

NATIONAL Assessment Centre Services: (wef 1 Jan'08) **SLIP 60000**

| | | | |
|-----------------------------------|--|-----------------------|---------|
| Date In: 27/06/2022 18:43 | Job description | Date & Time Completed | Done by |
| Ref No: X/B/A/SMO220061204 | SAS e-filing | | |
| Veh No: SKR 7074 | E-mail (within 3hrs, A/C 2hrs) | | |
| D.O.A: 25/06/2022 11:55 | I-Motor Claim Form | | |
| OD: TP / Reporting Only | I-Motor W/O (Within: OD, 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

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

TP Particulars: Veh No: **SKR 7074** 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars | Invoice Preparation Checklist | AMT (\$) | AMT (\$) |
|--------------------------------|---|-------------|----------|
| 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 2008) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON* | | |
| C Checked by (Engr-In-Charge): | *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 (Byn 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 | 27/06/2022 18:43 (SGT) |
| Reported by | Both |
| Date of Accident | 25/06/2022 11:55 (SGT) |
| Exact Location of Accident | Adam Rd, Singapore |
| Additional Location Information | FOOD CENTER |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SKR707U |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | CHOO CHEE SENG @ EDWIN |
| NRIC No | SXXXX955G |
| Email Address | edwin.choo@united-team.com |
| Mobile Phone No | (Phone) +65-91799131 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Mercedes |
| Model | E200 |
| 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 - Reporting only |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1991 |

INSURANCE COMPANY

| | |
|-----------------------------------|-------------------------------------|
| Name of Insurance Company | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | D21MTPV01015695 |

DRIVER

| | |
|----------------|------------------------|
| Name of Driver | CHOO CHEE SENG @ EDWIN |
| NRIC No | SXXXX955G |
| Date Of Birth | 07/07/1964 |
| Occupation | Indoor |

| | |
|--|----------------------------|
| Date Of Driving Pass | 03/04/1992 |
| Driving experience | 30 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91799131 |
| Alt. Phone Number | - |
| Email Address | edwin.choo@united-team.com |
| Address | 12 STIRLING ROAD #26-08 |
| Address complement | - |
| Postcode | 149955 |
| 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 | 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 |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

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 (TYPE OF COLLISION REAR TO REAR BOTH PARTY DOING REVERSING)

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SLJ94J |
| Vehicle Manufacturer | Honda |
| Vehicle Model | Civic |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | HAO XUAN |
| 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 willful 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.


27/6/22
5:20pm


27/6/22
5:20pm


27/06/2022

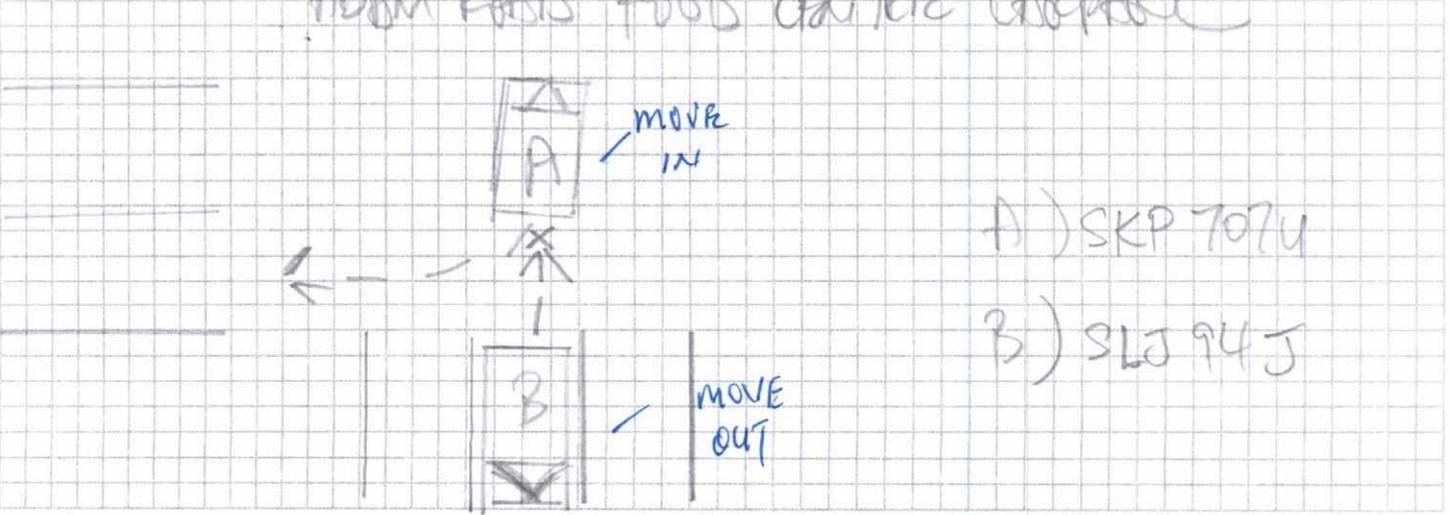
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

ADAM ROAD FOOD CENTRE GARAGE



Describe Circumstances of the Accident

At 11:55 am, I was at Adams Food Centre's Car park. I was about to reverse into a Car park lot on the right side. The other Car (B) was reversing out from his parking lot. Hence, our Rear of Cars collided.

There was no damage to my Rear Bumper. The other driver (Hao Xuan), who said he was driving his Uncle's Car, was not sure about the paint work that he claimed could be damaged by the collision. I told him that this paint damage is not new damage. Because the red paint that seem missing, was not on my Bumper.

I did not see dent to his Bumper on the spot. But on 27/6/22 at 12:23 pm, Hao Xuan whatsapp me and told me that the Car's Bumper was dented that cannot be seen by eye but can be felt.

In Summary, I looked around to ensure I was clear to reverse my Car to the parking lot but out of a sudden, a Car reverse from a parking lot which I am not aware.

The paint work damage claimed by Hao Xuan is not a new damage.

I could not see the dent on the Bumper.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



27/6/22

6:45 pm

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

Witnessed by Reporting Centre Personnel



27/06/2022

ACCIDENT STATEMENT

ACCIDENT DATE: 25/06/2012 (DD/MM/YYYY), TIME: 11.55 (HH:MM)
 LOCATION: Adom Road Food Centre's Carpark

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SKR 707U
 b) INSURANCE COMPANY: SAFARI Insurance
 c) POLICY NUMBER: D21MTPV0101565
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes E250
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 j) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
 a) NAME: Choo Cher Song
 b) NRIC/FIN/PASSPORT: 5164890550 CONTACT: 91799121
 c) ADDRESS: 148 Stirling Road #26-08 S148815

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
 DRIVER
 a) NAME: As Above
 b) NRIC/FIN/PASSPORT: _____
 c) CONTACT: _____
 d) ADDRESS: _____

3. (T) (Including driver) # No of passenger
 a) DATE OF BIRTH: (07/07/1967) (DD/MM/YYYY)
 b) OCCUPATION: (INDOOR/OUTDOOR)
 c) DATE OF DRIVING PASS: 03/04/1992
 d) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (NO)
 e) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
 f) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 g) ROAD SURFACE: (DRY / WET / OTHERS)
 h) WAS ANYBODY INJURED (YES/NO) (NO)
 i) REPORTED TO POLICE (YES/NO) (NO)
 j) IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE
 a) VEHICLE NUMBER: 5L5 945
 b) DRIVER'S NAME: H90 Xuan
 c) NRIC/FIN/PASSPORT: _____
 d) CONTACT: _____
 e) MODEL: Honda Civic

9. (T) (Including driver) # No of passenger
 a) VEHICLE NUMBER: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____
 d) CONTACT: _____
 e) MODEL: _____
 f) DRIVER'S NAME: _____
 g) NRIC/FIN/PASSPORT: _____
 h) CONTACT: _____

email = edwin.choo@united-team.com
 VIBRO

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. : D21MTPV01015695
Insured : CHOO CHEE SENG
Motor Vehicle (Registration No.): SKR707U
Coverage : Comprehensive - ExcelDrive GOLD
Policy Commencement Date : 01 DECEMBER 2021 00:00
Policy Expiry Date : 30 NOVEMBER 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

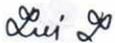
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 : 02 NOVEMBER 2021 01:14

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 : 11C81800 & CHIA WEE BOON ROY CI Code: 22A XFWDSBV2JB0YBOPA

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: S2022060000 Vehicle Registration No: _____
 Name (as shown in NRIC): Chen Hui Shan @ Edwards NRIC/FIN/Passport No: S2022060000
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9179 9131
 Email Address: _____
 Date of Accident: 25/06/2022 Time of Accident: 11:55
 Place of Accident: ADAM RD FOOD COURT
 Insurance Company: Sompo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

T/P VEHICLE NUMBER TO SLJ94J

 Policyholder / Driver's Signature
 Date:


27/06/2022
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: