

NATIONAL Assessment Centre Services

Date In: 05/01/2022	Job description	Date & Time Completed	Done by
Ref No: NA/Smo 22000161/m4	SAS e-filing		
Veh No: FBH 7644E	E-mail (w/other 8hrs. AP 2hrs)		
D.O.A: 21/11/2021 17:15	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SHA 1764Y	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 of repairer.

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

Drive-In () / Towed-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

NA2200046	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR : Re-inspection \$75		
Cat 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	05/01/2022 14:17 (SGT)
Date of Accident	21/11/2021 17:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH7644E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUAH POH LENG
NRIC No	SXXXX650F
Email Address	jackchuah75@gmail.com
Mobile Phone No	(Phone) +65-86863602
Alternative Phone No	+65-86863602

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz16
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 - Reporting only
Vehicle Category	Motorcycle
Transmission	Auto
CC	153

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D21MTMC01002006
Cover Note Number	-

DRIVER

Name of Driver	CHUAH POH LENG
NRIC No	SXXXX650F

Date Of Birth	07/04/1975
Occupation	Outdoor
Date Of Driving Pass	23/01/2003
Driving experience	18 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86863602
Alt. Phone Number	+65-86863602
Email Address	jackchuah75@gmail.com
Address	4 LORONG 19 GEYLANG
Address complement	#04-01
Postcode	388489
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	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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220104/2081

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	SHA1764Y
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

SKETCH PLAN

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 willful 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

Rm 05/1/22

Witnessed by Reporting Centre
Personnel

Sketch Plan

Sketch Plan area with grid lines. A small square box containing the letters 'A' and 'A' is drawn in the center. At the bottom left, the text "No Accident" is written. At the bottom right, the text "Jalan Eunus. rek AP RBM 7644E" is written.

Describe Circumstances of the Accident

Refer to Police Report No T/20220104/2081

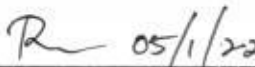
As I remember on that day, I ride along Jalan Eunos but could not recall any accident that happened. Therefore there is no sketch plan drawn as nothing happened.

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

 05/1/22
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220104/2081

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220104/2081

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH7644E	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC01002006	27/04/2021	26/04/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	CHUAH POH LENG	ID No.	S7589650F	
Related Vehicle	FBH7644E (Motorcycle)	Contact No.	86863602	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

ON THE STATED DATE, TIME AND LOCATION

REF NUMBER: TP/IP/55927/2021
IO KASMAWATI (EXT: 65476368)

I WAS RIDING ALONG JALAN EUNOS. I WAS NOT AWARE THAT I WAS INVOLVED WITH AN ACCIDENT. I ALSO DID NOT HEARD ANY NOISE OR FELT ANY IMPACT DURING THE PERIOD OF TIME. WHAT I CAN REMEMBER IS THAT I WAS AT THE STATED LOCATION TO PICK UP FOOD ORDER FROM VENDOR AND PROCEED TO THE LOCATION THAT I HAVE TO SEND TOO. I RECEIVED THIS LETTER LAST FRIDAY FROM MY HOUSE. ON LAST THURSDAY, MY WORKSHOP CONTACTED ME INFID THAT I HAD AN ACCIDENT WHICH I WAS NOT AWARE ABOUT IT. THAT'S ALL



SINGAPORE
POLICE FORCE



T/20220104/2081

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3


Report No. T/20220104/2081


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 TP / SC2 MUHAMMAD NASHIF BIN HADI PUTRA 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476368

Signature Of Informant: 
Date/Time: 04/01/2022 17:42
Classification Of Case:

Authentication Stamp
NP168





**SINGAPORE
POLICE FORCE**

Our Ref : TP/IP/55927/2021
Date : 27 December 2021

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 6215
Fax +65 6547 4883
www.police.gov.sg

**CHUAH POH LENG
BLK 4 LORONG 19 GEYLANG
#04-01
SINGAPORE 388489**

REGISTERED & O/P

Dear Sir / Madam

ALLEGED HIT-AND-RUN ACCIDENT INVOLVING SHA1764Y & FBH7644E ALONG JALAN EUNOS ON 21 NOVEMBER 2021 @ 5.15 PM

Our investigations showed that you are the registered owner / driver of **FBH7644E** which is alleged to have been involved in an **accident**.

2 You are required to provide the particulars of the driver on the above date and time **within 14 days** of receipt of this letter. **Under the provisions of the Road Traffic Act, it is an offence not to provide the driver's particulars, and the owner can be liable to a fine of up to \$1,000/- or 6 months' imprisonment.**

3 **In addition, please inform the driver to lodge an online Police Report of a Traffic Accident (NP168)** using SingPass via the SPF Electronic Police Centre ¹ (<http://www.police.gov.sg/epc>). Alternatively, the report may be lodged at any Police Post or Neighbourhood Police Centre. Do note that failure to lodge a report may have an adverse effect against the involved party.

4 The information given by the driver in the report will be carefully considered. The driver may not be called upon an interview if the information provided is sufficient for our investigation. If you have video evidence, you can send it to Investigation Officer (IO) **Kasmawati Samian** via email **Kasmawati SAMIAN@spf.gov.sg**. If the file size is too big, you can make arrangements with the IO at his DID: 65476368 / 97330695 (SMS / Whatsapp) for a convenient method of retrieval. If you have any clarification, you may write in to the Investigation Officer (IO) **via email Kasmawati SAMIAN@spf.gov.sg**. Please ignore this letter if you have address the issue.

Yours faithfully,

**LAM KIAN HENG SAM (SUPT)
CHIEF INVESTIGATION OFFICER / TRAFFIC POLICE**

This is a computer-generated letter. No signature is required.

Particulars of the driver of FBH7644E on **21 NOVEMBER 2021 @ 1.20 PM**:-

Name :	NRIC / FIN / PP No.	Address :
Contact No :		

I affirm that the information I gave above is true and correct.

Name / Contact No of Registered owner

Signature of Registered vehicle owner

Date

*Please mail, fax or email a soft copy of the completed form, addressed to the Investigation Officer.

¹ **SPF Electronic Police Centre** - For the purpose of lodging this report, please select 'Yes' for "Is this a Hit and Run accident?" under "Step 2: Accident Info", even if the driver is not aware of any accident".

Our ref : CMTD2103463/AGNESC

CHUAH POH LENG
38 UPPER BOON KENG ROAD
#11-2404
SINGAPORE 380038

Date : 10-DEC-2021

For Your Urgent Attention

Dear Sirs

Accident on : 21-NOV-2021
at / along : JALAN EUNOS
Involving : FBH7644E/SHA1764Y

We have received a claim in connection with the above accident and your vehicle FBH7644E 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 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

CHAN SHU HUI AGNES
Claims Executive
DID : 63295327
Fax : 62213147

cc ENSURE PTE. LTD. (MOTORCYCLE)
38 TOH GUAN ROAD EAST
#01-57 ENTERPRISE HUB
SINGAPORE 608581

- Please assist

REMNR

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 11 / 21) (DD/MM/YYYY), TIME: (17 : 15) (HH:MM)

LOCATION: Jalan Emas

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 7644E
b) INSURANCE COMPANY: Goamp
c) POLICY NUMBER: 221M TM Col 002006
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha FZ16 AUTO/MANUAL (153cc)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
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: Chuah Poh Leng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7589650E CONTACT: 86863602
c) ADDRESS: 4 Lorong 19 Geylang #04-01 S (388489)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (07 / 04 / 1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 23/01/2003

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

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: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA1764Y 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 passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = jackchuah75@gmail.com

fax =

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)

Cert No./Policy No. : D21MTMC01002006
Insured : CHUAH POH LENG
Motor Vehicle (Regn No.) : FBH7644E
Cover : Third Party, Fire & Theft
Policy Commencement Date : 27 APRIL 2021 00:00
Policy Expiry Date : 26 APRIL 2022 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$300 - Section I
Named Driver 1 : CHUAH POH LENG
HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
CHUAH POH LENG

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.

Limitation As to Use

- (a) Use only for social, domestic and pleasure purposes and in connection with the Insured's business or profession
(b) Use for food / parcel / other delivery services

The Policy does not cover

- (i) Use for racing pacemaking, reliability trial or speed-testing
(ii) Use for the carriage of passengers for hire or reward
(iii) Use for any purpose in connection with the Motor Trade

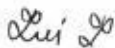
Accident Reporting

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.

For list of Accident Reporting Centres, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6461 6555.

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 Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref:MCY-MTMC.03)

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 25 MARCH 2021 14:16

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 : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY100 L2DHHO444_T1MYAJ