

NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

SM0922680004

Date In: 28/06/2022 18:03	Job description	Date & Time Completed	Done by
Ref No: NBA/SMO2005479/4	SAS e-filing		
Veh No: SCU 7030B	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 07/06/2022 21:18	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SMO 2316R	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%; 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	Actions

NA2201571

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
C Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
1.1:	For claiming against INC Only (wef 10 Jan 2005)		
1.2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*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: Idao 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	08/06/2022 18:03 (SGT)
Date of Accident	07/06/2022 21:18 (SGT)
Exact Location of Accident	Johor Bahru, Johor, Malaysia
Additional Location Information	TOWARDS MALAYSIA CHECK POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU7030B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG SUET LING
NRIC No	SXXXX922F
Email Address	lyon3030@hotmail.com
Mobile Phone No	(Phone) +65-98509755
Alternative Phone No	+65-98591787

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	Manual
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01010322
Cover Note Number	-

DRIVER

Name of Driver	LYON WOO CHUN LIN
NRIC No	SXXXX030J

Date Of Birth	08/07/1998
Occupation	Indoor
Date Of Driving Pass	13/06/2017
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-98591787
Alt. Phone Number	-
Email Address	lyon3030@hotmail.com
Address	52 CHOA CHU KANG NORTH 6 #02-22
Address complement	-
Postcode	689575
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	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	ERNEST WOO
Gender	Male

PASSENGER 2

Name	ZHI JUN
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY2316R
Vehicle Manufacturer	Honda

Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOW RYLE
NRIC No	TXXXX413D
Contact Number	(Phone) +65-82336335
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

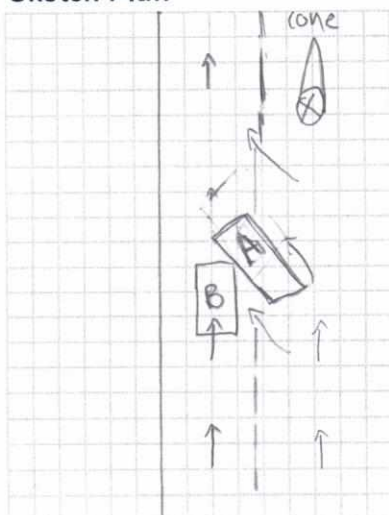
Policyholder's Signature / Date &
Time 08/06/22 1700

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date
& Time 08/06/22 1700H

Witnessed by Reporting Centre
Personnel 08/06/2022

JUST BEFORE JB CHECK POINT



A) SKU 7030B
B) smy 2316R

Describe Circumstances of the Accident

Before Sahor Bahrain Custom, it was congested and heavy traffic flow and it was a two-lane merging into a single lane. Cars have to merge to the left lane and I was on the right lane. As I was moving forward, Car B was on the left lane and was not moving. The car in front of Car B has already moved and there was ample space between for me to merge to the left lane. As I was merging into the lane, Car B was stationary and when my car (Car A) was $\frac{3}{4}$ (three-quarter) into the lane, Car B suddenly surge forward and knock into me.

It could have been avoided if Car B did not suddenly surge forward.

After the impact, Both Car A and B came down and I asked if they were ~~are~~ feeling alright and nobody was injured. Also, it was a grace impact and thus exchange particulars and went off separately.

Declaration

We declare the foregoing particulars are true in every respect.

Callyn Dg

Policyholder's Signature / Date & Time

08/06/22

1700h

As

08/06/22 1700h

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

[Signature] 08/06/2022

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (07 / 06 / 2022) (DD/MM/YYYY), TIME: (21 : 18) (HH:MM)

LOCATION: Johor Bahru (Before Johor Bahru Custom via woodlands)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKU 7030B
 b) INSURANCE COMPANY: SOMPO
 c) POLICY NUMBER: D21MTPV01010322
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- Ernest Woo (male)
 a) NAME: Ng Suet Ling (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57022922F CONTACT: 9850 9755
 Zhi Jun (Female)
 c) ADDRESS: 52 Choa Chu Kang North 6 # 02-22
SINGAPORE 639575

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passengers
 (including driver)
 (3)

- DRIVER
 a) NAME: Leon Woo Chun Lin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 59823030J CONTACT: 9859 1787
 c) ADDRESS: 52 Choa Chu Kang North 6 # 02-22
SINGAPORE 639575

- * d) DATE OF BIRTH: (08 / 01 / 1998) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)

- f) DATE OF DRIVING PASS: 13 Jun 2017
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- * No of passenger
 (including driver)
 ()
 a) VEHICLE NUMBER: SMY2316R MODEL: _____
 b) DRIVER'S NAME: Low Ryle
 c) NRIC/FIN/PASSPORT: T0000413D CONTACT: 8233 6335

9. THIRD PARTY VEHICLE

- * No of passenger
 (including driver)
 ()
 a) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: lyon3030@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9823030J



Name

LYON WOO CHUN LIN

邬俊霖

Race

CHINESE

Date of birth

08-07-1998

Country/Place of birth

SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9823030J

Name

LYON WOO CHUN LIN

Birth Date: 08 Jul 1998

Issue Date: 13 Jun 2017



5212350



NRIC No. S9823030J



Date of issue

26-08-2013

Address

52 CHOA CHU KANG NORTH 6
#02-22
SINGAPORE 689575

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

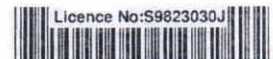
EFFECTIVE DATE

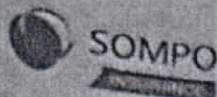
Class 2B	Motorcycles \leq 200cc / Electric Motorcycles \leq 15kW	26 Jul 2021
Class 3	Ambulances / Motor cars \leq 3000kg with \leq 7 passengers, exclusive of the driver / motor tractors or vehicles \leq 2500kg	13 Jun 2017

S9823030J

S / No.9000360016

NP 428A





Sompo Insurance Singapore Pte. Ltd.

90 Raffles Place, #05-001
Singapore 048623
Tel: 65 6333 4000 / Fax: 65 6333 0022 / Email: sompo@sompo.com.sg
Lic. Reg. No.: 99030140000 / 1987 Reg. No.: M000000000

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. D21MTPV01010322
Insured NG SUET LING
Motor Vehicle (Registration No.) SKU7030B
Coverage Comprehensive - ExcelDrive GOLD
Policy Commencement Date 03 AUGUST 2021 00:00
Policy Expiry Date 02 AUGUST 2022 23:59
Maximum Liability (Section I) Market value at time of loss
Excess* \$700 - 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 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 : 20 JULY 2021 13:01

IMPORTANT NOTICE

1. Keep the Certificate in your Motor Vehicle.
2. 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.
3. 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).
4. 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.