

NATIONAL Assessment Centre Services: (wef 1 Jan 08) **SN0922660007**

| | | | |
|----------------------------|--|-----------------------|----------|
| Date In: 06/06/2022 17:48 | Job description | Date & Time Completed | Done by: |
| Ref No: X138/8M022005353/4 | SAS e-filing | | |
| Veh No: GB5 715U | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 04/06/2022 11:20 | I-Motor Claim Form | | |
| OD: TP / Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **85x 62831** 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%; P: 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000]: ()

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA2201543

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Auditors' Comments:

L. 1:

L. 2 / 3:

| Invoice Preparation Checklist | | Am (S) | Am (S) |
|---|-------------|----------|----------|
| | | INC Bill | Acc Bill |
| 1) AR: Accident Reporting (\$30); | | | |
| 2) DA: Damage Assessment (\$100); | INC (\$80) | | |
| 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 2005) | | | |
| 6) TR: Re-inspection | \$75 | | |
| 7) N1: 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 | | |

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 06/06/2022 17:48 (SGT)
Date of Accident 04/06/2022 11:20 (SGT)
Exact Location of Accident Sixth Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ715U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LUXURY AIR-CON ENGINEERING SERVICES
Company Reg No 5XXXX232L
Email Address sylvester_07@hotmail.com
Mobile Phone No (Phone) +65-96851451
Alternative Phone No +65-96851451

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 1598

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTPCVE003083
Cover Note Number -

DRIVER

Name of Driver TAN WEE TECK (CHEN WEIDI)
NRIC No SXXXX750D

| | |
|--|--------------------------|
| Date Of Birth | 11/08/1974 |
| Occupation | Outdoor |
| Date Of Driving Pass | 23/12/1996 |
| Driving experience | 25 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96851451 |
| Alt. Phone Number | - |
| Email Address | sylvester_07@hotmail.com |
| Address | 32 LORONG SARI |
| Address complement | - |
| Postcode | 119110 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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) | 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 | SKX6283D |
| 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

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.

Luxury Air-con Engineering Services
Reg No. 52931232L
HP: 9685 1451

Policyholder's Signature / Date & Time

Sketch Plan

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

SIXTH AVENUE

Witnessed by Reporting Centre Personnel

06/06/2022

A) GBS7154

B) SKX 6283D



Describe Circumstances of the Accident

On the * mentioned date, time and location. I was traveling in my vehicle (A). As I was making a u-turn, vehicle 'B' which is in front of me e-brake suddenly hence I could not react in time and collided onto the rear portion of vehicle 'B'.

Vehicle 'A' - GBJ 715 U

Vehicle 'B' - SKX 6283 D

Declaration

We declare the foregoing particulars are true in every respect.

Luxury Air-con Engineering Services
Reg No. 52931232L
HP: 9885 1451

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 04/06/2024 (dd/mm/yy) Time of Accident: 11:20 (24-HR-FORMAT)
Vehicle No.: LSJ 7151 Vehicle Make & Model: NISSAN NV200
*Transmission: ☒ Manual ☐ Auto *C.c.: _____
Exact location of Accident: Sixth Avenue
Policyholder's Name: Luxury Air-Con Engineering Services NRIC/FIN/REG No.: 52931232L
*Policyholder's email address: syvester_07@hotmail.com
Driver's Name: Tan Wee Teck NRIC/FIN/REG No.: S74247500
*Driver's email address: Sylvester_07@hotmail.com
Driver's Contact No.: 96851451 Company Contact No (If any): _____
Date of birth: 11/08/1974 Driving Pass Date: 23/12/1996
Driver's Address: 32 Lorong Sari S(119110)
Insurance Company: SOMPO
Policy No.: 021MTCVE 003083 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please CIRCLE one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____
What do you wish to claim? (Please TICK one only)
☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)
Type of Accident
☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other _____
Occupation (nature job) ☐ Indoor / ☒ Outdoor *No. of Passengers / Including Driver): 01
*Passanger Name: _____ Gender: Male / Female
*Passanger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? ☐ Yes / ☐ No
Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: _____
Injuries Sustain: _____ Injured Person in Which Vehicle: _____
Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SKT 6283 D
Driver's Contact No: _____ Insurance Company: _____
2. Driver's Name / IC No (If Any): _____ Vehicle No: _____
Driver's Contact No: _____ Insurance Company: _____
*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: _____ Contact No: _____

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. : D21MTPCVE003083
1. Registration No. : GBJ715U
2. Insured Name : LUXURY AIR-CON ENGINEERING SERVICES
3. Commencement Date : 13 DECEMBER 2021 00:00
4. Expiry Date : 12 DECEMBER 2022 23:59
5. Coverage : Market value at time of loss - Comprehensive
6. Excess : \$500 - Section I

7. Persons or Classes of Persons entitled to drive*

b) Any person who is driving on the Insured's order or with their permission.
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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- 1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

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

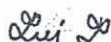
It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

I/We HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 02 DECEMBER 2021 10:38

**Limitation rendered inoperative by section 8 of the Motor Vehicles(Third-Party Risks and Compensation)Act (Chapter 189 and section 95 of the Road Transport Act,1987(Malaysia), are not to be Included under these headings.*

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they 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 (Cap.189)
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy