

NATION 11 Assessment Centre Services SM0922PC0006

Date In: 12/04/2022 17:28	Job description: SAS e-filing	Time & Time Completed:	Done by:
Ref No: N/A/SMO220033854	E-mail (within 3hrs. Ab. 2hrs):		
Veh No: SLA 86007	i-Motor Claim Form		
DOA: 12/04/2022 10:35	i-Motor W/O (within 04. 2hrs. TP 4hrs)		
DD: (TP) Reporting Only	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: SLG 3187X	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

<p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Est. 1:</p> <p>Est. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th>1st Bill</th> <th>Add Bill</th> </tr> </thead> <tbody> <tr><td>1) AR : Accident Reporting (\$30),</td><td></td><td></td></tr> <tr><td>2) DA : Damage Assessment (\$100), INC (\$30)</td><td></td><td></td></tr> <tr><td>3) TF : Towing Fee \$40/\$45</td><td></td><td></td></tr> <tr><td>4) FT : Follow-Through Survey \$120</td><td></td><td></td></tr> <tr><td>5) FT : Follow-Through Survey (Resurvey) \$30</td><td></td><td></td></tr> <tr><td colspan="3">For claiming against INC Only (wef 10 Jan 2005)</td></tr> <tr><td>6) TR : Re-inspection \$75</td><td></td><td></td></tr> <tr><td>7) NI : Idac DA + SMRT Survey \$160</td><td></td><td></td></tr> <tr><td>8) NTUC Additional Services:-</td><td></td><td></td></tr> <tr><td colspan="3">Q11:</td></tr> <tr><td>* N5: Courtesy Car / Tpt Allowance</td><td>\$5</td><td></td></tr> <tr><td>* N6: Repair Co-ordination</td><td>\$10</td><td></td></tr> <tr><td>* N7: Post Repair Inspection</td><td>\$25</td><td></td></tr> <tr><td>* N8: DV / Collect Excess Coordination</td><td>\$5</td><td></td></tr> <tr><td>TP (N11) : TP (Non-INC) against INC</td><td>\$20</td><td></td></tr> <tr><td>9) N12: Idac Mobile</td><td>\$30</td><td></td></tr> </tbody> </table> <p>Invoice dated: _____ Fee charged: _____</p> <p>Invoice dated: _____ Fee charged: _____</p>		Am't (\$)	Am't (\$)		1st Bill	Add Bill	1) AR : Accident Reporting (\$30),			2) DA : Damage Assessment (\$100), INC (\$30)			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) NI : Idac DA + SMRT Survey \$160			8) NTUC Additional Services:-			Q11:			* 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	
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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	12/04/2022 17:29 (SGT)
Date of Accident	12/04/2022 10:35 (SGT)
Exact Location of Accident	82 Playfair Rd, Singapore 368001
Additional Location Information	ENTRANCE OF D'LITHIUM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8600T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JABEZ WILLIAM TAN LEONG WHEE
NRIC No	SXXXX228J
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-96780032
Alternative Phone No	+65-96780032

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216d
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	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D22MTPV01004065
Cover Note Number	-

DRIVER

Name of Driver	JABEZ WILLIAM TAN LEONG WHEE
NRIC No	SXXXX228J

Date Of Birth	23/04/1974
Occupation	Indoor
Date Of Driving Pass	12/01/1996
Driving experience	26 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96780032
Alt. Phone Number	+65-96780032
Email Address	abc8627e@gmail.com
Address	BLK 9A BOON TIONG ROAD #06-501
Address complement	-
Postcode	162009
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 - Major/Minor Rd
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 AND ATTACHMENT

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	SLG3187X
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

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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

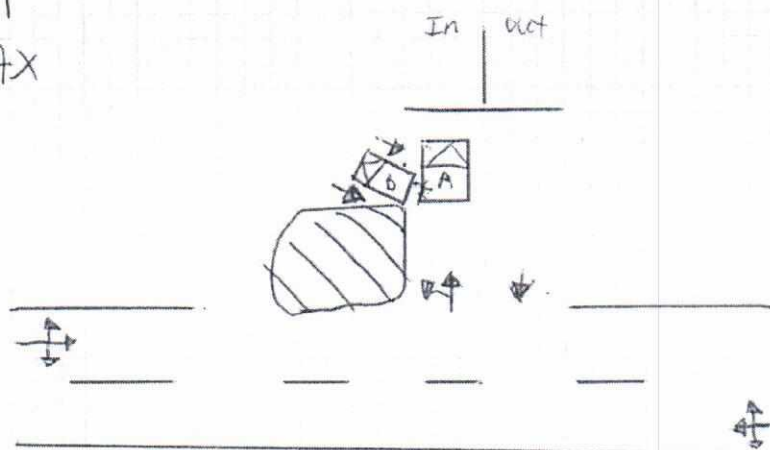
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SLA860DT
Vehicle B: SLG3197X

ENTRANCE OF D'LITHIUM @ 82 PLAYFAIR ROAD



Describe Circumstances of the Accident

Handwritten notes on lined paper:

70

Went to

PH

Declaration

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



Policyholder's Signature / Date & Time



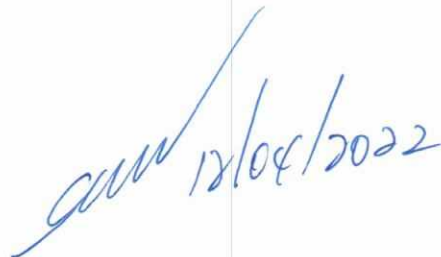
Driver's Signature (If driver is not the policyholder) / Date & Time


12/04/2022
Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (SLA8600T)
WAS TRAVELLING STRAIGHT GOING IN THE CARPARK
ENTRANCE OF D'LITHIUM @ 82 PLAYFAIR ROAD. SUDDENLY,
VEHICLE B (SLG3187X) ON THE LEFT HAND SIDE REVERSE AND
COLLIDED ONTO MY VEHICLE REAR LEFT PORTION.

VEHICLE A : SLA8600T

VEHICLE B : SLG3187X

A handwritten signature in blue ink, appearing to be 'A. M.' or similar, written in a cursive style.A handwritten signature in blue ink, followed by the date '12/08/2022' written in a cursive style.

SINGAPORE ACCIDENT STATEMENT

Accident Date: 12/4/2022		Time: 10:35hr		(hh:mm) 24 hr format	
Location Entrance of D'Lithium @ 82 Playfair Rd					
Vehicle Number SLA8600T					
Insured Name Jabez William Tan Leong Whee					
NRIC / FIN S74122285		Contact Number 9678 0032			
Make BMW		Model 216D			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (✓) Third Party () Reporting					
Insurance Company Sompo					
Type of Policy (✓) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number D22 MTPU 01004065					
Name of Driver				(✓) Same as Insured	
NRIC / FIN -		Contact Number -			
Date of Birth 23/4/1974					
Driving Pass Date 12 Jan 1996					
Occupation (✓) Indoor () Outdoor					
Gender (✓) Male () Female					
Email Address abc8627e@gmail.com				() NO EMAIL	
Address of Driver Blk 9A Boon Tiong Rd #06-501 (S) 162009					
Was driver an employee of the Insured's Company? () Yes (✓) No					
If No, Relationship of the Driver with the Insured					
(✓) Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes (✓) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (✓) Clear () Raining () Others					
Road Surface (✓) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (✓) No					
Was anybody injured in the accident? () Yes (✓) No					
If yes, injured detail					
Was there any video captured by Car Camera? () Yes (✓) No					
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B SLG3187X					
Veh C					
Veh D					
Veh E					
Veh F					

4 Dr'sw Only

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. : D22MTPV01004065
Insured : JABEZ WILLIAM TAN LEONG WHEE
Motor Vehicle (Registration No.): SLA8600T
Coverage : Comprehensive - ExcelDrive GOLD
Policy Commencement Date : 23 MARCH 2022 00:00
Policy Expiry Date : 22 MARCH 2023 23:59
Maximum Liability (Section I) : Market value at time of loss - Excl. COE
Excess* : \$500 - Section I
Voluntary Excess* : Buy Up : \$600 - Section I
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

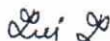
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 : 02 MARCH 2022 10:14

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 JXJDHMT4P04BBWJA