

**NATIONAL Assessment Centre Services:** [wef 1 Jan 08] **800922690009**

Date In: 09/06/2022 13:07	Job description	Date & Time Completed	Done by
Ref No: N/A/800220054944	SAS e-filing		
Veh No: SMP 8125H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 08/06/2022 19:36	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-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: Vch No: SKA 2899A 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:** [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

**NA2201504**

Claimant's Particulars	Invoice Preparation Checklist	Am (S)	Am (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: 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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

C Checked by (Engr-In-Charge): \_\_\_\_\_

Auditors' Comments: \_\_\_\_\_

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	09/06/2022 13:07 (SGT)
Date of Accident	08/06/2022 19:36 (SGT)
Exact Location of Accident	Sengkang E Dr, Singapore
Additional Location Information	JUNCTION WITH SENGKANG EASTWAY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP8125H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SEOW HO YIEN
NRIC No	SXXXX214H
Email Address	join.chuasoonkiat@gmail.com
Mobile Phone No	(Phone) +65-96958780
Alternative Phone No	+65-96978780

## VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	Auto
CC	1496

## INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01014499
Cover Note Number	-

## DRIVER

Name of Driver	CHUA SOON KIAT, JONATHAN
NRIC No	SXXXX554J

Date Of Birth	08/12/1994
Occupation	Indoor
Date Of Driving Pass	03/12/2013
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96978780
Alt. Phone Number	-
Email Address	join.chuasoonkiat@gmail.com
Address	50 DA SILVA LANE
Address complement	-
Postcode	549779
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	AFTER RAIN
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA2899A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WENDY
Contact Number	(Phone) +65-92382311
Address	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



## SKETCH PLAN

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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.

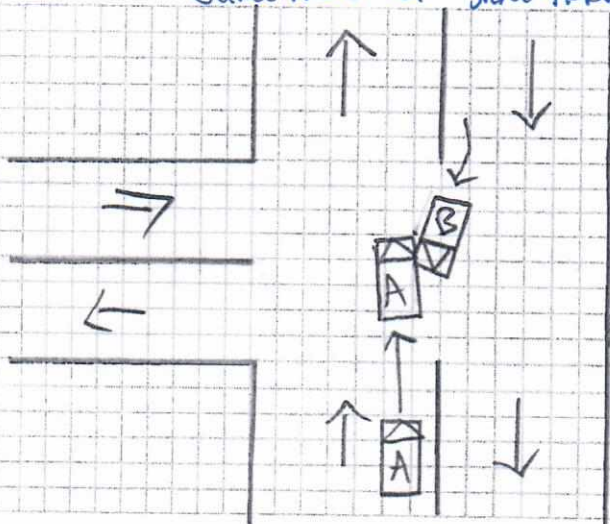
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

JUNCTION OF SENGKANG EAST DRIVE / EAST WAY



A - SMP8125H

B - SKA2899A




**Describe Circumstances of the Accident**

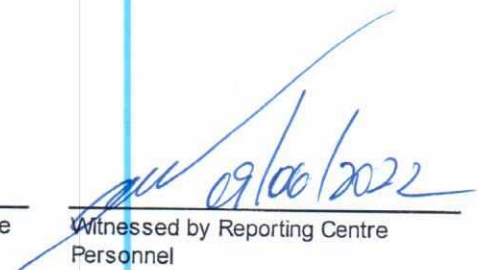
On 08/06/22 at around 7.36pm, I was driving straight along Sengkang East Dr towards Punggol and had reach the junction of Sengkang East way when suddenly veh B turn right from the opposite direction and collided onto my veh. The traffic light was green in my favour.

**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

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

Date of Accident : 08.06.2022 Accident Time : 19:36PM (24-HR-Format)  
 Accident Place : Junction Of Sengkang East Drive and East Way  
 Vehicle No (Car Plate No) : SMP 8125H Make/Model: MAZDA 3  
 Insurance Company : SOMPO Policy No: D21MTPV01014499  
 Fleet Policy : YES / NO  
 Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft  
 Name of Owner / IC No : ~~Seow Ho Yen~~ (S1573214H) Seow Ho Yien  
 Owner Contact No : 9695 8780 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 Driver Name / IC No : Chua Soon Kiat, Jonathan (S9446554J)  
 Driver's Date of Birth : 08.12.1994 Driver's License Pass Date: 03.12.2013  
 Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: \_\_\_\_\_  
 Driver's Address : 50 Da Silva Lane Singapore 549779  
 Driver's Contact No : 1) 9697 8780 2) \_\_\_\_\_  
 Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)  
 Email Address : join.chuasoonkiat@gmail.com  
 Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET  
 Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance  
 Number of Passenger(include Driver) : 1 Driver  
 Was ther any video footage ? : YES / NO  
 Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose  
 Any injury (If Yes, Pls State) : No

**Other Party Driver's Particular (if any)**

Vehicle B No : SKA2899A(AIG) Name & Contact No: Wendy (9238 2311)  
 Vehicle C No : \_\_\_\_\_ Name & Contact No: \_\_\_\_\_  
 Vehicle D No : \_\_\_\_\_ Name & Contact No: \_\_\_\_\_  
 Vehicle E No : \_\_\_\_\_ Name & Contact No: \_\_\_\_\_

**\*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)**

Certificate/Policy No. : D21MTPV01014499  
Insured : SEOW HO YIEN  
Motor Vehicle (Registration No.): SMP8125H  
Coverage : Comprehensive - ExcelDrive GOLD  
Policy Commencement Date : 17 OCTOBER 2021 00:00  
Policy Expiry Date : 16 OCTOBER 2022 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$500 - 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**

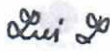
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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](http://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 : 11 OCTOBER 2021 09:33

**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 : 11E08308 & ELENA LIM PEI SHI CI Code: 22A ROD5ST2JIKMLK4AX