

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 11/01/2022	Job description	Date & Time Completed	Done by
Ref No: NA/SM022000356/13	SAS e-filing		
Veh No: GB69086H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/01/22 1830	i-Motor Claim Form		
OD: TP <u>Reporting Only</u>	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: SML2599J	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

NA2200107

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OH:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat 1:	TP (N11): TP (Non INC) against INC \$20		
Cat 2 / 3:	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	11/01/2022 14:39 (SGT)
Date of Accident	09/01/2022 18:30 (SGT)
Exact Location of Accident	Yishun Ave 5, Singapore
Additional Location Information	BLK 101 CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9086H
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	POKKA PTE. LTD.
Company Reg No	1XXXXX135E
Email Address	eyestiger949803@gmail.com
Mobile Phone No	(Phone) +65-90223626
Alternative Phone No	+65-90223626

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Commercial vehicle
Transmission	Manual
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPCVE000867
Cover Note Number	-

#### DRIVER

Name of Driver	FONG CHENG WAH
NRIC No	SXXXX809E

Date Of Birth	06/09/1962
Occupation	Outdoor
Date Of Driving Pass	02/08/1995
Driving experience	26 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93806341
Alt. Phone Number	-
Email Address	eyestiger949803@gmail.com
Address	BLK 674A YISHUB AVE 4
Address complement	#13-730
Postcode	761674
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	YAP YEE LEE
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220111/2002

#### 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	SML2599J
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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

### 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. 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' 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

YISHUN AVE 5 BLK 101

CARPARK



A - GBG9086H

B - SML2599J

(B) ?

**Describe Circumstances of the Accident**

*Pls refer to the police report T/20220111/2002*

**Declaration**

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



Policyholder's Signature / Date & Time

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

*[Signature]* 11/01/22  
Witnessed by Reporting Centre Personnel

**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: SN0922/30006 Vehicle Registration No: GB49086H  
Name (as shown in NRIC): FONG CHENG WAH NRIC/FIN/Passport No: SXXXX809E  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: BLK 674A YISHUN AVE 4 #13-730 Singapore ( 761674 )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 93806341  
Email Address: \_\_\_\_\_  
Date of Accident: 09/01/22 Time of Accident: 18:30  
Place of Accident: YISHUN AVE 5  
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:

AMEND POLICY NO

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

Shye 11/01/22  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:





# SINGAPORE POLICE FORCE



T/20220111/2002

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20220111/2002

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/01/2022 00:35		Vide Report No.:		Station Diary No.: 11	
<b>Informant's Particulars</b>					
Name of Informant: FONG CHENG WAH			Address: APT BLK 674A YISHUN AVENUE 4 #13-730 SINGAPORE 761674		
ID Type / ID No.: NRIC NO / S1563809E			Contact No.: Home/Office: Mobile: 93806341		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 06/09/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/01/2022 18:30	Type of Location: Car Park
Location:  YISHUN AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG9086H	Lorry	TOYOTA		Orange	No Damage	0
SML2599J	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20220111/2002

2 of 3

Report No. T/20220111/2002

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

**CONTINUATION OF REPORT**

Driver Name		FONG CHENG WAH	ID No.	S1563809E	
Related Vehicle		GBG9086H (Lorry)		Contact No.	93806341
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	

**Brief Details.**

On 09/01/2022 at about 1730hrs, I had parked my company lorry (orange "Pokka" Toyota lorry, GBG9086H) at the open space carpark of Blk 101 Yishun, behind POSB.

On 09/01/2022 at about 1830hrs, I was at the carpark gantry of Blk 101 Yishun when I was approached by one male Chinese in his 50s claiming that I had collided onto his vehicle. The male Chinese then checked on my vehicle and left without saying anything. I then left the carpark. Upon reaching home, I did made a check on my company lorry and there is no damages.

On 10/01/2022, my company informed me that one male Chinese called the company claiming his in car camera had captured the company vehicle that I was driving had collided onto his vehicle. The caller refused to reveal further details however claimed already lodge report with insurance and Police. He only provided his vehicle number as SML2599J.

There is no in car camera in my company lorry.

This is the first time such incident had happened.



**SINGAPORE  
POLICE FORCE**



T/20220111/2002

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 3

Report No. T/20220111/2002

**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

L /

Sr Staff Sgt LIM JUN LONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/01/2022 00:35

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt NEO ZHI YUAN

Contact No.: 65476079

Classification Of Case:

SN 095

Authentication Stamp

NP168



# ACCIDENT STATEMENT

ACCIDENT DATE: 09/01/22 (DD/MM/YYYY), TIME: 18:30 (HH:MM)

LOCATION: YISHUN AVE 5

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG9086H  
 b) INSURANCE COMPANY: SOMPO  
 c) POLICY NUMBER: DJMTPCVE00857  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: AUTO / MANUAL  
 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: POKKA PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 90223626  
 c) ADDRESS:

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

### DRIVER

- a) NAME: FONG CHENG WAH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 51563809E CONTACT: 93806341  
 c) ADDRESS: BLK 674A YISHUN AVE 4  
#13-730 (761674)

\* d) DATE OF BIRTH: 06/09/1962 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 02/08/1995

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: 5ML2599J 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:

Email =

fax =

video =

\* No of passenger  
 (including driver)

(2)

yes

yap Lee

(f)

\* No of passenger

(including driver)

( )

\* No of passenger

(including driver)

( )

**Certificate of Insurance**

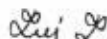
**ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)**

- Cert No./Policy No. : D21MTPCVE000867
1. Registration No. : GBG9086H - Item No. 13
2. Insured Name : POKKA PTE. LTD.
3. Commencement Date : 08 APRIL 2021 00:00
4. Expiry Date : 07 APRIL 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 : 26 MARCH 2021 12:28

*\*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