

NATION'S ASSESSMENT CARE SERVICES

20092230007

Date In: 2/03/2022 16:22
 Ref No: 4128/SMO22002719/Y
 VIN: SMV 4143A
 Policy: 2203/2022 17:35
 (TP) Reporting End.
 TP Insurer:

Description: SAS e-filing
 E-mail (e-filing) (M-200)
 i-Motor Claim Form
 i-Motor W/O (w/ins. of 20-TP-400)
 i-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by Fax/Hand to Owner/WKSM

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

TP Particulars: Vch No: SMT 327TP INC () / Non-INC ()
 Owner / Driver () Tel ()
 Policy No () Period () Cover Type ()

Confirmed by: () Date: () Title: ()
 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 or 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

Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2, 3:	Invoice Preparation Checklist	
	Am't (\$) 1st Bill	Am't (\$) Add'l Bill
	1) AR: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100) INC (\$50)	
	3) TF: Towing Fee \$40/\$45	
	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$90	
	For claiming against INC Daily (wef 19 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) N1: 1st DA + SMRT Survey \$160	
	8) NT107 Additional Services:-	
	QC:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Coordination \$1	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	*N9: 1st DA, TF (w/ INC) against INC \$25	
	9) N12: Misc Mobile \$1	
	Invoice dated	

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	24/03/2022 16:22 (SGT)
Date of Accident	22/03/2022 17:30 (SGT)
Exact Location of Accident	Tampines Ave 7, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV4143A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOW AH CHOO
NRIC No	SXXXX388B
Email Address	citizenpower555@gmail.com
Mobile Phone No	(Phone) +65-98828883
Alternative Phone No	+65-91119748

VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Octavia
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01012832
Cover Note Number	-

DRIVER

Name of Driver	ENG CHENG XI, KELVIN
NRIC No	SXXXX388A

Date Of Birth	30/06/1989
Occupation	Indoor
Date Of Driving Pass	07/05/2008
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91119748
Alt. Phone Number	-
Email Address	citizenpower555@gmail.com
Address	BLK 601C TAMPINES AVENUE 9 #15-838
Address complement	-
Postcode	523601
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SON IN LAW
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LOW AH CHOO
Gender	Female

PASSENGER 2

Name	DYAH MAYASARI
Gender	Female

PASSENGER 3

Name	ENG JUN HAN ZENITH
Gender	Male

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

PLEASE REFER TO POLICE REPORT T/20220323/7007

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 SMT3277P
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LOW AH CHOO
 Gender Female
 Phone No (Phone) +65-98828883
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS INJURY
 Injured person in which vehicle? SMV4143A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person ENG CHENG XI, KELVIN
 Gender Male
 Phone No (Phone) +65-91119748
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS INJURY
 Injured person in which vehicle? SMV4143A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person DYAH MAYASARI
 Gender Female
 Phone No (Phone) +65-84381346
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS INJURY
 Injured person in which vehicle? SMV4143A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person	ENG JUN HAN ZENITH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMV4143A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

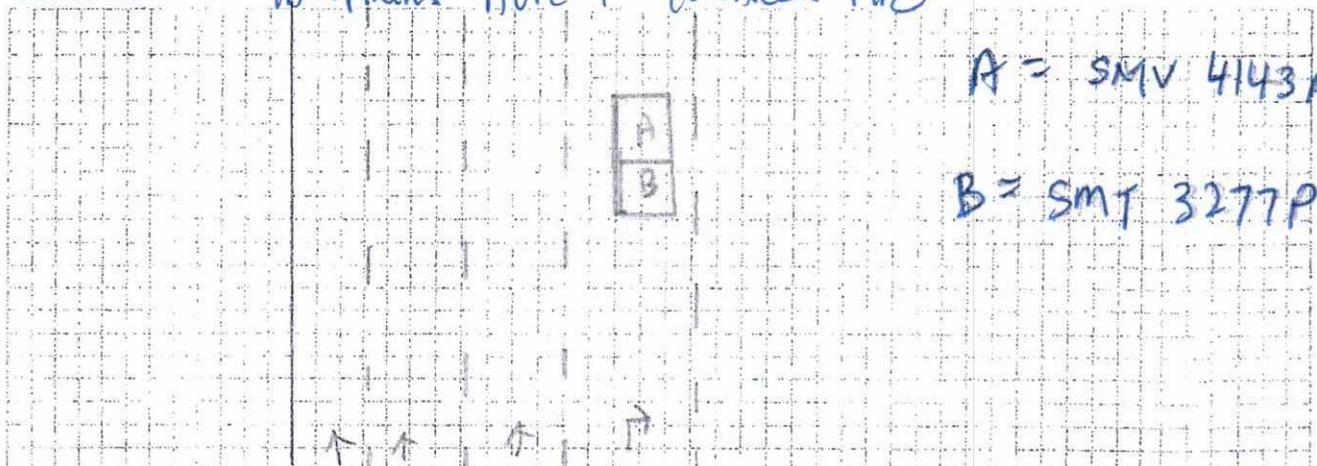
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Tampines Ave 7 towards Pte



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- REFER TO POLICE REPORT - 1/20220323/7007

[A large blue diagonal line is drawn across the lined area, indicating that the content has been referred to a police report.]

Declaration

We declare the foregoing particulars are true in every respect.

[Handwritten signature]

Policyholder's Signature / Date & Time

[Handwritten signature]

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

[Handwritten signature]
24/03/22

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220323/7007

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

1 of 4

Report No. T/20220323/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2022 11:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ENG CHENG XI, KELVIN			Address: 601C TAMPINES AVENUE 9 #15-838 SINGAPORE 523601		
ID Type / ID No.: NRIC NO / S8922388A			Contact No.: Home/Office:		Mobile: 81412888
Nationality: SINGAPORE CITIZEN			Email: KELVONFAMILY@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 30/06/1989	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: EMPLOYMENT AGENT			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/03/2022 17:30	Type of Location: Straight Road	
Location: TAMPINES AVENUE 7					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMT3277P	Car					0
SMV4143A	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20220323/7007

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

2 of 4

Report No. T/20220323/7007

CONTINUATION OF REPORT

Driver			
Name	ENG CHENG XI, KELVIN	ID No.	S8922388A
Related Vehicle	SMV4143A (Car)	Contact No.	81412888
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	DYAH MAYASARI	ID No.	G4136641P
Related Vehicle	SMV4143A (Car)	Contact No.	84381346
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	ENG JUN HAN ZENITH	ID No.	T2019532G
Related Vehicle	SMV4143A (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
Passenger			
Name	LOW AH CHOO	ID No.	S2576388B
Related Vehicle	SMV4143A (Car)	Contact No.	98228883
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20220323/7007

3 of 4

Report No. T/20220323/7007

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

CONTINUATION OF REPORT

Brief Details.

ON THE STATED DATE AND TIME, I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN AND WHEN WE WERE ABOUT TO MOVE OFF, WE FELT A HUGE IMPACT FROM THE REAR.

WE WENT DOWN AND SAW SMT3277P HIT ONTO MY REAR PORTION.

AFTER THE ACCIDENT, MYSELF, MY MOTHER-IN-LAW, MY HELPER AND MY BABY WENT TO SEEK FOR PROFESSIONAL MEDICAL HELP FROM A DOCTOR AT VIVA MEDICAL CLINIC.



**SINGAPORE
POLICE FORCE**



T/20220323/7007

4 of 4

Report No. T/20220323/7007

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG
Contact No.: 65476151

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
23/03/2022 11:33

Classification Of Case:

VEHICLE NO: SMV 4143 A

MAKE & MODEL: SKODA

VRS

AUTO MANUAL

DATE OF ACCIDENT	22 / 03 / 22	ICC
TIME OF ACCIDENT	5.30 AM / <u>PM</u>	
LOCATION OF ACCIDENT	TAMPINES AVE 7 TWICE VJE	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	LOW AH CHOO	
EMAIL	CITIZENPOWER 555@GMAIL.COM	Office: MOBILE: 9882 8883
NRIC	S 2576388 B	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	SOMP 2	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	D21 MTPV 01012832	
NAME OF DRIVER	AS ABOVE / <u>IF NO</u> ENG CHEM XI, KELVIN	
NRIC	S 8922388 A	
DATE OF BIRTH	30 / 06 / 1989	
ANY PASSENGER	<u>YES</u> / NO :	
NAME OF PASSENGER	1) LOW AH CHOO (CF) 2) DYAH MAYASARI (CF)	
GENDER OF PASSENGER	MALE / FEMALE 3) ENG JUN HAN, ZENITH (M)	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	07 / 05 / 2008	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 9111 9748 Office: Home:	
EMAIL		
ADDRESS	BLK 601C, TAMPINES AVE 9	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No: INSURER	
RELATIONSHIP	Employee / <u>If No</u> MOTHER IN-LAW	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / <u>If yes</u> : Who? 1) <u>POWER</u> 2) LOW AH CHOO (CF) 3) DYAH MAYASARI (CF)	
CONTACT NO.	4) ENG JUN HAN, ZENITH (M)	
POLICE REPORT	No / <u>If yes</u> : Where? (M)	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	SMT 3277P Any Passenger:	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		

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. : D21MTPV01012832
Insured : LOW AH CHOO
Motor Vehicle (Registration No.): SMV4143A
Coverage : Comprehensive - ExcelDrive PRESTIGE
Policy Commencement Date : 29 SEPTEMBER 2021 00:00
Policy Expiry Date : 28 SEPTEMBER 2022 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$600 - 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

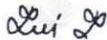
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 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 : 08 SEPTEMBER 2021 15:11

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 : 11A28209 & ASSURE INSURANCE AGENCY PTE. LTD. CI Code: 22A FFCCLPY4_KPLYWAA