

# NATION'S ASSESSMENT CENTRE SERVICES

SN0921CM0001

Date: 28/11/2021 11:09	Description: SAs e-filing	Date & Time Completed:	Done by:
Ref: NBA/SM0210/2972/Y	E-mail: [redacted]		
Vehicle: SKL 500Km	i-Motor Claim Form		
Date: 26/11/2021 17:00	i-Motor W/O (Within 24 Hrs)		
TP: [redacted]	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: BARRIK	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%, F: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:-		
( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer or repairer		
( ) Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In ( ) / Towel-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co ( )		
Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: _____	
Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist		And (\$)	And (\$)
			1st Bill	2nd Bill
Driver/Owner:	1) AR: Accident Reporting (\$40)			
Contact No:	2) DA: Damage Assessment (\$100), INC (\$30)			
Damaged Portion:	3) TF: Towing Fee \$40-\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$10			
	For claiming against INC Only (wef 10 Jan 2015)			
	6) TR: Re-inspection \$75			
	7) N1: 1st DA + SMRT Survey \$160			
	8) NTIC Additional Services:-			
	Q1:			
	*1-5: Courtesy Car / Tpt Allowance \$5			
	*2: Paper Coordination \$10			
	*N1: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	*P(N11): TF (N1 & N8) against INC \$10			
	9) N12: 1st Mobile			
	Invoice dated	Free Charges		
	Invoice dated	Free Charges		

## 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	22/12/2021 11:09 (SGT)
Date of Accident	26/11/2021 17:00 (SGT)
Exact Location of Accident	85A Dawson Rd, Singapore 143085
Additional Location Information	SKYVILLE DAWSON
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL5004M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN CHIN WEE (CHEN JINWEE)
NRIC No	SXXXX196H
Email Address	jimmytancw13@yahoo.com.sg
Mobile Phone No	(Phone) +65-98313401
Alternative Phone No	+65-98313401

### VEHICLE PARTICULARS

Manufacturer	Mini
Model	Cooper
Variant	COUNTRYMAN
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	1598

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01014077
Cover Note Number	-

### DRIVER

Name of Driver	TAN CHIN WEE (CHEN JINWEE)
NRIC No	SXXXX196H



Date Of Birth	13/10/1977
Occupation	Outdoor
Date Of Driving Pass	07/11/2001
Driving experience	20 YEARS
Gender	Male
Mobile Number	(Phone) +65-98313401
Alt. Phone Number	+65-98313401
Email Address	jimmytancw13@yahoo.com.sg
Address	BLK 53 LENGKOK BAHRU #09-325
Address complement	-
Postcode	150053
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	No Collision
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	.....	BARRIER
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' 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

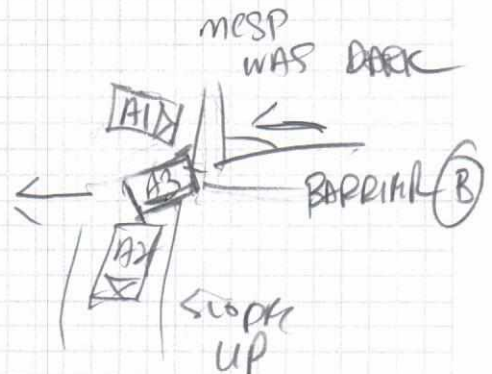
Witnessed by Reporting Centre Personnel

Sketch Plan

HK 85A DAWSON ROAD MSCP

A) SKL 500Ym

B) BARRIER






Describe Circumstances of the Accident

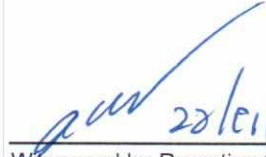
ON 26/11/2021 AT ABOUT 1700HRS I WAS AT BIK 85A DAWSON ROAD AND WANTED TO EXIT THE CAR PARK WHEN I FOUND THAT THE EXIT IS NOT THE EXIT BARRELS  
SO I REVERSED AND JUST A TOUCH BUT I DID NOT EVEN LOOK AT MY VEHICLE BECAUSE I KNOW IT WAS JUST A TOUCH & THAT MCSF WAS DARK AND NO SIGNAGE SAYING THE DIRECTION OF THE EXIT

Declaration

We declare the foregoing particulars are true in every respect.

 22/12/21  
9.50am  
Policyholder's Signature / Date & Time

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

 22/12/2021  
Witnessed by Reporting Centre Personnel

Our ref : CMTD2103779/SHIANGYH

Date : 21-DEC-2021

TAN CHIN WEE  
BLK 53 LENGKOK BAHRU  
#09-325  
SINGAPORE 150053

For Your Urgent Attention

Dear Sirs

Accident on : 26-NOV-2021

at / along : BLOCK 85A DAWSON ROAD (SKYVILLE @ DAWSON) S (141085)

Involving : SKL5004M/CARPARK BARRIER ARM

We have received a claim in connection with the above accident and your vehicle SKL5004M was alleged to be involved.

Our records show that you have not reported this accident to us. If your vehicle was involved, please advise us the reason for not reporting to us immediately after the accident as this would constitute a breach of General Condition (4) of our policy which entitles us to repudiate all liabilities arising out of this accident.

Notwithstanding this breach, please proceed to any of our ExcelDrive Workshops or Accident Reporting Centres to file an accident report immediately. You may refer to your Policy or our website at [www.sompo.com.sg](http://www.sompo.com.sg) for the list of workshops and reporting centres.

If you are not the driver at the material time of the accident, please request the driver to bring along this letter, police report (if any), driving licence and NRIC to report.

Please note that this letter does not amount to an admission of liability on the part of the Company. If we still do not hear from you within 14 days from the date of this letter, the matter will be referred to the Traffic Police for their necessary action.

If you have already made a report to us, kindly ignore our present request.

Please quote our claim reference when writing to us.

Thank you.

Yours truly

For

SHIANG YI, HWANG  
Claims Executive  
DID : 63295205  
Fax : 62213147

cc FINANCIAL ALLIANCE PTE LTD  
150 BEACH ROAD  
#12-01/08 GATEWAY WEST  
SINGAPORE 189720

- Please assist

REMNR

Best Regards

Mr Gnoh Pau Loong

Claims Division



## ACCIDENT STATEMENT

ACCIDENT DATE: (26, 11, 21) (DD/MM/YYYY), TIME: (17:00) (HH:MM)

LOCATION: BLK 85A Dawson Road (Skyville Dawson (14108 E))

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKL 5004M  
b) INSURANCE COMPANY: Sompo  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: mini cooper  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME:  
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: Tan Chin P22 (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: S773019614 CONTACT: 98313401  
C) ADDRESS: BLK 53 Lengkok Bahin #09-325 (150053)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Tan Chin P22 (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\* d) DATE OF BIRTH: (13 / 10 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (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)

IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 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:

\* No of passengers  
(including driver)  
(1)

\* No of passengers  
(including driver)  
( )

\* No of passengers  
(including driver)  
( )

email =

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.** : D21MTPV01014077  
**Insured** : TAN CHIN WEE  
**Motor Vehicle (Registration No.)** : SKL5004M  
**Coverage** : Comprehensive - ExcelDrive GOLD  
**Policy Commencement Date** : 21 NOVEMBER 2021 00:00  
**Policy Expiry Date** : 20 NOVEMBER 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**

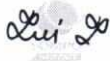
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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](http://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.**



**Authorised Signatory**

Date/Time of Issue : 01 OCTOBER 2021 19:12

**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 : 11F02505 & FINANCIAL ALLIANCE PTE LTD CI Code: 22A JF4DHBL2RB\_DMHYA