

NATIONAL Assessment Centre Services: (wef 1 Jan 00) **SN0922640003**

Date In: 17/06/2022 16:07	Job description	Date & Time Completed	Done by
Ref No: N/A/SN02200578117	SAS e-filing		
Veh No: FBE 5994Z	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 16/06/2022 16:20	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: Veh No: SLG 6764 INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: () Date: Time: ()

Confirmed by: ()

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

NA2201688

Statement Particulars:

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

C. Checked by (Engr-In-Charge): _____

Auditors Comments: _____

1. 1: _____

2. 2/3: _____

Invoice Preparation Checklist	Amount (\$)	Remarks
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: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
OD:		
*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	

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	17/06/2022 16:07 (SGT)
Date of Accident	16/06/2022 16:20 (SGT)
Exact Location of Accident	Ang Mo Kio Street 52, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5994Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KWONG KOK HWA
NRIC No	SXXXX268G
Email Address	kwongraymond@unitedlifestyle.com
Mobile Phone No	(Phone) +65-96437257
Alternative Phone No	+65-96437257

VEHICLE PARTICULARS

Manufacturer	Sym
Model	GTS200
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	172

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D22MTMC01000024
Cover Note Number	-

DRIVER

Name of Driver	KWONG KOK HWA
NRIC No	SXXXX268G

Date Of Birth	22/06/1959
Occupation	Outdoor
Date Of Driving Pass	25/04/1991
Driving experience	31 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96437257
Alt. Phone Number	+65-96437257
Email Address	kwonggraymond@unitedlifestyle.com
Address	BLK 17 TELOK BLANGAH CRESCENT #20-276
Address complement	-
Postcode	090017
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 - Major/Minor Rd
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	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?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220617/2031

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	SJG676U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	SEAH YONG SENG
NRIC No	SXXXX064E
Contact Number	(Phone) +65-98236167
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	KWONG KOK HWA
Gender	Male
Phone No	(Phone) +65-96437257
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBE5994Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

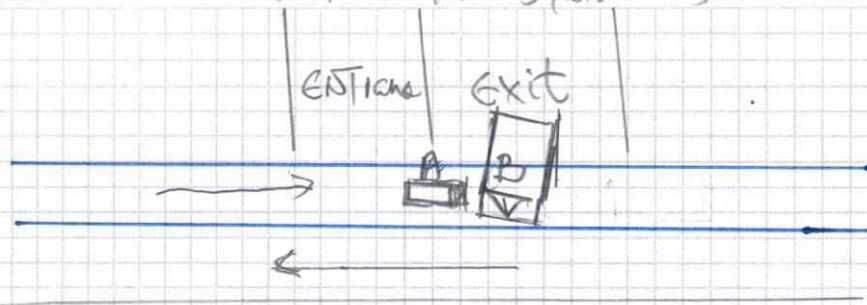
 17/06/22
3:10pm
Policyholder's Signature / Date & Time

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

 17/06/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

AKU MO KIO STREET 52



A) FBFB994Z


B) SJG 6764

Describe Circumstances of the Accident

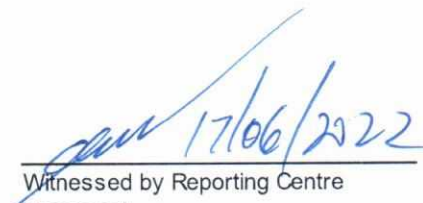
REFER TO POLICE REPORT T/20220617/2031

Declaration

We declare the foregoing particulars are true in every respect.

3.10pm
17/06/22

Policyholder's Signature / Date & Time

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

17/06/2022

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220617/2031

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20220617/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2022 12:08		Vide Report No.: F/20210616/0119		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: KWONG KOK HWA		Address: APT BLK 17 TELOK BLANGAH CRESCENT #20-276 SINGAPORE 090017			
ID Type / ID No.: NRIC NO / S1345268G		Contact No.: Home/Office: Mobile: 96437257			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 62	Date of Birth: 22/06/1959	Type of Informant: Rider		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Sales Representative		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/06/2022 16:20	Type of Location: Straight Road
Location: ANG MO KIO STREET 52				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5994Z	Motorcycle	SYM	GTS200	Black	Seriously Damaged	0
SJG676U	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE5994Z	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC0100002 4	02/01/2022	01/01/2023



**SINGAPORE
POLICE FORCE**



T/20220617/2031

2 of 3

Report No. T/20220617/2031

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KWONG KOK HWA	ID No.	S1345268G
Related Vehicle	FBE5994Z (Motorcycle)	Contact No.	96437257
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/06/2022	Date Discharge	16/06/2022
No. of Days granted Medical Leave	15	Degree of Injury	Serious
Driver			
Name	Seah Yong Seng	ID No.	S7116064E
Related Vehicle	SJG676U (Car)	Contact No.	98236167
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mention date, time and place, I was riding on the said road along AMK St 52 towards AMK ST 53. My intention was to travel straight. While proceeding to Blk 588 AMK, I saw one vehicle coming out from the carpark turning right. Thinking it will stop near the stop line, as such, I continued further. However, the said vehicle did not stop and continued to turn left. As I am not able to stop in time, as such I hit onto the right side of the vehicle.

Due to the said accident, I was convey by ambulance as I was injured. Traffic Police was at scene at that point of time and advised me to lodge a police report for their investigations.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20220617/2031

3 of 3

Report No. T/20220617/2031

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:
F /
Other TAN THIAM HUAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI CHONG GUAN FATT
Contact No.: 65472077

Signature Of Informant:

Date/Time:
17/06/2022 12:08

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 06 22) (DD/MM/YYYY), TIME: (14 : 20) (HH:MM)

LOCATION: Ang mo kio street 52

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB6 59942
 b) INSURANCE COMPANY: Sampo
 c) POLICY NUMBER: 022MTM CB1000024
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: SLM GTS 100
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: KWONG KOK HWA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S13451689 CONTACT: 96437257
 c) ADDRESS: Blk 17 Telok Blangah Crescent #20-276 Sgove 090017

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: () (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS AFTER RAIN)

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: Ang mo kio South

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S166764 MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

Email: kwongraymond@unitedlifestyle.com
 VIDEO

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. : D22MTMC01000024
Insured : KWONG KOK HWA
Motor Vehicle (Regn No.) : FBE5994Z
Cover : Third Party
Policy Commencement Date : 02 JANUARY 2022 00:00
Policy Expiry Date : 01 JANUARY 2023 23:59
Maximum Liability (Section I) : Third Party
Excess* : NIL
Named Driver 1 : KWONG KOK HWA
HIRE PURCHASE OWNER : NIL

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
KWONG KOK HWA

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 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 6555.

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 : 01 DECEMBER 2021 10:47

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 : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 RHDHSH4N4YDTMKAJ