

VEHICLE ASSESSMENT CHECK SERVICES

820921C80004

28/12/2021 12:08
NBA/SMD21013207/Y
SLW 7074C
27/12/2021 18:18

⑩

1-Insured

1-Photograph

1-Scene Filing

1-E-mail

1-Motor Claim Form

1-Motor W/O

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/MSH

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SMTJ 7094B INC () Non-INC ()

Owner / Driver () Tel ()

Policy No () Period () Cover Type ()

Confirmed by () Date: () Time: ()

Insured/Driver Liability () (Note: Est Status (W/O) SE 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 to repairer

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice YES () / NO () ; Towing Co ()

Remarks:- (INC hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time	Actions

X/A2104/P39

Claimant's Particulars :-

Driver/Owner: ()

Contact No. ()

Damaged Portion: ()

QC Checked by (Damage-In-Charge): ()

Auditors' Comments :-

Est 1: ()

Est 2: ()

Est 3: ()

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
1st Bill	2nd Bill		
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TF: Towing Fee	\$40-\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$20		
Est claimant nearest NEA Duty (w/ 10 Jan 2021)			
6) FR: Re-inspection	\$150		
7) SI: Issue DA - SMRT Survey	\$150		
8) NTU: Additional Services			
QIC:			
• INC: Courtesy Car / Tpt Allowance			
• SC: Repair Cost Reduction			
• RP: Post Repair Inspection			
• PR: DV / Collect Excess Coordination			
• JPC: JTC / TJC / LJC / LJC / LJC			
9) N12: Auto Repair			
10) N12: Auto Repair			
11) N12: Auto Repair			
12) N12: Auto Repair			

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	28/12/2021 12:08 (SGT)
Date of Accident	27/12/2021 18:10 (SGT)
Exact Location of Accident	Queensway, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7074C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG SUNG LUNG
NRIC No	SXXXX508J
Email Address	cindy88ps@hotmail.com
Mobile Phone No	(Phone) +65-97999987
Alternative Phone No	+65-97999987

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1198

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01003041
Cover Note Number	-

DRIVER

Name of Driver	WOO PEI SZE, CINDY (WU PEISHI)
NRIC No	SXXXX567I

Date Of Birth	08/08/1979
Occupation	Indoor
Date Of Driving Pass	05/02/1999
Driving experience	22 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97999987
Alt. Phone Number	-
Email Address	cindy88ps@hotmail.com
Address	62 BAYSHORE ROAD #29-05
Address complement	-
Postcode	469983
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Raining
Road Surface	Wet

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?	Yes
Reasons for not uploading a video of the accident	WITH ONWER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ7094B
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	CHAN SOI BAH
NRIC No	SXXXX911I
Contact Number	(Phone) +65-87425857

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

SKETCH PLAN

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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' 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

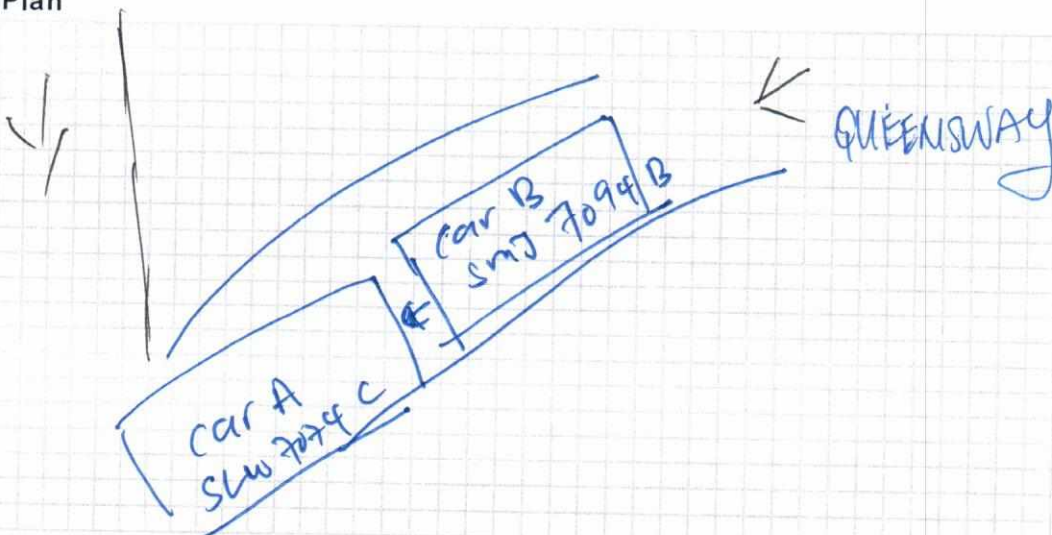
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On ~~26 Dec~~ 27/12/2021, I was driving along Greenway and was waiting at a slip road, preparing to turn left on to Margaret drive. While I was looking at cars on the right side. Vehicle 5MJ7094B knocked into the back of my vehicle. It was raining on that day and we came out to have a look. Mr Chen acknowledges that he knocked into me and we ~~we~~ exchange details. He is a gas driver and driving a lease car.

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



10-30am



ACCIDENT STATEMENT

ACCIDENT DATE: (27/12/2021) (DD/MM/YYYY), TIME: (18:10) (HH:MM)

LOCATION: Queensway Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW 7 7074C
 b) INSURANCE COMPANY: Compo
 c) POLICY NUMBER: 021m TPV 01003041
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Nissan Qashqai 1.2
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Chan Soi Bah (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S13039117 CONTACT: 87425857
 c) ADDRESS: B1K 27 Balan Road 09-31 5370027
 827135087

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Woo Pei Sze, Cindy (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S79235677 CONTACT: 99999987
 c) ADDRESS: 62 Bayshore Rd 29-05 5469983

* d) DATE OF BIRTH: (8/8/1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 05/11/1999

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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: SMJ 7094B MODEL: Hyundai
 b) DRIVER'S NAME: Chan Soi Bah
 c) NRIC/FIN/PASSPORT: S13039117 CONTACT: 87425857

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 = Cindy 88 ps @ hot mail. 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. : D21MTPV01003041
Insured : WONG SUNG LUNG
Motor Vehicle (Registration No.): SLW7074C
Coverage : Comprehensive - ExcelDrive PRESTIGE
Policy Commencement Date : 28 FEBRUARY 2021 00:00
Policy Expiry Date : 27 FEBRUARY 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

Date/Time of Issue : 18 FEBRUARY 2021 17:15

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 : 11I04805 & I-N-S MANAGEMENT CI Code: 22A RJXDHMK4I0MYDT_A