

NATIONAL Assessment Centre Services:

(ver 1 Jan'08)

SW09226000K

Date In: 13/06/2022 18:27	Job description	Date & Time Completed	Done by
Ref No: N/A 18/02/2005593/Y	SAS e-filing		
Veh No: SW 9528 Y	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 10/06/2022 20:40	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: 487 68425	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

<p>NA220163</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C. Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>t. 1:</p> <p>t. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100);</td> <td>INC (\$80)</td> </tr> <tr> <td>3) TF: Towing Fee</td> <td>\$40/\$45</td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>*N3: Courtesy Car / Tpt Allowance</td> <td>\$5</td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> </tr> <tr> <td>9) NI2: Idao Mobile</td> <td>\$0</td> </tr> </table> <p>Invoice dated</p> <p>Fee Charged</p>	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) 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) NI2: Idao Mobile	\$0
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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	13/06/2022 18:27 (SGT)
Date of Accident	10/06/2022 20:40 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	(TUAS) BEFOFE CLEMENTI AVENUE 6 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW9528Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG JIN TIONG (WANG JINZHONG)
NRIC No	SXXXX216E
Email Address	scotchhere123@gmail.com
Mobile Phone No	(Phone) +65-93653101
Alternative Phone No	+65-93653101

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01007699
Cover Note Number	-

DRIVER

Name of Driver	ONG JIN TIONG (WANG JINZHONG)
NRIC No	SXXXX216E

Date Of Birth	29/12/1987
Occupation	Indoor
Date Of Driving Pass	23/09/2010
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93653101
Alt. Phone Number	+65-93653101
Email Address	scotchhere123@gmail.com
Address	BLK 488A TAMPINES AVENUE 9 #08-176
Address complement	-
Postcode	520488
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	FBF6842S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	ONG JIN TIONG (WANG JINZHONG)
Gender	Male
Phone No	(Phone) +65-93653101
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLW9528Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 :

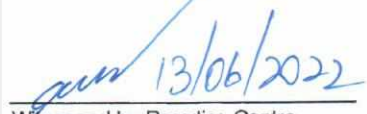
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

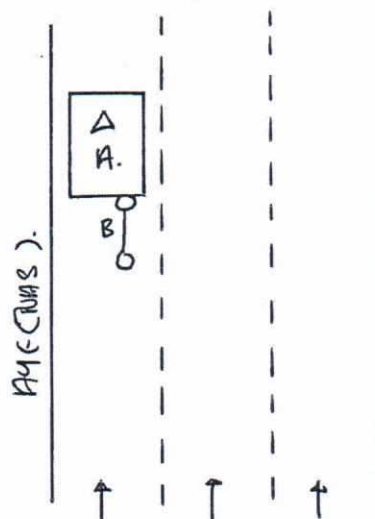
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan



A: SLW95284
R: PBF68425

Describe Circumstances of the Accident

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT
IN MY LANE AND CAME TO A GRADUAL STOP AS THE VEHICLES IN FRONT
OF ME ~~WERE~~ WERE COMING TO A STOP.

OUT OF NOWHERE, I FELT A HUGE IMPACT FROM THE REAR
AS VEH B HIT ONTO MY VEH'S REAR PORTION.


Declaration

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


13/06/2022
Witnessed by Reporting Centre
Personnel

VEHICLE NO: SLW95289

MAKE & MODEL: HYUNDAI ELANTRA

AUTOMATIC / MANUAL

DATE OF ACCIDENT	10 / 06 / 22.	CC: 1-600
TIME OF ACCIDENT	2040	AM / PM.
LOCATION OF ACCIDENT	PUE CTIVAS REF CLEMENTI AVE 6 EXIT.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ONG JIN TONG (WANG JINZHONG).	
EMAIL:	Scotchhere123@gmail.com	Office:
NRIC	S87432166.	MOBILE: 93653101
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY.	YES / NO ?	
INSURANCE CO.	Sampo.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	D21 MTPV01007699	
NAME OF DRIVER	AS ABOVE / IF NO.	
NRIC	4	
DATE OF BIRTH	29 / 12 / 87.	
ANY PASSENGER	YES / NO : DRIVER ONLY.	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor .	
DATE OF DRIVING PASS	23 / 09 / 10.	
GENDER	Male / Female	
CONTACT NO.	Mobile: 4	Office: Home:
EMAIL:	4	
ADDRESS	488A Tampines Ave 9 408-176 SC5204881.	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No.	INSURER -
RELATIONSHIP	Employee / If No: SELF.	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other: OTHER REPAIR	
ANY INJURIES	No / If yes: Who? DRIVER.	
CONTACT NO.		
POLICE REPORT	NO / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?	
VEHICLE B NO.	FBF6042S.	Any Passenger: DRIVER ONLY.
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		

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. : D21MTPV01007699
Insured : ONG JIN TIONG (WANG JINZHONG)
Motor Vehicle (Registration No.): SLW9528Y
Coverage : Comprehensive - ExcelDrive FOCUS
Policy Commencement Date : 28 MAY 2021 00:00
Policy Expiry Date : 11 SEPTEMBER 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

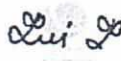
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car 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 Car 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.

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 : 27 MAY 2021 16:58

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.