

Date In: <b>18/01/2022 11:11</b>	Job Description	Date & Time Completed	Done by
Ref No: <b>XIA/SMO 220015754</b>	SAS e-illing		
Veh No: <b>SOT 5887</b>	E-mail (within 4hrs. Ab. 2hrs)		
DOA: <b>17/02/2022 15:38</b>	I-Motor Claim Form		
OD: <b>TP Reporting Only</b>	I-Motor W/O (within 10: 2hrs. 10: 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/NGKSI		

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

TP Particulars: Veh No: **SUC 8259L** 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:-	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

Claimant's Particulars:-	Invoice Preparation Checklist	
	Amnt (\$) Est. Bill	Amnt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments:-	5) RT: Follow-Through Survey (Resurvey) \$30	
Cat. 1:	For claiming against INC Only (wef 10 Jan 2015)	
Cat. 2/3:	6) TR: Re-inspection \$75	
	7) NI: Idue DA + SMRT Survey \$160	
	8) NTUC: Additional Services:-	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NE: Repair Co-ordination \$10	
	*NF: Post Repair Inspection \$25	
	*NS: DV / Collect Excess Coordination \$5	
	TI (N11): TP (Non INC) against INC \$20	
	9) NI: Blue Mobile \$10	
	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	18/02/2022 11:11 (SGT)
Date of Accident	17/02/2022 15:38 (SGT)
Exact Location of Accident	Bukit Batok East Ave 3, Singapore
Additional Location Information	JUNCTION WITH BUKIT BATOK EAST AVE 4
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDT588T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	THAM KAR WAI DERRICK (TAN JIAWEI DERRICK)
NRIC No	SXXXX549G
Email Address	derricktham@gmail.com
Mobile Phone No	(Phone) +65-87778858
Alternative Phone No	+65-87778858

## VEHICLE PARTICULARS

Manufacturer	Mini
Model	John cooper works
Variant	GP
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	1998

## INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01011136
Cover Note Number	-

## DRIVER

Name of Driver	THAM KAR WAI DERRICK (TAN JIAWEI DERRICK)
NRIC No	SXXXX549G

Date Of Birth	15/12/1979
Occupation	Indoor
Date Of Driving Pass	16/10/2001
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87778858
Alt. Phone Number	+65-87778858
Email Address	derricktham@gmail.com
Address	86 FLORA ROAD #04-20
Address complement	-
Postcode	507002
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?	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
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC8259L
Vehicle Manufacturer	Tesla
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	OLIVER JAMES SLEAFER
NRIC No	SXXXX819J
Contact Number	(Phone) +65-83582733
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**

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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**.
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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")

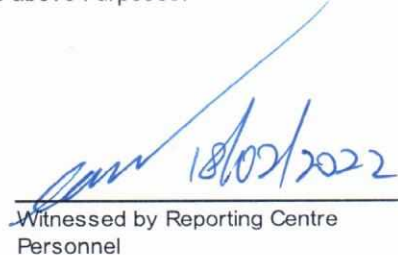
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

  
18/2/22

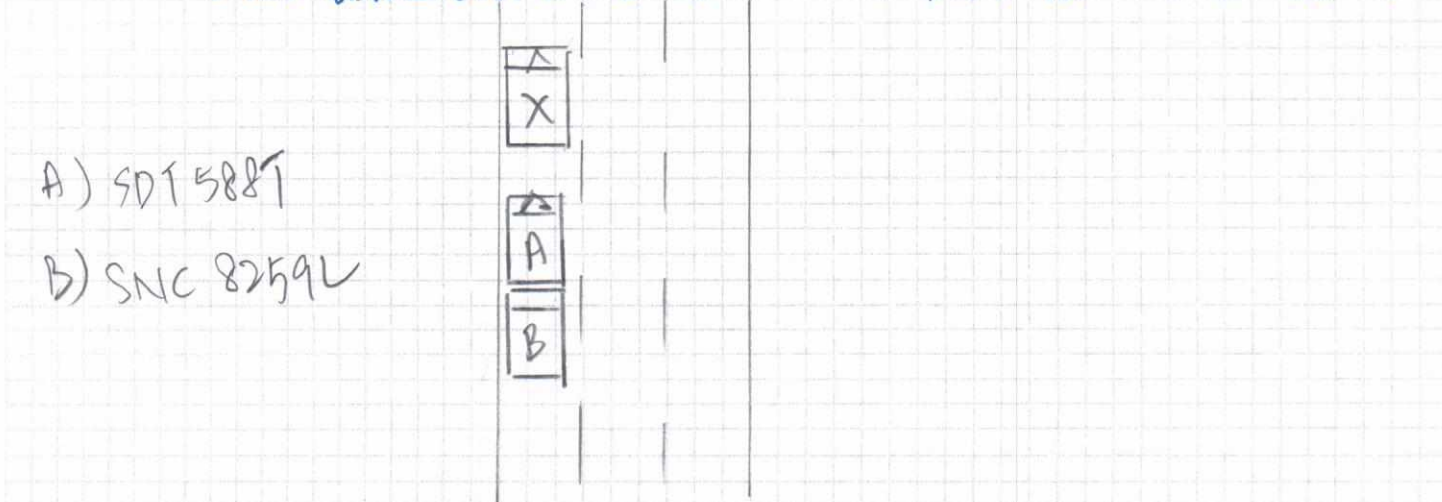
Policyholder's Signature / Date & Time  
9.50am.

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

  
18/02/2022

Witnessed by Reporting Centre Personnel

Sketch Plan **BUKIT BAWAK EAST AVE 3 JUNCTION OF BUKIT BAWAK EAST AVE 4**



**Describe Circumstances of the Accident**

17 FEB 2022 @ about 3.38pm

I was at the traffic junction along Bukit Batok East Ave 3 and Bukit Batok Ave 4. I am stationary as it's a red light.

I felt a bang from behind.

**Declaration**

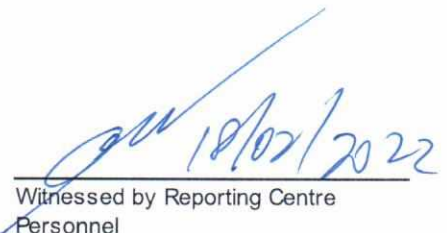
We declare the foregoing particulars are true in every respect.



18/2/22

Policyholder's Signature / Date & Time 9.50am.

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



18/02/2022

Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 17/02/2022 ) (DD/MM/YYYY), TIME: ( 15:38 ) (HH:MM)

LOCATION: BUKIT BATOK EAST AVE 3 / JUNCTION OF BUKIT BATOK EAST AVE 4

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SOT 588T  
b) INSURANCE COMPANY: SOMPO  
c) POLICY NUMBER: D2IMTP101011136  
d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
e) MAKE & MODEL: MINI JOHN COOPER WORKS GP  
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 )  
IF NO, PLEASE STATE ( THIRD PARTY CLAIM / REPORTING ONLY )

## 2. INSURED / POLICY HOLDER

- A) NAME: THAM FAR WAI DEBBICE ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: S7937549G CONTACT: 87778858  
c) ADDRESS: 86 FLORA ROAD #04-20 SCS07002

\* 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: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) ( DD / MM / YYYY )

e) OCCUPATION: ( INDOOR / OUTDOOR )  
f) DATE OF DRIVING PASS: 16/10/2001

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: SNC 8259L MODEL: TESLA  
b) DRIVER'S NAME: OLIVER JAMES SLEAFER  
c) NRIC/FIN/PASSPORT: S8565819J CONTACT: 83582733

## 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 = demicktham@gmail.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. : D21MTPV01011136  
Insured : THAM KAR WAI DERRICK (TAN JIAWEI DERRICK)  
Motor Vehicle (Registration No.): SDT588T  
Coverage : Comprehensive - ExcelDrive PRESTIGE  
Policy Commencement Date : 06 AUGUST 2021 00:00  
Policy Expiry Date : 20 DECEMBER 2022 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$900 - 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

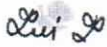
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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](http://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 : 05 AUGUST 2021 10:07

#### 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 : 11A14006 & ACCORD INSURANCE AGENCY CI Code: 22A JNDBLW4\_KB01VNAN



**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: SK1092210001 Vehicle Registration No: SDT 5887

Name (as shown in NRIC): THAM KAR WAH DARRICK NRIC/FIN/Passport No: 8XXXX 5094

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 81234567

Email Address: \_\_\_\_\_

Date of Accident: 17/02/2022 Time of Accident: 15:38

Place of Accident: BUKIT BAKAR ROAD BUKIT BUKIT JALAN WITAH BUKIT BUKIT BUKIT BUKIT


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:

- ① VEHICLE MODEL TO MINI JOHN COOPER WORKS GP
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Policyholder / Driver's Signature  
Date:

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