

NATIONAL Assessment Centre Services

Date In: 10/02/2022 13:25	Job description	Date & Time Completed	Done by
Ref No: NA/SMD 22001285/m4	SAS e-filing		
Veh No: FBQ 4770X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/02/2022 18:00	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: SLD8912C	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

NA 2200350	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) 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)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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			
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:	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	10/02/2022 13:25 (SGT)
Date of Accident	07/02/2022 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOWER DELTA ROAD TOWARDS AYE(MCE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ4770X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAU KIM HENG
NRIC No	SXXXX398D
Email Address	laukimheng190@gmail.com
Mobile Phone No	(Phone) +65-98472931
Alternative Phone No	+65-98472931

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	UH200A
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?	Yes
Vehicle Category	Motorcycle
Transmission	Auto
CC	200

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTMC01006191
Cover Note Number	-

DRIVER

Name of Driver	LAU KIM HENG
NRIC No	SXXXX398D

Date Of Birth	22/05/1967
Occupation	Indoor
Date Of Driving Pass	21/11/2000
Driving experience	21 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98472931
Alt. Phone Number	+65-98472931
Email Address	laukimheng190@gmail.com
Address	BLK 528 WOODLANDS DRIVE 14
Address complement	#12-523
Postcode	730528
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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/20220209/2015

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	SLD8912C
Vehicle Manufacturer	Volkswagen
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LAU KIM HENG
Gender	Male
Phone No	(Phone) +65-98472931
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBQ4770X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes



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

 9/2/22
Driver's Signature (If driver is not the policyholder) / Date
& Time

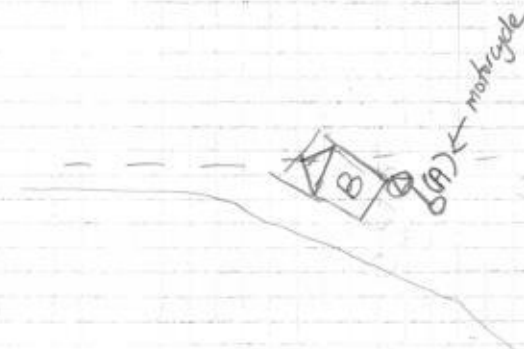
 10/2/22
Witnessed by Reporting Centre
Personnel

Sketch Plan

A = FBQ 4770X

B = SLD 8912C

Lower Delta Road towards
AYE (MCE).



— Please refer to the police report : T/20220209/2015. —

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	
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SINGAPORE POLICE FORCE



T/20220209/2015

1 of 3

Report No. T/20220209/2015

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2022 11:15		Vide Report No.: D/20220207/0065		Station Diary No.:	
Informant's Particulars					
Name of Informant: LAU KIM HENG			Address: APT BLK 528 WOODLANDS DRIVE 14 #12-523 WOODLANDS VISTA SINGAPORE 730528		
ID Type / ID No.: NRIC NO / S1814398D			Contact No.: Home/Office: Mobile: 98472931		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 22/05/1967	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: ELECTRICAL TECHNICIAN			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/02/2022 18:00	Type of Location: Straight Road
Location: LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ4770X	Lorry	SUZUKI	UH200A	White		0
SLD8912C	Car	VOLKSWAGO N	POLO GP 1.2 TSI A/T 6C13EZ SR LED	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220209/2015

2 of 3

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

Report No: T/20220209/2015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ4770X	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100619 1	19/10/2021	18/10/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LAU KIM HENG	ID No.	\$1814398D
Related Vehicle	FBQ4770X (Lorry)	Contact No.	98472931
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	07/02/2022	Date Discharge	07/02/2022
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE STATED DATE TIME AND LOCATION,

I WAS RIDING MY BIKE ALONG LOWER DELTA ROAD TOWARDS AYE(MCE). I WAS THE SLIP ROAD GOING TO AYE. WHILE I WAS RIDING, THERE WAS A VEHICLE INFRONT OF ME WHICH WAS SLD8912C. THE STATED VEHICLE SUDDENLY MADE A EMERGENCY STOP. I TRIED TO OVERTAKE AND COLIDED WITH THE STATED VEHICLE. I LOSE MY BALANCE OF MY BIKE AND SKIDDED INFRONT OF THE VEHICLE. AFTER THE ACCIDENT HAPPENED, THE VEHICLE SLOWLY OVERTAKE ME AND STOPPED. THE DRIVER OF THE STATED VEHICLE WENT OUT FROM THE VEHICLE AND CHECK ON MY CONDITION. PASSERBY SAW THE ACCIDENT AND IMMEDIATELY CALLED TRAFFIC POLICE AND AMBULANCE. UPON THIER ARRIVAL, PARAMEDIC CAME TO ME AND CONVEYED ME TO NG TENG FONG GENERAL HOSPITAL WHILE TRAFFIC POLICE WERE THERE FOR FURTHER INVESTIGATION. IO ISMAIL (EXT: 65476185) WILL BE INCHARGE OF THIS CASE. NO GOVERNMENT WAS PROPERTY WAS DAMAGED.

THAT'S ALL



**SINGAPORE
POLICE FORCE**



T/20220209/2015

3 of 3

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

Report No. T/20220209/2015

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 / GIT /
SI VILTON HIA WEE SIANG
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/02/2022 11:15

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

ACCIDENT STATEMENT

ACCIDENT DATE: 07 / 02 / 2022 (DD/MM/YYYY), TIME: 18 : 00 (HH:MM)

LOCATION: Lower Delta Road towards AVE (MCE)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FBO 4770X

b) INSURANCE COMPANY: Sompo

c) POLICY NUMBER: D21MTMCO1006191

d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT

e) MAKE & MODEL: Suzuki / UH200A Auto / Motorcycle (200cc) Passenger Scooter

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: private use

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (own damage)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: LAU Kim HENG

(MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S 1814398 D CONTACT: 9847 2931

c) ADDRESS: Blk 528 Woodlands Drive 14 #12-523 (S) 730528

* 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: 22 / 05 / 1967 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 21/11/2000

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITIONS: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) (Slight) conveyed by Ambulance (Yes)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLD 8912C (B) MODEL: Volkswagen

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 passengers
(including driver)
(1)

* No. of passengers
(including driver)
()

* No. of passengers
(including driver)
()

Email = laukinheng190@gmail.com

Fax =

Video = NO

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.	: D21MTMC01006191
Insured	: LAU KIM HENG
Motor Vehicle (Regn No.)	: FBQ4770X
Cover	: Comprehensive
Policy Commencement Date	: 19 OCTOBER 2021 00:00
Policy Expiry Date	: 18 OCTOBER 2022 23:59
Maximum Liability (Section I)	: Market value at time of loss
Excess*	: \$300 - Section I
Named Driver 1	: LAU KIM HENG
HIRE PURCHASE OWNER	: YEW HENG CREDIT ENTERPRISE PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
 LAU KIM HENG

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 purposes and
 (a) by the Insured in person in connection with his business or profession or
 (b) in connection with the Insured's business or profession

The Policy does not cover

- (i) Use for hire or reward
- (ii) Use for racing pacemaking, reliability trial or speed-testing
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business
- (iv) Use for any purpose in connection with the Motor Trade

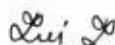
Accident Reporting

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_04)

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 11 OCTOBER 2021 09:50

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: MY3 J8DBHJ2J40MDMPAJ