

NATIONAL ASSESSMENT Centre Services

SN0922310003

Date In: 23/03/2022 12:26	Description: SAs e-filing	Originals Completed:	Done by:
Ref No: N/A/SMO 220026687	E-mail (as per SAs 2hrs):		
Vehicle: SMW 5167M	i-Motor Claim Form:		
Date Out: 23/03/2022 06:50	i-Motor W/O (within 24 Hrs 400):		
TP Insurer:	i-Photo Uploaded:		
	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/Wksp:		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel:	Fax:
TP Particulars:	Veh No: SRA 532X	INC () / Non-INC ()
Owner / Driver ()	Tel:	
Policy No ()	Period ()	Cover Type ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability ()	[Note-Est Status (W/O): 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 order or repairer

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

Drive-In () / Towel-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 2200766	Invoice Preparation Checklist		And (\$)	And (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)		1st Bill	2nd Bill
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)		
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 2015)			
	6) TR: Re-inspection	\$15		
	7) N1: 1st DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	Q17			
	*N5: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Coordination	\$10		
	*N7: Post Repair Inspection	\$10		
	*N8: DV / Collect Excess Coordination	\$5		
	1) N11: 1st DA + SMRT Survey	\$160		
	2) N12: 2nd DA + SMRT Survey	\$160		
	Invoice dated	Free Charges		
		Free Charges		



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	23/03/2022 12:26 (SGT)
Date of Accident	23/03/2022 06:50 (SGT)
Exact Location of Accident	Sembawang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW5767M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TANG CHEE CHEONG
NRIC No	SXXXX690A
Email Address	daytonatris@gmail.com
Mobile Phone No	(Phone) +65-91280897
Alternative Phone No	+65-91280897

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	Private car
Transmission	Auto
CC	1395

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01016045
Cover Note Number	-

DRIVER

Name of Driver	TANG CHEE CHEONG
NRIC No	SXXXX690A



Date Of Birth	13/07/1969
Occupation	Indoor
Date Of Driving Pass	18/09/1990
Driving experience	31 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91280897
Alt. Phone Number	+65-91280897
Email Address	daytonatris@gmail.com
Address	19 CANBERRA DRIVE #11-40
Address complement	-
Postcode	768075
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	SKA532X
Vehicle Manufacturer	Volkswagen
Vehicle Model	Golf
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR TAN
NRIC No	SXXXX920B
Contact Number	(Phone) +65-90615860
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

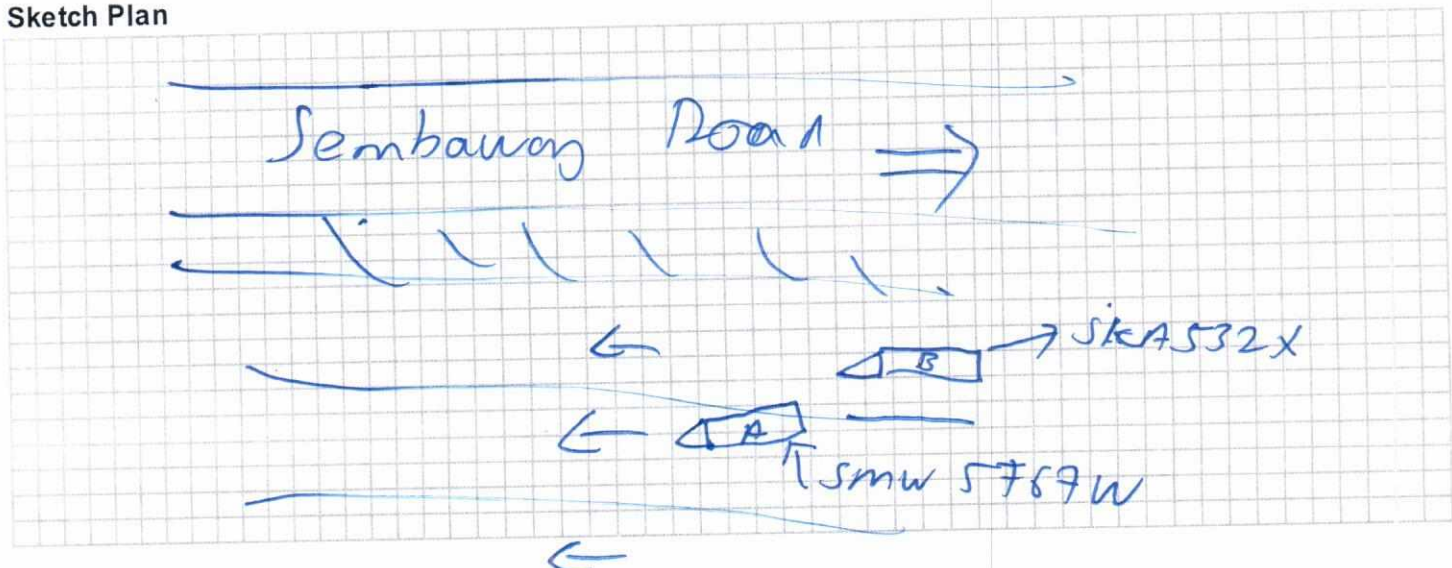
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

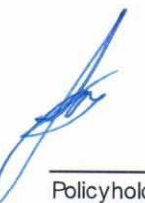
I was driving along Sembawang Road. After checking all clear, I slowly steer from left to right.

Upon entering 3rd extreme right lane, saw rear mirror a car driving at high speed, I quickly steer back into center lane in order to give way to him and avoid him.

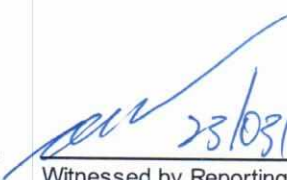
But due to his speeding, he still hit my rear right side causing bumper, rear sensor, fender and lights to be damage.

Declaration

We declare the foregoing particulars are true in every respect.

 23/03/2022
Policyholder's Signature / Date & Time

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

 23/03/2022
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 23/03/2022 (DD/MM/YYYY), TIME: 06.50 (HH:MM)

LOCATION: Sembawang Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMW 5767M
 b) INSURANCE COMPANY: SOMPO
 c) POLICY NUMBER: D21MTPU01016045
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: VW Golf 1.4 R-Line Comfortline
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Comm. 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: Mr Tan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S68269920B CONTACT: 90615860
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tang Chie Cheong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6923690A CONTACT: 91280897
 c) ADDRESS: 19 Canberra Drive, #11-40
S: 768075

* d) DATE OF BIRTH: 17/07/1999 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18/09/1990

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: SKA 532X MODEL: VW Golf 1.4 TSI
 b) DRIVER'S NAME: Mr Tan
 c) NRIC/FIN/PASSPORT: S68269920B CONTACT: 90615860

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: daytona@trist@gmail.com
 VIDEO: Yes

PRIVATE CAR POLICY SCHEDULE

Intermediary Code : 11L20708

Policy No. : D21MTPV01016045

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE CAR Policy wordings, ref. MTP.30

Insured : TANG CHEE CHEONG
Address : 19 CANBERRA DRIVE
#11-40
SINGAPORE 768075
Business/Profession : REAL ESTATE MANAGER

INSURED DETAILS

Date of Birth & Age : 13 JUL 1969 & 52 years old
Driving Experience in : 31 years
Singapore
Identification Type : NRIC(Singaporean)
Marital Status : MARRIED
Gender : Male
Identification No. : S6923690A

Period of Insurance : 27 NOVEMBER 2021 00:00 TO 26 NOVEMBER 2022 23:59

Persons or Classes of Persons entitled to drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

VEHICLE DETAILS

Vehicle Registration No. : SMW5767M
Chassis No. : WVVWZZAUZLW12829
3
Engine No. : CZCC13389
Vehicle Make & Model : VOLKSWAGEN GOLF 1.4
Engine Capacity : 1400
NCD Entitlement : 40%
Year of Registration : 2020
NCD Protection : Yes
Estimated value of Vehicle : Market value at time of loss
Hire Purchase Owner : POSB BANK

PREMIUM DETAILS

Premium after applicable discount(s) : S\$ 1,093.99
GST : S\$ 76.58
Premium (incl. GST) : S\$ 1,170.57

Coverage : Comprehensive - ExcelDrive PRESTIGE

Excess : \$ 500 - Section I

Voluntary Excess : N.A

Additional Excess : Named Young and/or Inexperienced Drivers S\$1,500
Un-named Young and/or Inexperienced Drivers S\$3,000
Un-named All Other Drivers S\$500

'Young Drivers' shall be defined as drivers (including the Insured) who are below 27 years old.
'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 1 year of driving experience in Singapore roads.

Windscreen Excess : S\$100.00 for each and every applicable claim.

Endorsements Applicable : Endorsement AA1 - ExcelDrive Prestige Plan
Endorsement D1 - Young and/or Inexperienced Drivers
Endorsement E - Excess Clause
Endorsement H - Total Loss
Endorsement L - Hire Purchase
Endorsement M - Inclusion Of Special Perils
Endorsement P6 - Riot And Strike Endorsement
Endorsement V - No Claim Discount Protection
Endorsement Z - Loss of Use Benefit

Additional Cover : NIL

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: SN09223N0003 Vehicle Registration No: SMW 5767M

Name (as shown in NRIC): TONG CHIAH CHUAN NRIC/FIN/Passport No: 9XXXX690A

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

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 91280897

Email Address: _____

Date of Accident: 23/03/2022 Time of Accident: 06:40

Place of Accident: Sembawang Road

Insurance Company: Sampul

(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:

From 1/P to 0/0 Change

Policyholder / Driver's Signature
Date:

23/03/2022
Reporting Centre Personnel's Signature
Name: Robt. Lim
NRIC/FIN No.: 91280897
Date: