Car ( )							
Date/Time Actions								
MASIOYOU		paration Checklist	Anit (S)	Amt (\$)				
		Reporting (\$30); Assessment (\$100); INC (\$80)						
Priver/Owner:	3) TF: Towing Fee 4) FT: Follow-Through		5 0					
Contact No:	5) FT : Follow-T	hrough Survey (Resurvey) \$3 gainst INC Only (wef 10 Jan 2005)	0					
Damaged Portion:	6) TR : Re-inspe 7) N1 : Idac DA	6) TR : Re-inspection 575 7) N1 : Idac DA + SMRT Survey 5160 8) NTUC Additional Services						
C Checked by (Engr-In-Charge):								
Auditors' Comments :-	*N7: Fost Rep *N8: DV / Co	*N7: Fost Repair Inspection S25  *N8: DV / Collect Excess Coordination \$5  *TP (N11): TP (N-n INC) against INC \$20						
	9) N12: tdae Mo Invoice dated		0	BENEFA A				
at, 2 / 3:	invoice dated	ziee Charges	BARREST CX 95 ES	Server Server				

SN09219R0004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 27/09/2021 12:05 (SGT) SUBMITTED BY: Roslinda Binte A, Wahab VERSION: 1 (27/09/2021 12:05 (SGT))



## 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 witholding 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 fodgement 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

27/09/2021 12:05 (SGT) 25/09/2021 20:05 (SGT) Jln Awang, Singapore

Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SBF1388U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No Email Address Mobile Phone No

Alternative Phone No

No

LIM CHEE HONG SXXXX236B

selphk38@gmail.com (Phone) +65-90173742 +65-90173742

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Mercedes Glc250

Private use

No - Claiming third party

Private car Auto 1991

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number Sompo Insurance Singapore Pte. Ltd.

Comprehensive

No

D21MTPV01008695

DRIVER

Name of Driver NRIC No

LIM CHEE HONG SXXXX236B



Accident report SN09219R0004

Page 1 of 17

Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes No

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

SKB4621R

30/03/1973

23/10/1991

+65-90173742

29 YEARS AND 11 MONTHS

(Phone) +65-90173742

selphk38@gmail.com

Collision - Head to Rear

1 JALAN HUSSEIN

Indoor

Male

419412

Yes

No

Clear

Dry

No

No

Yes

2

No

No

No

TAN LAI PENG

Female

2

Private car

Accident report SN09219R0004

Page 2 of 17

 Name of Driver
 JASMINE

 Contact Number
 (Phone) +65-94780108

 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**

- Piease 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- 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.
- 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)

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:
  - 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:
  - 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.:

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting centre Personnel's Signature

27/09/21

Name:

NRIC/FIN No .:



# HS AUTOMOTIVES PTE LTD

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921. TEL: 6538 1368 FAX: 6538 1367 Email add; hsautomotivespl@gmail.com

VEHICLE NO: & B	F1388U	MAKE/MO	ODEL:	GIL	025	Õ	
DATE OF ACCIDENT	25/9/2021 DAY/MONTH/YEAR	TIME	20	HR	05	MIN	AM/ PM
LOCATION OF ACCIDENT	ZAC	AN AWA	NG				
EXACT PURPOSE USE DU	RING ACCIDENT	81	0120	1 40	ME		
CAR OWNER							
NAME OF CAR OWNER	MM CHOE	TENG					
CONTACT NO	9017370	eno	11-Se	PhK :	380	guai 1	- com
NRIC	873112361	3		55.50 25.20 (17.20		J	
CLAIM TYPE		OD		TI	HIRD PARTY		REPORTING ONLY
INSURANCE COMPANY	OGWOS						
TYPE OF COVERAGE		1 COMPREH	HENSIVE	TH	HIRD PARTY		THIRD PARTY FIRE & THEFT
POLICY NO	DOIMTPVOI						
ACCIDENT DRIVER		AS ABOVE		□ IF	NOT- KINDL	Y FILL IN BE	ELOW
NAME OF DRIVER	As Abous						
NRIC	87311236F	3		NO OF	PASSENGER	/s [	TAN LAI PEN
DATE OF BIRTH	30-03-189	3					ANDA CF
OCCUPATION				0	UTDOOR	-	INDOOR
DATE OF DRIVING PASS	23,000,1981						Mariana 200
GENDER				UN	IALE		FEMALE
CONTACT NO	90173743	)					
ADDRESS	LID I THEA	N HU88	BIN	(2)	4192	61-	
DRIVER OWN ANY VEHIC	ILI NO/ IF YES- REGIST	- III - GWIRK-					
RELATIONSHIP EMPLOY			101 2	R			
WEATHER CONDITION		CLEAR		RAINING		OTHER:	
ROAD SURFACE		DRY		WET		OTHER:	120
ANY INJURIES		(NO/ ) YES- NA	AME:				
CONTACT NO							
POLICE REPORT		NO OF YES- LO	CATION:				
VIDEO FOOTAGE		NO/)YES					
3RD PARTY INFO		_					
VEHICLE B NO	2KB46211	R		NO OF	PASSENGER	1s W	knon,
NAME	JARWINIE						
CONTACT NO	94780108	}		-			
VEHICLE C NO				NO OF	PASSENGER	/s	
VEHICLE D NO				NO OF	PASSENGER	/s	
VEHICLE E NO				NO OF	PASSENGER	/s	
VEHICLE F NO				NO OF	PASSENGER	/s	
ANY WITNESS				S			
WITNESS CONTACT NO							

## 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)

Certificate/Policy No.

: D21MTPV01008695

Insured

: LIM CHEE HONG

Motor Vehicle (Registration No.): SBF1388U

Coverage

: Comprehensive - ExcelDrive PRESTIGE

Policy Commencement Date

: 13 JULY 2021 00:00

Policy Expiry Date

: 12 JULY 2022 23:59

Maximum Liability (Section I)

: Market value at time of loss

Excess\*

: \$600 - Section I

Voluntary Excess\* Windscreen Excess\*

: S\$100.00 for each and every applicable claim.

Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*

The Insured.

2. Any other person who is driving on the Insured's order or with his permission.

: N.A

In the event of the death of the Insured,

- a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
- b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

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 purpose and for the Insured's business. The Policy does not cover use for hire or reward. racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelDrive Workshops and 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.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

I/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 Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.30

Sompo Insurance Singapore Pte. Ltd.

Lui 20

#### **Authorised Signatory**

Date/Time of Issue: 16 JUNE 2021 01:16

#### IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle:

Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter189), it shall be unlawful for any person to use or cause to permit any other person to use a ø

Motor Vehicle without a valid policy of insurance under the Act.

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