

Date Inv: 19/04/2022 17:12	Ref No: X/18/8/02020357114	Veh No: 8LK 1913R	D.O.A: 18/04/2022 17:15
Job description	SAS e-filing	E-mail (within 8hrs, A/C 2hrs)	I-Motor Claim Form
Date & Time Completed	Done by	I-Motor W/O (within: OD 2hrs, TP 4hrs)	I-Photo Uploaded
Ass't Report by Fax / Hand to Owner/Wksp	Assessment/Survey Report	TP Insurer:	

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: Fax: ( )
TP Particulars: Veh No: INC ( ) / Non-INC ( )	Owner / Driver: ( )
Policy No: ( ) Period: ( ) Cover Type: ( )	Confirmed by: ( ) Date: Time:
Insured/Driver Liability: ( ) [Note-Bst 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 repaler.	( ) 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	

Invoice dated: Fee Charged: 30	Invoice dated: Fee Charged: 30
9) N12: Idas Mobile	9) N12: Idas Mobile
8) NTUC Additional Services: \$160	8) NTUC Additional Services: \$160
7) N1: Idas DA + SMRT Survey \$75	7) N1: Idas DA + SMRT Survey \$75
6) TR: Re-inspection For claiming against INC Only (wef 10 Jan 2005)	6) TR: Re-inspection For claiming against INC Only (wef 10 Jan 2005)
5) FT: Follow-Through Survey (Resurvey) \$30	5) FT: Follow-Through Survey (Resurvey) \$30
4) FT: Follow-Through Survey \$120	4) FT: Follow-Through Survey \$120
3) TF: Towing Fee \$40/\$45	3) TF: Towing Fee \$40/\$45
2) DA: Damage Assessment (\$100); INC (\$80)	2) DA: Damage Assessment (\$100); INC (\$80)
1) AR: Accident Reporting (\$30)	1) AR: Accident Reporting (\$30)
Invoice Preparation - Specialist	Invoice Preparation - Specialist
Amr (\$) Add Bill	Amr (\$) Add Bill



## 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	19/04/2022 17:12 (SGT)
Date of Accident	18/04/2022 17:15 (SGT)
Exact Location of Accident	Dunman Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX1913R
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KWEK SEOW KEW
NRIC No	SXXXX244Z
Email Address	augustine@aikyu.com
Mobile Phone No	(Phone) +65-96658802
Alternative Phone No	+65-96658802

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	1998

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D22MTPV01003946
Cover Note Number	-

#### DRIVER

Name of Driver	KWEK SEOW KEW
NRIC No	SXXXX244Z

Date Of Birth	29/02/1952
Occupation	Indoor
Date Of Driving Pass	15/05/1971
Driving experience	50 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96658802
Alt. Phone Number	+65-96658802
Email Address	augustine@aikyu.com
Address	1 MARINE VISTA #07-77
Address complement	-
Postcode	449025
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	LAI LENG MOY
Gender	Female

#### PASSENGER 2

Name	KWEK SHI LING
Gender	Female

#### 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
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB784R
-----------------------------	---------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-82822233
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)**

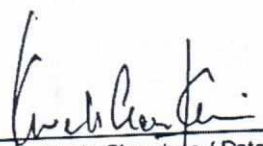
I understand, acknowledge, agree and consent that:

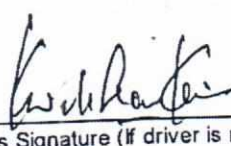
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

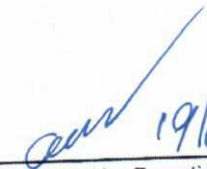
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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

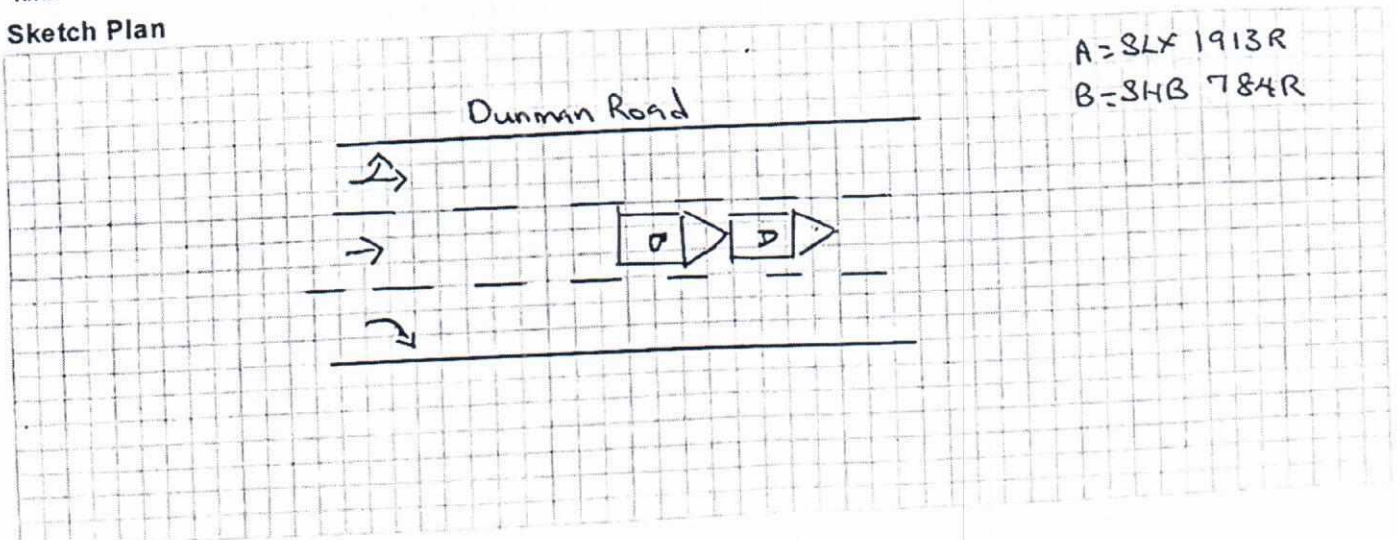
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

 19/04/2022  
Witnessed by Reporting Centre Personnel

### Sketch Plan

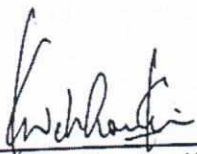


**Describe Circumstances of the Accident**

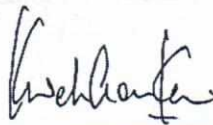
As my vehicle is stationary along the mention road due to red traffic light, Suddenly I felt an impact from my vehicle rear. I step out of my car and check, I realize vehicle 'B' failed to stop and collided onto my vehicle rear.

**Declaration**

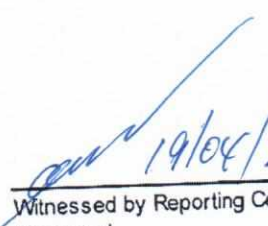
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 19/04/2022  
Witnessed by Reporting Centre Personnel



VEHICLE NO:	SLX1913R	MAKE & MODEL:	TOYOTA CAMRY	<input checked="" type="radio"/> AUTO <input type="radio"/> MANUAL
DATE OF ACCIDENT:	18/04/2022	CC:	2.4	
TIME OF ACCIDENT:	1715PM HRS			
LOCATION OF ACCIDENT:	Dunman Road			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT <input checked="" type="radio"/> PRIVATE USE <input type="radio"/> PRIVATE HIRE			
NAME OF OWNER:	KE KWEK SEOW KEW			
TEL NO:	H/P: 96658802	OFFICE:		HOME:
NRIC:	500762442			
ADDRESS:	1 MARINE VISTA #07-77 S(449025)			
EMAIL:	augustine@aiky.com			
CLAIM TYPE:	OD <input checked="" type="radio"/> THIRD PARTY <input type="radio"/> REPORTING ONLY			
FLEET POLICY:	YES <input type="radio"/> NO <input checked="" type="radio"/>			
INSURANCE COMPANY:	Sompo			
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party <input type="radio"/> Third Party Fire & Theft			
POLICY NO:	D22MTAV01003946			
NAME OF DRIVER:	AS ABOVE / IF NO:			
NRIC:		ANY PASSENGER:	03	
DATE OF BIRTH:	29/02/1952	LICENCE PASSED DATE:	15/05/1971	
OCCUPATION:	OUTDOOR <input checked="" type="radio"/> INDOOR <input type="radio"/>			
GENDER:	MALE <input checked="" type="radio"/> FEMALE <input type="radio"/>			
CONTACT NO:	H/P:	OFFICE:		HOME:
ADDRESS:				
EMAIL:				
DOES DRIVER OWNED ANY VEHICLE:	NO <input checked="" type="radio"/> IF YES, REG NO:	INSURER:		
RELATIONSHIP:	Owner			
WEATHER CONDITION:	CLEAR <input checked="" type="radio"/> RAINING <input type="radio"/> OTHERS:			
ROAD SURFACE:	DRY <input checked="" type="radio"/> WET <input type="radio"/> OTHER:			
ANY INJURIES:	NO <input checked="" type="radio"/> IF YES, WHO?			
NAME & CONTACT:		Passenger: Lai Leng moy (F)		
NAME & CONTACT:		Kwek Shi Ling (F)		
POLICE REPORT:	NO <input checked="" type="radio"/> IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO <input checked="" type="radio"/> IF YES, WHO?			
VEHICLE B REG NO:	SHB 784R	ANY PASSENGERS:	not sure.	
NAME OF DRIVER:		CONTACT NO:	8282 2233	
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:	N.A.	WITNESS CONTACT:	N.A.	
WAS THERE ANY VIDEO CAPTURE?	YES <input checked="" type="radio"/> / NO <input type="radio"/>			
WAS THERE ANY AUDIO RECORDED?	YES <input type="radio"/> / NO <input checked="" type="radio"/>			
ACCIDENT SCENE PHOTOS TAKEN?	YES <input checked="" type="radio"/> / NO <input type="radio"/>			
ACCIDENT PORTION:	Rear Portion.			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES <input type="radio"/> NO <input checked="" type="radio"/>		
WORKSHOP PARTICULAR:	Turnear Automotive Pte Ltd.			
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. : D22MTPV01003946  
Insured : KWEK SEOW KEW  
Motor Vehicle (Registration No.) : SLX1913R  
Coverage : Comprehensive - ExcelDrive PRESTIGE  
Policy Commencement Date : 20 MARCH 2022 00:00  
Policy Expiry Date : 19 MARCH 2023 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**

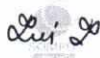
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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](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 : 28 FEBRUARY 2022 17:42

**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 : 11G05800 & GREAT EASTERN FINANCIAL ADVISERS PTE LTD CI Code: 22A\_LDMMOH4IPBB1K2AJ