

NATION 11 Assessment Centre Services

SMO91CM0002

Date: 22/10/2021 17:35	Vehicle Description: SAs e-filing	Date & Time Completed:	Done by:
TP Particulars: SMO91CM0002/2975/y	E-mail: [redacted]		
Owner/Driver: SGT 944/M	i-Motor Claim Form		
Policy No: 2102/2021 17:35	i-Motor W/O (within 14 days of 2021-10-22)		
TP Insurer: [redacted]	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: Vch No: SGT 66719	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

N02104766	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			1st Bill	2nd Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$10)			
Driver/Owner:	2) DA: Damage Assessment (\$100), INC (\$30)			
Contact No:	3) TF: Towing Fee \$45 \$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$10			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2021)			
Cat 1:	6) TR: Re-inspection \$18			
Cat 2 & 3:	7) N1: 1st DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	QC:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Coordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TPC 111: TP (by INC) against INC \$10			
	9) N12: 1st DA \$10			
	Invoice dated: _____	Prepared by: _____		
	Inspected by: _____	Checked by: _____		

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 11:37 (SGT)
Date of Accident	21/12/2021 17:35 (SGT)
Exact Location of Accident	Alexandra Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT9441M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GAN SEAN AARON
NRIC No	SXXXX804B
Email Address	ganseanaaron@yahoo.com
Mobile Phone No	(Phone) +65-98511311
Alternative Phone No	+65-98511311

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Rush
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	1495

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01013279
Cover Note Number	-

DRIVER

Name of Driver	GAN SEAN AARON
NRIC No	SXXXX804B

Date Of Birth	29/06/1979
Occupation	Indoor
Date Of Driving Pass	05/12/2002
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-98511311
Alt. Phone Number	+65-98511311
Email Address	ganseanaaron@yahoo.com
Address	BLK 457 CLEMENTI AVENUE 3 #20-576
Address complement	-
Postcode	120457
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	Side Swipe
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	SGN6671S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM ENG HENG
NRIC No	SXXXX742C
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

VEHICLE NO:
DATE OF ACCIDENT:

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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.


1815hrs
21/12/2021
Policyholder's Signature / Date & Time


21/12/2021 1815hrs
Driver's Signature (If driver is not the policyholder) / Date & Time


22/12/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

VEHICLE NO: SGT944/M

DATE OF ACCIDENT: 21/12/2021

I was travelling along Alexandra road.

The traffic was heavy. Weather was clear and dry.

I did not realised my car (A) was cutting to the lane on my right until my car (A) collided. onto vehicle (B).

We exchanged particulars thereafter.

REPORTING ONLY ☒

OWN DAMAGE ☐

THIRD PARTY ☐

OWN WORKSHOP ☐

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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



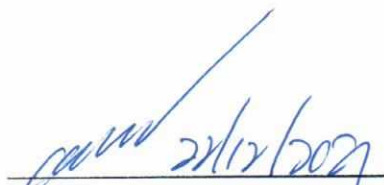
21/12/2021

Policyholder's Signature / Date & Time



21/12/2021

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



Witnessed by Reporting Centre Personnel

PERSONAL PARTICULARS

Date of Accident: 21/12/2021

Time of Accident: 5:35 (24Hrs)

Vehicle No: SGT9441M

Vehicle Make/Mo: Toyota Rush

Exact Location of Accident: Along Alexandra Road.

Owner's Name/NRIC: Gan Sean Aaron I/c No S7918804 B

Driver's Name/NRIC: Gan Sean Aaron I/c No S7918804 B.

Driver's Contact: 98511311

Insurance Co & Policy No: Sompo Ins: D21MTPV01013279

Driver's Email Address: ganseanaroon@yahoo.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: _____

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: Lim Eng Heng I/c No: S0164742C. Vehicle No: SGN 6671 S.

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____

Contact: _____

Preferred Workshop (If Any): _____

Contact: _____

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. : D21MTPV01013279
 Insured : GAN SEAN AARON
 Motor Vehicle (Registration No.) : SGT9441M
 Coverage : Comprehensive - ExcelDrive GOLD
 Policy Commencement Date : 16 SEPTEMBER 2021 13:17
 Policy Expiry Date : 15 SEPTEMBER 2022 23:59
 Maximum Liability (Section I) : Market value at time of loss
 Excess* : \$500 - 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

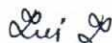
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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.



Authorised Signatory

JIN LI PTE LTD
 2 Kallang Avenue #08-15A
 Singapore 339117
 Tel: 6444 4116
 Fax: 6444 0010

Date/Time of Issue : 16 SEPTEMBER 2021 13:17

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 RJNDPOC4RM0LLHRA