

ADDITIONAL Assessment Certificate Services

SMC 6037 03/10/2021

Date In: 03/10/2021 11:49
Ref No: 2021/021011814
Val No: SMC 6037
D.O.A: 03/10/2021 03:46

Job description	Date & Time Completed	Done by
SAS e-tiling		
E-mail (by date time, A/C time)		
1-Motor Claim Xpress		
1-Motor W/O (Within 60 days TP 4hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Asst Report by Fax/Hand to Owner/VV/Ins		

(1) TP / Reporting Only

TP Insurer

Preferred Wksp / INO Avail Wksp / QW1

Val No: **BARKER** NOC: / Non-INO: /

Owner / Driver

Policy No: Period: Cover Type: /

Confirmed by: /

Insured/Driver Liability: (%) [Note: Est Stows (WO) N10-20% P121-79% P180-100%]

Year of Registration: /

Warranty: YES / NO

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

() Write-in Customer Information clearly & legibly NO error of repetition

() Total Loss Case to e-mail Insurer URGENTLY

Drive-in / Towed-in / Involves VRS / NO / Towing Cost

1) Apply for Transport Allowance / Courtesy Car

2) QO Check / Post Repair Inspection

3) Upload Recovery Photo (Repair Cost > \$3,000)

Injury: /

Driver/Owner

Complaint No

Uninjured Person

QC Checked by (Engr-in-Charge):

NA2104311

1) All Additional Work	(50)	NO
2) BA Recovery Allowance (\$100)	\$100	
3) Towing	\$100	
4) P1 Follow-up Survey	\$100	
5) P1 Follow-up Survey (Recovery)	\$100	
6) P1 Follow-up Survey (Within 60 days)	\$100	
7) P1 Follow-up Survey	\$100	
8) P1 Follow-up Survey	\$100	
9) P1 Follow-up Survey	\$100	
10) P1 Follow-up Survey	\$100	
11) P1 Follow-up Survey	\$100	
12) P1 Follow-up Survey	\$100	
13) P1 Follow-up Survey	\$100	
14) P1 Follow-up Survey	\$100	
15) P1 Follow-up Survey	\$100	
16) P1 Follow-up Survey	\$100	
17) P1 Follow-up Survey	\$100	
18) P1 Follow-up Survey	\$100	
19) P1 Follow-up Survey	\$100	
20) P1 Follow-up Survey	\$100	

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	02/11/2021 11:49 (SGT)
Date of Accident	12/10/2021 03:40 (SGT)
Exact Location of Accident	56A Strathmore Ave, Singapore 143056
Additional Location Information	MULTI STOREY CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML603T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH KOK SIANG
NRIC No	SXXXX806Z
Email Address	kohksiang@hotmail.com
Mobile Phone No	(Phone) +65-96332343
Alternative Phone No	+65-88220808

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01006901
Cover Note Number	-

DRIVER

Name of Driver	KAYLEIGH KOH JIA WEN
NRIC No	SXXXX232B

Date Of Birth	24/04/1993
Occupation	Indoor
Date Of Driving Pass	14/11/2011
Driving experience	9 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88220808
Alt. Phone Number	-
Email Address	kohksiang@hotmail.com
Address	BLK 55 STRATHMORE AVENUE #11-141
Address complement	-
Postcode	140055
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	CARPARK BARRIER
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

Policyholder's Signature / Date & Time

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

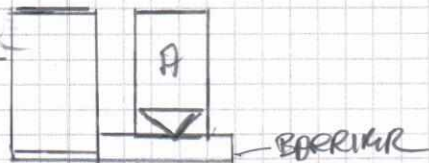
Witnessed by Reporting Centre Personnel

Sketch Plan

56A STRATHMORE AVENUE MSCP

A) SML 6031

B) BARRIER



Describe Circumstances of the Accident

Drove too close to the gantry barrier, and touched the barrier, when entering into the carport.

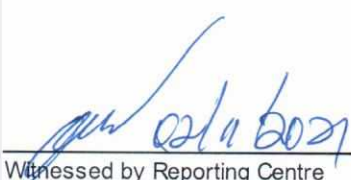
Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

 2/nov/2021 09:45

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

 02/11/2021

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 10 / 2021) (DD/MM/YYYY), TIME: (03 : 40) (HH:MM)

LOCATION: 56A STRATHMORE AVENUE MULTI STOREY CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SML603T
b) INSURANCE COMPANY: SOMPO
c) POLICY NUMBER: D21MTPV01006901
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MAZDA - 6
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: KOH KOK SIANG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9458062 CONTACT: 96332343
c) ADDRESS: 55 STRATHMORE AVE #11-141 S(140055)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KAYLEIGH KOH JIA WEN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9314232B CONTACT: 8822 0808
c) ADDRESS: 55 STRATHMORE AVE #11-141 S(140055)

*d) DATE OF BIRTH: (20 / 04 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 14 NOV 2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DANCER

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: BARRIER 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 = kohksiang@hotmail.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)

Certificate/Policy No. : D21MTPV01006901
Insured : KOH KOK SIANG
Motor Vehicle (Registration No.): SML603T
Coverage : Comprehensive - ExcelDrive GOLD
Policy Commencement Date : 18 MAY 2021 00:00
Policy Expiry Date : 17 MAY 2022 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$600 - Section I
Voluntary Excess* : N.A
Windscreen Excess* : S\$100.00 for each and every applicable claim.
* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

1. The Insured.
 2. Any other person who is driving on the Insured's order or with his permission.
 3. 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

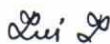
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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.



JIN LI PTE LTD
2 Kallang Avenue #08-16A
CT Hub S(339407)
Off : 6444 4116
Fax : 6444 0010

Authorised Signatory

Date/Time of Issue : 11 MAY 2021 11:00

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 : 11J06508 & JIN LI PTE. LTD. CI Code: 22A 3LLDMBW44T1BDWKA