

# N. T. H. N. Assessment Centre Services

SM09224E0006

Date In: 14/04/2022 15:59	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A 8/SM0220034664	E-mail (within 24 hrs. AP, 4hrs):		
Veh No: SFY 39394	i-Motor Claim Form		
DOA: 13/04/2022 08:20	i-Motor W/O (within 24 hrs. TP 4hrs)		
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: SMW36315	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>Pat 1:</p> <p>Pat 2 / 3:</p>	Invoice Preparation Checklist		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			
	6) TR: Re-inspection \$75			
	7) N1: idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
<p>• N5: Courtesy Car / Tpt Allowance \$5</p> <p>• N6: Repair Co-ordination \$10</p> <p>• N7: Post Repair Inspection \$25</p> <p>• N8: DV / Collect Excess Coordination \$5</p> <p>• TP (N11): TP (Non-INC) against INC \$20</p> <p>9) N12: Idac Mobile \$0</p>				
Invoice dated	Fee Charge			
Invoice dated	Fee Charge			



## 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	14/04/2022 15:59 (SGT)
Date of Accident	13/04/2022 08:20 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS (5KM)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY3939U
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY LENG TECK
NRIC No	SXXXX210I
Email Address	ashleytay1810@gmail.com
Mobile Phone No	(Phone) +65-91454744
Alternative Phone No	+65-94242268

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1197

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01007803
Cover Note Number	-

#### DRIVER

Name of Driver	ASHLEY TAY
NRIC No	TXXXX051H

Date Of Birth	18/10/2000
Occupation	Indoor
Date Of Driving Pass	12/07/2019
Driving experience	2 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94242268
Alt. Phone Number	-
Email Address	ashleytay1810@gmail.com
Address	81 PUNGGOL CENTRAL #04-87
Address complement	-
Postcode	828760
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW3631J
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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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' 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

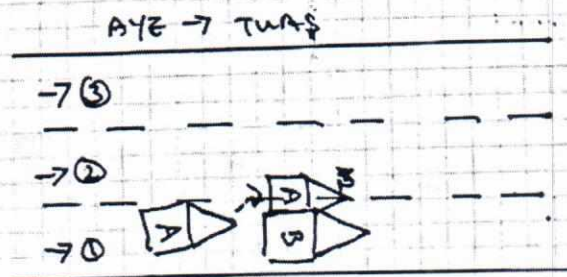
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan




A = SFY 3939 u  
B = SMW 3631J


**Describe Circumstances of the Accident**

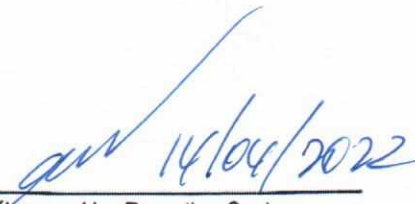
As I was travelling along the mention road. I was following behind vehicle 'B'. Suddenly vehicle 'B' slowed down and almost come to a complete stop. I saw and I try to avoid hitting him but still collided onto his vehicle rear left portion.

**Declaration**

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



VEHICLE NO:	SFY 39394	MAKE & MODEL:	AUTO / MANUAL
DATE OF ACCIDENT:	13 / 04 / 2022	CC:	(M)
TIME OF ACCIDENT:	0820 HRS		
LOCATION OF ACCIDENT:	AVE TOWARD TUAS (5km)		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE		
NAME OF OWNER:	TAY LENG TECK S164 0210 I		
TEL NO:	H/P: 9145 4744 OFFICE:	HOME:	
NRIC:	S164 0210 I		
ADDRESS:	81 PUNGOL CENTRAL #04-87 S(828760)		
EMAIL:	ASHLEYTAY1810@GMAIL.COM		
CLAIM TYPE:	QD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY:	YES / NO?		
INSURANCE COMPANY:	SOMPO		
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO:	021MTPV01007803		
NAME OF DRIVER:	AS ABOVE / IF NO: ASHLEY TAY		
NRIC:	T0036051 H	ANY PASSENGER:	0
DATE OF BIRTH:	18 / 10 / 2000	LICENCE PASSED DATE:	12 / 07 / 2019
OCCUPATION:	OUTDOOR / (NDOOR)		
GENDER:	MALE / (FEMALE)		
CONTACT NO:	H/P: 94242268 OFFICE:	HOME:	
ADDRESS:	81 PUNGOL CENTRAL #04-87 S(828760)		
EMAIL:			
DOES DRIVER OWNED ANY VEHICLE:	NO IF YES, REG NO:	INSURER:	
RELATIONSHIP:	DAUGHTER		
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:		
ROAD SURFACE:	(DRY) / WET / OTHER:		
ANY INJURIES:	NO / IF YES, WHO?		
NAME & CONTACT:			
NAME & CONTACT:			
POLICE REPORT:	(NO) / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?		
VEHICLE B REG NO:	UNKNOWN	ANY PASSENGERS:	
NAME OF DRIVER:	SMW 3631J	CONTACT NO:	
VEHICLE C REG NO:		ANY PASSENGERS:	
VEHICLE D REG NO:		ANY PASSENGERS:	
VEHICLE E REG NO:		ANY PASSENGERS:	
VEHICLE F REG NO:		ANY PASSENGERS:	
VEHICLE G REG NO:		ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE?	YES / NO		
WAS THERE ANY AUDIO RECORDED?	YES / NO		
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO		
ACCIDENT PORTION:			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO	
WORKSHOP PARTICULAR:			
CONTACT NO:	68420051 / 67440510		
CONTACT PERSON:			
FAX NO:	67410510		
WORKSHOP EMAIL:	sales@n51.com.sg		



## 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. : D21MTPV01007803  
 Insured : TAY LENG TECK  
 Motor Vehicle (Registration No.): SFY3939U  
 Coverage : Comprehensive - ExcelDrive PRESTIGE  
 Policy Commencement Date : 22 JUNE 2021 00:00  
 Policy Expiry Date : 21 JUNE 2022 23:59  
 Maximum Liability (Section I) : Market value at time of loss  
 Excess\* : \$500 - 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

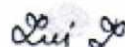
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 : 31 MAY 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.