

# NATION'S 1. Assessment Centre Services

SN0921CO0006

Date at: 24/12/2021 14:21	Job Description: SAS e-filing	Job & Date Completed:	Done by:
Ref No: NBS/8MO210/31014	E-mail (optional):		
Ref No: 93016242	i-Motor Claim Form		
Date: 24/12/2021 19:25	i-Motor W/O (When not 21+ 1P 4ins)		
TP Insurer: (C) Reporting Unit	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:	Veh No: PMS 192	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

<p>MA2104795</p> <p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No.</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Cat 1:</p> <p>Cat 2: 3:</p>	<p><b>Invoice Preparation Checklist</b></p> <p>1) AR: Accident Reporting (\$10),</p> <p>2) DA: Damage Assessment (\$100), INC (\$30);</p> <p>3) TF: Towing Fee \$40-\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2015)</p> <p>6) TR: Re-inspection \$15</p> <p>7) N1: 1dsc DA + SMRT Survey \$160</p> <p>8) NTU: Additional Services:-</p> <p>QC:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Coordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>EP (N11) / TP (N12) against INC \$10</p> <p>9) N12: 1dsc DA \$10</p> <p>Invoice dated: _____ Fee charged: _____</p> <p>Invoice dated: _____ Fee charged: _____</p>	<p>Amtd (\$)</p> <p>1st Bill</p> <p>Amtd (\$)</p> <p>Ad3 Bill</p>
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## 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	24/12/2021 14:21 (SGT)
Date of Accident	21/12/2021 19:25 (SGT)
Exact Location of Accident	Punggol Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1624Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PLEASE REFER TO POLICE REPORT T/20211222/2052
Company Reg No	2XXXXX316D
Email Address	nigel_god@yahoo.com.sg
Mobile Phone No	(Phone) +65-86663898
Alternative Phone No	+65-90783437

### VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Berlingo
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	Commercial vehicle
Transmission	Auto
CC	1420

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPCVE001663
Cover Note Number	-

### DRIVER

Name of Driver	CHUA HOCK KHEE
NRIC No	SXXXX104D



Date Of Birth	24/06/1956
Occupation	Outdoor
Date Of Driving Pass	25/07/1980
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90783437
Alt. Phone Number	-
Email Address	nigel_god@yahoo.com.sg
Address	BLK 207B COMPASSVALE LANE #15-22
Address complement	-
Postcode	543207
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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

#### FOREIGN VEHICLE 1

Vehicle Registration Number	PNS192
Vehicle Category	Motorcycle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211222/2052

#### 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	PNS192
Vehicle Manufacturer	-



Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	AZHAR NAZMI BIN AHZAR
Contact Number	(Phone) +65-88723965
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' 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.

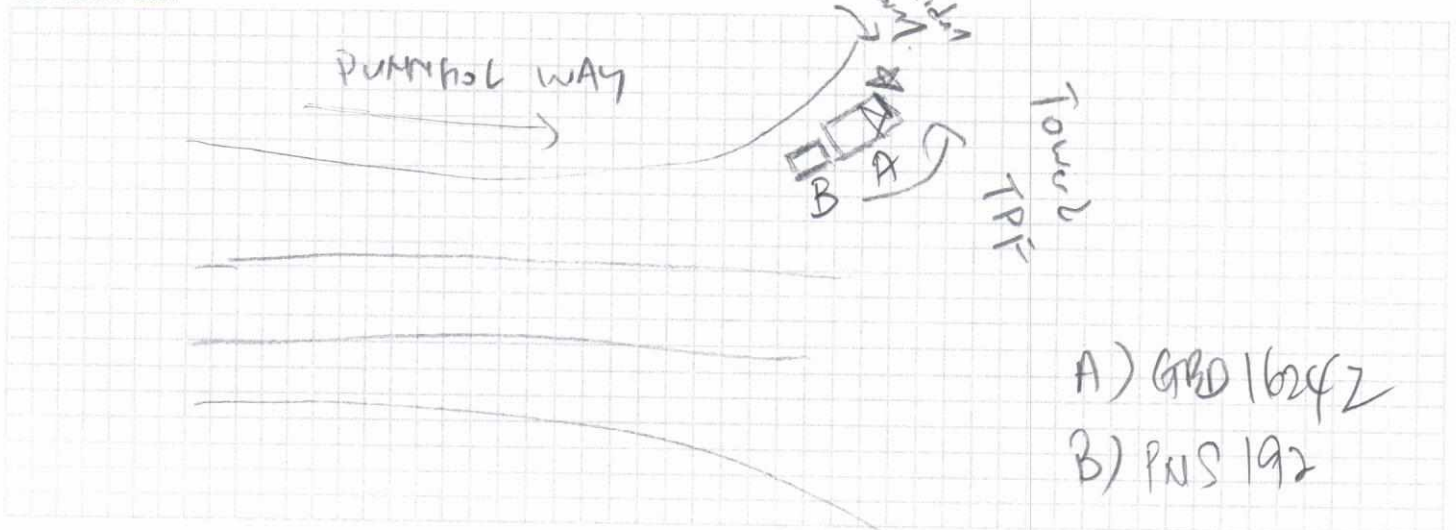


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan





**Describe Circumstances of the Accident**

Refer to Police Report 7/221/222/2052

**Declaration**

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

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 12 / 2024) (DD/MM/YYYY), TIME: (19 : 21) (HH:MM)

LOCATION: Pinkoi way

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD 1624 Z  
 b) INSURANCE COMPANY: LOMPAC INSURANCE BHD  
 c) POLICY NUMBER: Z120/VC00/107581  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: CITROEN BERLINO LWB 1.6L  
 f) TYPE: (SATURN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: FINISH WORK, HOLM HOME  
 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: SINH TUNH TECHNOLOGIES PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 201601316D CONTACT: 86663898  
 c) ADDRESS: 103 BUKIT MERAH CENTRAL # 05-12  
5159836

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

## DRIVER

- a) NAME: CHUA HOCK KHEE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1231104D CONTACT: 90783437  
 c) ADDRESS: 207B COMPASSUALA LANE #15-22 5543207

\*d) DATE OF BIRTH: (24 / 06 / 1956) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 25 JUL 1980

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 CLEAR)

b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: QUEENSWAY H.P.C

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PNS 192 MODEL:  
 b) DRIVER'S NAME: AZHAR HAZMI BIN AZHAR  
 c) NRIC/FIN/PASSPORT: CONTACT: 88723965

## 9. THIRD PARTY VEHICLE

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

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

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

Email = NIGEL SHEN (a) SINH TUNH.COM.SG  
 VIDEO

8666 3898





# SINGAPORE POLICE FORCE



T/20211222/2052

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20211222/2052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
22/12/2021 14:41

Vide Report No.:

Station Diary No.:  
35

**Informant's Particulars**

Name of Informant:  
CHUA HOCK KHEE

Address:  
APT BLK 207B COMPASSVALE LANE #15-22 SINGAPORE  
543207

ID Type / ID No.:  
NRIC NO / S1231104D

Contact No.:  
Home/Office: Mobile: 90783437

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Male 65 24/06/1956

Type of Informant:  
Driver

Race:  
Chinese

Language:

Institution / School Name:

Occupation:  
DRIVER

Driving Licence Information:  
Class: 3

Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Foreign Vehicle

Drink Drive:  
No

Date/Time of Accident:  
21/12/2021 19:25

Type of Location:  
Bend

Location:  
PUNGGOL WAY

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:  
Moderate

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
GBD1624Z	Van	CITROEN	Berlingo LWB 1.6L	Grey	Slightly Damaged	0
PNS192	Motorcycle				No Damage	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBD1624Z	LONPAC INSURANCE BHD.			





**SINGAPORE  
POLICE FORCE**



T/20211222/2052

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20211222/2052

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHUA HOCK KHEE	ID No.	S1231104D
Related Vehicle	GBD1624Z (Van)	Contact No.	90783437
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Rider</b>			
Name	Azhar Nazmi Bin Azhar	ID No.	NIL
Related Vehicle	PNS192 (Motorcycle)	Contact No.	88723965
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 21/12/2021, I was deployed as driver for GBD 1624Z, and the van belongs to my company (Sing Tung Technologies Pte Ltd). At about 1925hrs, I was traveling along Punggol way towards TPE direction. It was a 3-lane road and I was traveling on the most left lane. I suddenly heard a loud bang from my rear. I then stopped my vehicle at the side of the road to make a check and realised that Malaysian motorcycle registration number PNS192 collide onto my van causing a dent on the rear left bumper. We then exchanged our particulars.

No one was injured during the incident. I have no in car camera and no witness.



**SINGAPORE  
POLICE FORCE**



T/20211222/2052

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20211222/2052

**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 /  
Sgt 3 SURAIYAH PARVEEN  
BINTE HABIB MUHAMAD

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
22/12/2021 14:41

Classification Of Case:



SN 49



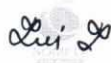
**Certificate of Insurance****ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)**

- Cert No./Policy No.** : D21MTPCVE001663
- 1. Registration No.** : GBD1624Z
- 2. Insured Name** : SING TUNG TECHNOLOGIES PTE. LTD
- 3. Commencement Date** : 03 JULY 2021 00:00
- 4. Expiry Date** : 02 JULY 2022 23:59
- 5. Coverage** : Market value at time of loss - Comprehensive
- 6. Excess** : \$500 - Section I
- 7. Persons or Classes of Persons entitled to drive\***  
b) Any person who is driving on the Insured's order or with their permission.  
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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.
- 8. Limitations as to use\***  
1) Use in connection with the Insured's business.  
2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business  
3) Use for social, domestic or pleasure purposes.
- The Policy does not cover  
1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.  
2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- 9. ExcelDrive Workshops & Accident Reporting**  
It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.
- It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.  
In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit [www.sompo.com.sg](http://www.sompo.com.sg) for list of ExcelDrive Workshops and Accident Reporting Centers.

**/We HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)**

**Sompo Insurance Singapore Pte. Ltd.**



Date/Time of Issue : 24 JUNE 2021 12:45

\*Limitation rendered inoperative by section 8 of the Motor Vehicles(Third-Party Risks and Compensation)Act (Chapter 189 and section 95 of the Road Transport Act,1987(Malaysia), are not to be included under these headings.

**IMPORTANT NOTICE**

- Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
- Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they 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 (Cap.189)
- The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11G05800 & GREAT EASTERN FINANCIAL ADVISERS PTE LTD CI Code: 20D \_\_RDSBH4PPDMBWYA

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM0821CM0001 Vehicle Registration No: B78D 16242  
Name (as shown in NRIC): CHUA HOCK KHEE NRIC/FIN/Passport No: SXXXXX104/D  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 86663898  
Email Address: \_\_\_\_\_  
Date of Accident: 21/12/2021 Time of Accident: 19:25  
Place of Accident: PUNGGOL WAY  
Insurance Company: SOMPO

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Company Insured with Sompō & not LEXIPAC

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

24/12/2021  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: