

NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

SA05225-PC0003

Date In: 21/05/2022 15:45	Job description	Date & Time Completed	Done by
Ref No: N/A/8MO220049254	SAS e-filing		
Veh No: 15454	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/04/2022 05:30	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:	Veh No: SJF 62416	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:	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	Action

N/A2201419

Statement Particulars:	Invoice Preparation Checklist	Amts	Amts
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	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 2008)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD*		
	*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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

t. 1:

t. 2 / 3:

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	25/05/2022 15:45 (SGT)
Date of Accident	23/04/2022 05:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR1545U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG SAU CHOY (HUANG XIAOCAI)
NRIC No	SXXXX040G
Email Address	garywong0804@gmail.com
Mobile Phone No	(Phone) +65-97397079
Alternative Phone No	+65-97397079

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mx king 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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	150

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D22MTMC01000990
Cover Note Number	-

DRIVER

Name of Driver	WONG SAU CHOY (HUANG XIAOCAI)
NRIC No	SXXXX040G

Date Of Birth	04/08/1972
Occupation	Indoor
Date Of Driving Pass	20/03/2002
Driving experience	20 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97397079
Alt. Phone Number	+65-97397079
Email Address	garywong0804@gmail.com
Address	BLK 684C WOODLANDS DRIVE 62 #02-165
Address complement	-
Postcode	733684
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	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?	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	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220519/2048 AND T/20220505/2067

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	SJF6241G
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG SAU CHOY (HUANG XIAOCAI)
Gender	Male
Phone No	(Phone) +65-97397079
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBR1545U
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AYE TOWARDS MAS

JURONG TOWN Hall Rd

A) FBR1545U

B) SJF6241G

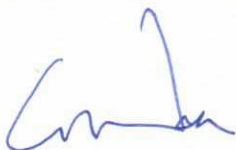
AYE

Describe Circumstances of the Accident

Refer police report 11/20220519/2048

Declaration

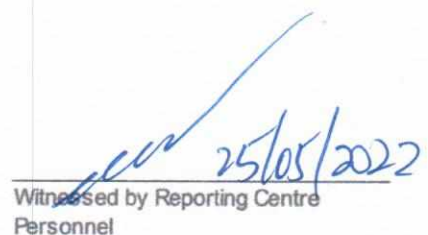
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



25/05/2022

Witnessed by Reporting Centre Personnel

**POLICE FORCE**

T/20220519/2048

1 of 1

Report No. T/20220519/2048

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No. 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
19/05/2022 13:02

Video Report No.:

Station Diary No.
47

Informant's Particulars

Name of Informant:
WONG SAU CHOY

Address:
APT BLK 6B4C WOODLANDS DRIVE 62 #02-165
SINGAPORE 733684

ID Type / ID No.:
NRIC NO - S7250040G

Contact No.:
Home/Office: Mobile: 97397079
Email:

Nationality:
SINGAPORE CITIZEN

Sex: Age: Date of Birth:
Male 49 04/08/1972

Type of Informant:
Rider

Institution / School Name:

Race:
Chinese

Language:
Mandarin

Occupation:
Lorry driver

Driving Licence Information:
Class: 2B,2A,2,3,4

Date of Expiry:

General Information of the AccidentType of
Accident:

Injury
Conveyed By Ambulance

Drink
Drive:
No

Date/Time of
Accident:
23/04/2022 05:30

Type of Location:
Straight Road

Location:

AYER RAJAH EXPRESSWAY

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Light

Type of Collision:
Between Moving Vehicles - Side Swipe - Same Direction

Anyone conveyed by
ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR1545U	Motorcycle	YAMAHA	MX KING T150 MANUAL	Red		0
SJF6241G	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20220505/2067

2 of 3

Report No: T/20220505/2067

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider		ID No.	S7250040G
Name	WONG SAU CHOY	Contact No.	97397079
Related Vehicle	FBR1545U (Motorcycle)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		
Date Treatment	23/04/2022	Date Discharge	01/05/2022
No. of Days granted Medical Leave	90	Degree of Injury	Serious

Woodlands East NPC
No. 3 Woodlands Drive 63
Singapore 737890
Tel: 6767 9999 Fax: 6764 365

Brief Details.

On the above mentioned date, time, location, I was riding on my motorcycle, FBR1545U from AVE towards Tuas area. At the point of time, I was riding on lane 2 and there was a red colour car ahead of me.

I change to lane 3 and while I was riding on lane 3, the red car which was on lane 2 suddenly cut into my lane. As I could not react in time, my right handle bar collided to his left rear and subsequently I skidded on the road.

I was conveyed by Ambulance to Ng Teng Fong Hospital and was admitted for 08 days. I was given 90days of MC from 23/04/2022 to 21/07/2022.

I suffered humeral Shaft Fracture, Knee laceration, Avulsion fracture of middle phalanx of finger.

I do not know the damages of my motorcycle as it is currently at TP compound.

SPT 62416



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20220505/2067

3 of 3

Report No. T/20220505/2067

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:

L/

SGT 2 CHIEW WEI CHENG

h

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Other INTAN WULANDARI BUDDY SANTOSO

Contact No.: 65476415

Signature Of Informant:

Wm

Date/Time:

05/05/2022 15:11

Classification Of Case:

NP168

Date of Accident : 23/04/2022 Accident Time: 0530am (24-HR-Format)
 Accident Place : AYER RAJAH EXPRESSWAY
 Vehicle. No. (Car Plate No.) : FBR154SU Make/Model: YAMAHA MX KING T150
 Insurance Company : SOMPO Policy No: _____
 Owner or Company Name /IC No. : Wong SAU CHOY
 Owner or Company Contact No. : 93557079 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : 572500406
 DRIVER'S Date Of Birth : 04/08/1972 DRIVER'S License Pass Date 20 Mar 2002
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : BLK 684C WOODLANDS DRIVE 62 #02-165
SIPORE (733684)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : + garywong0804@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle. No: <u>SJF6241G</u>	Vehicle. No: _____
Vehicle Make\Model: _____	Vehicle Make\Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

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. : D22MTMC01000990
Insured : WONG SAU CHOY (HUANG XIAOCAI)
Motor Vehicle (Regn No.) : FBR1545U
Cover : Third Party, Fire & Theft
Policy Commencement Date : 04 MARCH 2022 00:00
Policy Expiry Date : 03 MARCH 2023 23:59
Maximum Liability (Section I) : Market value at time of loss.
Excess* : \$300 - Section I
Named Driver 1 : TAN KEK HWA, SHIRLEY (CHEN YUEHUA, SHIRLEY)
Named Driver 2 : WONG SAU CHOY (HUANG XIAOCAI)
HIRE PURCHASE OWNER : NIL

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
TAN KEK HWA, SHIRLEY (CHEN YUEHUA, SHIRLEY), WONG SAU CHOY (HUANG XIAOCAI)

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle 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) 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

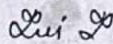
Accident Reporting

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 6

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 : 14 FEBRUARY 2022 11:14

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 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 of 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 JD3KDMML4JB_BMYA