'ATIONAL Assessment Centre.	Services: [well ] Jan	198660175	M9001	
D'âte lin: 2006 2022 11/104	Job description	Date & Time C	ompleted .	Done by
Ref No: 1/134 SMO 20074528/V.	SAS e-filing			
Veh No: 8(7(1), 7.	E-mail (within Shrs, AIC	2hrs)		- 12
D.O.A: 19/00/2012 09:28	I-Motor Claim Form	1 .		
110010	i-Motor TY/O (Within:	OD 2hes, TP 4hrs)		·
OD : TP / Reporting Only .	i-Photo Uploaded.			
	Assessment/Survey R	eport · .		
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	,	Tel:	Fax:	
TP Pauticulars: Veh No: SW	E 3519J	INC( )/Non-IN(	2( ),	
Owner / Driver: (		. Tel:	(	).
Policy No: ( · · ) Peri	oq: (			)
Confirmed by : (	Dat Note-Est. Status (WO):			/6]
Insured/Driver Liability: ( %) [N	Tote-Est. Status (WU):	10( )		
	1 CILCARY 1	)		
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General Remarks: ( ) Walk-In Customer's info	rmation strictly Confider	ntial & Strictly NO rafe	of repairer.	
( ) Walk-In Customer : Customer symme ( ) Total Less Case : to e-mail Insur-	er URGENTLY.		· <u> </u>	<del></del>
- C C T-TOIC	e: YES ( ) / NO (	); Towing Co: (		ANG STREET WAS A STREET OF THE
Datto and		Date&Time	Completed in	Manapy
Remarks (in 6 horine 6788 5616)	Courtesy Car ( )	•		
1) Apply for Transport Allowance ( ) / Courtesy Car ( ) 2) QC Check / Post Repair Inspection . ( )				
3) Upload Resurvey Photo [Repair Cost > 5	( )		3	TIME
				AND STREET OF STREET
Injury:				
Detectime Actions			-	<del></del>
		Inveine Preparation	Checklist	AMIGO EMICE CMBM: PASSE
*(A)2201721		) AR: Accident Reporting	(530);	
Humants Particulars :-		DA : Damage Assessment	(\$100); INC (	580) 1
)river/Ov/ner:	T	1).TF: Towing Fee 4) FT: Follow-Through Surv	ey (Demeray)	\$120
		5) FT : Follow-Through Surv For claiming against MC:	Only (wef 10 Jan 20	05)
ContactiNo:		6) TR: Re-inspection 7) N1: Idao DA + SMRT Su	7	\$160
amaged Portion:		8) NTUC Additional Service	s:- ·	
		*NS: Courtesy Car / Tpt /	Allowance	\$5 .
C Checked by (Engr-In-Charge);		"NG: Espair Co-ordinatio	n	\$10°
		*N7: Post Repair Inspect *N8: DV / Collect Exces	3 Coordination	35
arditors Comments.	<u> </u>	TP (N11): TP (Non INC 9) N12: Idao Mobile	e) against INC	\$20 ·
<u>t. 1:</u>		Invoice deted	Fee Charg	新ないできた。 のでは、これでは、これできた。 では、これでは、これできた。 では、これでは、これできた。 では、これでは、これできた。 では、これでは、これできた。 では、これでは、これできた。 では、これでは、これできた。 では、これでは、これできた。 では、これでは、これでは、これできた。 では、これでは、これでは、これでは、これでは、これでは、これでは、これでは、これ
t. 2/3:		Involce deted	fee Charg	And Higherman

SN09226M0001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 22/06/2022 11:04 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (22/06/2022 11:04 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation or witholding of material lacts may allow insurance companies to reputite
  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 ledgement 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.

- 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	22/06/2022 11:04 (SGT) 19/06/2022 09:28 (SGT) Malaysia SHELL, LOT 2128 JALAN YAHYA AI DATTA (80300) Singapore		
DETAILS OF	OWN VEHICLE		
Vehicle Registration Number	SKT42T		
INSURED/POLICYHOLDER			
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No JACSON FENG @ FENG JIANMNG SXXXX986I fengjacson@yahoo.com (Phone) +65-81823802 +65-81823802		
VEHICLE PARTICULARS			
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Mini Cooper - Private use No - Reporting only Private car Auto 1598		
INSURANCE COMPANY			
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	Sompo Insurance Singapore Pte. Ltd. Comprehensive No D21MTPV01014204 -		

JACSON FENG @ FENG JIANMNG

SXXXX986I

Name of Driver

NRIC No

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	01/11/1969 Indoor 13/08/1988 33 YEARS AND 10 MONTHS Male (Phone) +65-81823802 +65-81823802 fengjacson@yahoo.com 89 FLORA DRIVE #02-72 - 506890 Yes - No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No	
DETAILS OF OTHER	VEHICLE PROPERTY 1	ktowen a server server (190
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement	SNE3519J Honda - - - Private car - -	

Postcode	
Insurance Company Namo	-
Nature Of Damage	200
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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, acknow ledge, 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.

Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyh & Time	older) / Date Witness	ed by Reporting Centre
Sketch Plan	SHELL AT JOHAN YOHYA (MOLA	Personn	nel
	STEEL IS COUNTY OF THE PROPERTY OF THE PROPERT	T T	
p)8K1427	SHELL STOKE	Thu the	
B) SNE 251915			
	DOUTTOOK RACKS		MAIN
	5NE 25193		ROAG
Sum	May By	UND	

Describe Circumstances of the Accident	
ON 19 JANN 2022 AT ABOUT 9 26 AM AFTER ENGINEED	same of the state
ON 19 JANN 2022 AT ABOUT 9.26 AM . AFTHE FINISHED I DROVE OFF FROM MY LAND . UPON ENTERING AFTHE A	JOHNE FOR FAMOL
A VAMICLE SOUNIZAD 1470 THE SMELK LANK & COLLIDAD	RIGHT TURN
THE START CAME & COLLIDAD	into me.
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THAKE WELL 2 PARSONS INCLUDING THE BER PARTY DEWAR	. WAN CHACK THUK
WARK SLIGHT SCRATCHRS ON BOTH VANICLE OTIME DUME	SACCET TO TO MAICH
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# Declaration

Time

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Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel

# ACCIDENT'STATEMENT

ACC	CIDENT DATE: (19, 1.06) 22 (DD/MM/YYYY), TIME: (	09. 28 WHEMME
LOC	ATION: SHELL, LOT 2128 JACAN YAHYA' ALDA	THA OFF DALAN LINGKAR
	DALAM, BURIT SENYUM, GOS  ON VEHICLE  ON V	300, JB, MALAYSIA
	DINSURANCE COMPANY: SOMPO INSURANCE CIPOLICY NUMBER: DZIMTPY 01014204	
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIR	•
x	F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTO G) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTO h) PURPOSE OF USING AT ACCIDENT TIME: TRAVEL	ORCYCLE!
· u	1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE () IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING	YES/NO)
2.	ANAME: JACSON FEAC	_(MALE / FEMALE)
	DINRIC/FIN/PASSPORT: 56937986 I CONT. CIADDRESS: 89 FLORA DRIVE #02-72 (50	ACT: 8/823802
Tho of passanges	* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER	
(Including driver)	DINAME: AS ABOVE  DINRIC/FIN/PASSPORT: CONTA	(MALE / FEMALE)
	"d) DATE OF BIRTH: ( 0/ ) // / /969 )(DD/MM/YYYY	) :
. •	e)OCCUPATION: [INDOOR / OUTDOOR]  F)DATE OF DRIVING PASS 13 AUG 1988  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COM	
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURE G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS_	D: bwacht
6,	WAS ANYBODY INJURED (YES / NO)	
p	IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE	,
. No of passenger	a) VEHICLE NUMBER; SNS 3519 J MODEL: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTA	HONDA
7 9.	THIRD PARTY VEHICLE	CT:
Including driver)	d) VEHICLE NUMBER: . MODEL: e) DRIVER'S NAME: . f) NRIC/FIN/PASSPORT: . CONTA	•
(	f) NRIC/FIN/PASSPORT:CONTA	V-17
	• • • • • • • • • • • • • • • • • • •	

email = fengiacson @ yahoo.com

sompo mostanos omgaporo i voi sec 50 Raffles Place, #03-03

Singapore Land Tower, Singapore 048623 Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

# 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.

: D21MTPV01014204

Insured

: JACSON FENG @ FENG JIANMING

Motor Vehicle (Registration No.): SKT42T

Coverage

: Comprehensive - ExcelDrive GOLD

Policy Commencement Date

: 09 OCTOBER 2021 00:00 : 08 OCTOBER 2022 23:59

Policy Expiry Date Maximum Liability (Section I)

Excess\*

: Market value at time of loss - Excl. COE : \$600 - 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: 05 OCTOBER 2021 11:41

## IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle;

Keep the Certificate in your Motor Vehicle;
Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter189), 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;
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);
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: 11P02009 & PANA HARRISON (ASIA) PTE LTD CI Code: 22A JDQDPZM24DKMTCSA