

NATIONAL Assessment Centre Services: (wef 1 Jan 08) <i>Shirley 22580002</i>			
Date In: <i>11/05/2022 09:54</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/SMO220043934</i>	SAS e-filing		
Veh No: <i>FBP 9353P</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>17/04/2022 21:00</i>	i-Motor Claim Form		
OD : TP / Reporting Only	i-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	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: Vch No: <i>unknown</i>	INC () / Non-INC ()	
Owner / Driver: (Tel: (
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 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

<i>X/19220125X</i>	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			Inc Bill	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	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:			
	OD*			
	*N3: 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			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

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	11/05/2022 09:54 (SGT)
Date of Accident	17/04/2022 21:00 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP9353P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KULDEEP SINGH
Passport No/FIN	GXXXX233Q
Email Address	er_kuldepp@hotmail.com
Mobile Phone No	(Phone) +65-83175047
Alternative Phone No	+65-83175047

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER T150
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 - Reporting only
Vehicle Category	Motorcycle
Transmission	Manual
CC	149

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D21MTMC01003720
Cover Note Number	-

DRIVER

Name of Driver	KULDEEP SINGH
Passport No/FIN	GXXXX233Q

Date Of Birth	26/01/1981
Occupation	Outdoor
Date Of Driving Pass	08/12/2012
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83175047
Alt. Phone Number	+65-83175047
Email Address	er_kuldeepp@hotmail.com
Address	19 JALAN TEMBUSU
Address complement	-
Postcode	438231
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	No Collision
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
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?	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/20220427/2053

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

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	KULDEEP SINGH
Gender	Male
Phone No	(Phone) +65-83175047
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBP9353P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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.

10/05/22

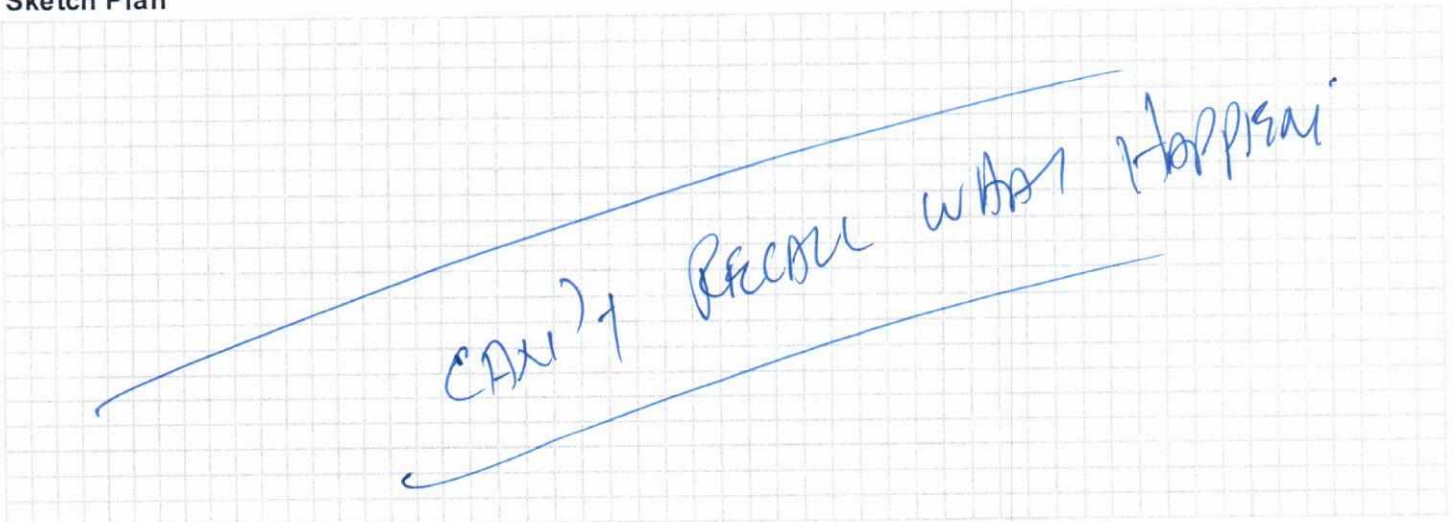
Policyholder's Signature / Date & Time

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

11/05/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER to Police Report 7/20220427/253


Declaration

We declare the foregoing particulars are true in every respect.

 10/05/22

Policyholder's Signature / Date & Time

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

 11/05/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220427/2053

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

1 of 3

Report No. T/20220427/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2022 15:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KULDEEP SINGH			Address: C/O 19 JALAN TEMBUSU SINGAPORE 438231		
ID Type / ID No.: FIN NO / G5270233Q			Contact No.: Home/Office: Mobile: 83175047		
Nationality: INDIAN			Email:		
Sex: Male	Age: 41	Date of Birth: 26/01/1981	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONTROLLER			Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/04/2022 21:00	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP9353P	Motorcycle	YAMAHA	SNIPER T150	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP9353P	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100372 0	03/07/2021	02/07/2022



**SINGAPORE
POLICE FORCE**



T/20220427/2053

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

2 of 3

Report No. T/20220427/2053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KULDEEP SINGH	ID No.	G5270233Q
Related Vehicle	FBP9353P (Motorcycle)	Contact No.	83175047
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	18/04/2022	Date Discharge	26/04/2022
No. of Days granted Medical Leave	17	Degree of Injury	NIL

Brief Details.

ON THE STATED DATE, TIME AND LOCATION

ON THE 17/04/22 AT ABOUT 2100HRS, I BEARING PLATE NUMBER FBP9353P. I WAS RIDING ALONG ECP, IT WAS RAINING HEAVILY THAT DAY. AS I WAS RIDING SUDDENLY I SAW A BRIGHT LIGHT AND WOKE UP IN THE HOSPITAL. I DID NOT KNOW WHAT HIT ME AND I WAS BADLY INJURED. THAT'S ALL



**SINGAPORE
POLICE FORCE**



T/20220427/2053

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

3 of 3

Report No. T/20220427/2053

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:

TP /

Other ABU HURAIRAH BIN
ABDUL TALIB

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI CHONG GUAN FATT
Contact No.: 65476083

Signature Of Informant:

Date/Time:

27/04/2022 15:00

Classification Of Case:

NP168

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)**

Cert No./Policy No. : D21MTMC01003720
Insured : KULDEEP SINGH
Motor Vehicle (Regn No.) : FBP9353P
Cover : Third Party, Fire & Theft
Policy Commencement Date : 03 JULY 2021 00:00
Policy Expiry Date : 02 JULY 2022 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$300 - Section I
Named Driver 1 : KULDEEP SINGH
HIRE PURCHASE OWNER : LEONG SENG TRADING & CREDIT PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
KULDEEP SINGH

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 purposes and
(a) by the Insured in person in connection with his business or profession or
(b) in connection with the Insured's business or profession

The Policy does not cover

- (i) Use for hire or reward
- (ii) Use for racing pacemaking, reliability trial or speed-testing
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business
- (iv) Use for any purpose in connection with the Motor Trade

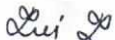
Accident Reporting

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.

For list of Accident Reporting Centres, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6461 6555.

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 Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref:MCY-MTMC.04)

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 08 JUNE 2021 13:24

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 : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 RR30DZLK4NB1MMRA