

NATIONAL Assessment Centre Services: (ver 1 Jan 08)		Date & Time Completed	Done by
Date In: 14/07/22	Job description		
Ref No: NAISMO22006704/S	SAS e-filing		
Veh No: FBM 8740.C	E-mail (within 3hrs, ASD 2hrs)		
D.O.A : 17/06/22 1545	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 Asslgn Wksp / QW: ( )

TP Particulars: Veh No: SLU 61864 INC ( ) / Non-TNC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Date: Time: ( )

Insured/Driver Liability: ( ) % (Note-Est. Status ( ) / ( ))  
Warranty: YES ( ) / NO ( )

Year of Registration: ( ) / \$2,000 ( )

Excess: (\$) . Loading: \$1,000

Excess: (\$ )

General Remarks: Information strictly Confidential & Strictly NO refer of repairer.

( ) Walk-In Customer : Customer's Information Sheet

( ) Total Loss Case : to e-mail Insurer URGENTLY.  
( ) Invoice: YES ( ) / NO ( ) ; Towing Co: ( ) Done by

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( )	Date & Time Completed	Done by
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Remarks:	IMC hotline: 6788 5616	Courtesy Car ( )		
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1) Apply for Transport Allowance ( ) / Courtesy Car ( )

1) Apply for Transfer	( )	
2) QC Check/ Post Repair Inspection	( )	
3) Repair Costy \$30000	( )	

3) Upload Resurvey Photo [Repair Cost > \$3000]:...

Infury : \_\_\_\_\_

Injury: _____	
Actions: _____	

[illegible]

\_\_\_\_\_

\_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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Invoice Preparation Checklist:		Bill
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1) AR: Accident Reporting (\$30);	
Assessment (\$100);	TRC (\$80)

1) AKI: Accident	AKI (\$50)
2) DA: Damage Assessment (\$100);	DA (\$100)
3) TF: Towing Fee	TF (\$40)
	\$40/\$40
	\$120

3) TF: Towing Fee	\$120
4) FT: Follow-Through Survey	\$30
5) FT: Follow-Through Survey (F.survey)	

Driver/Owner: \_\_\_\_\_

Contact No:	6) TR: Re-inspection	\$150
	7) NI: Idco DA + SMRT Survey	\$160

7) NI : Idas DA + SMRI Survey
8) NTUC Additional Services:-

damaged Portion:	5) NICE RESIDENTS	
	OD*	\$5
	*MS: Courtesy Car / Tpl Allowance	\$10

*NS: Courtesy Car / 1st Attendance	310
*NS: Repair Co-ordination	925
*NS: Post Repair Inspection	

*N7: Post Repair Inspection	\$5
*N8: DV / Collect Excess Coordination	\$20

Auditors' Comments:-	*NS: DV / Collect Evidence	\$20
	TP (NII) : TP (PwN INC) against INC	30

9) N12: Idno Mobile	Fee Charged
Invoice dated	Fee Charged

Invoice dated	Fee Charged
Invoice dated	

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	14/07/2022 16:58 (SGT)
Reported by	Both
Date of Accident	17/06/2022 15:45 (SGT)
Exact Location of Accident	Jln Besar, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8740C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG SHI FENG, JOHAN
NRIC No	SXXXX583J
Email Address	shifeng.johan@gmail.com
Mobile Phone No	(Phone) +65-98594327
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Kawasaki
Model	KLE300C
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	Motorcycle
Transmission	Manual
CC	296

## INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTMC01007355

## DRIVER

Name of Driver	WONG SHI FENG, JOHAN
NRIC No	SXXXX583J
Date Of Birth	14/03/1986
Occupation	Indoor

Date Of Driving Pass	15/11/2021
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98594327
Alt. Phone Number	-
Email Address	shifeng.johan@gmail.com
Address	BLK 26 JALAN BERSEH #07-164
Address complement	-
Postcode	200026
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	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)	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

#### 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	SLU6186H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96155736

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

70

71

72



## 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.

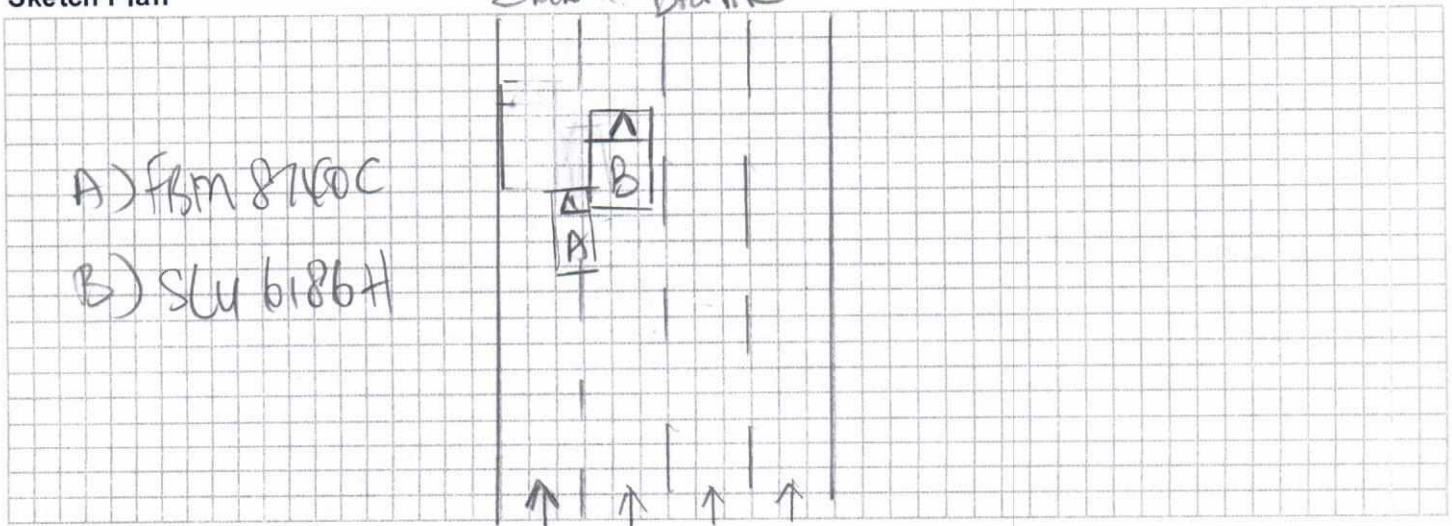
*Alan* 4/7/22 1440  
Policyholder's Signature / Date & Time

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

*S* 14/07/22  
Witnessed by Reporting Centre Personnel

### **Sketch Plan**

*Sketch Plan*




**Describe Circumstances of the Accident**

I was travelling along Jln Besar, heading home at around 1545hrs when the accident occurred. I signalled left to ~~switch~~ switch to the left lane as I was going to turn into Kelantan lane. The vehicle in front (SLN 6168 4) suddenly came to a complete stop and I did not manage to complete my lane change in time, resulting in my motorcycle (FRM 8740 C) brushing the vehicle's rear left fender, causing the brake light casing to break. There was some paint scraped off the fender as well. No one was injured in the accident.


Ref: ~~LTMD2022~~ CMTD2202122/AGNES C

**Declaration**

We declare the foregoing particulars are true in every respect.

 4/7/2022 1440  
Policyholder's Signature / Date & Time

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

 14/07/22  
Witnessed by Reporting Centre Personnel



Insuranc Chrt

## ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 6 / 2022) (DD/MM/YYYY), TIME: (15 : 45) (HH:MM)

LOCATION: Jalan Bersah BESAR

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 8740C  
b) INSURANCE COMPANY: SOMPO  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (~~COMPREHENSIVE~~ / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Kawasaki Versys X 300  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Commute  
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: WONG SHI FENG JOHAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 8607583J CONTACT: 98594327  
c) ADDRESS: BLK 26 JLN BERSEH #01-164 S(200026)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WONG SHI FENG JOHAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 8607583J CONTACT: 98594327  
c) ADDRESS: BLK 26 JLN BERSEH #01-164 S(200026)

\* d) DATE OF BIRTH: (14 / 03 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 15 NOV 2021

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)  
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

- a) VEHICLE NUMBER: SLU 6186 M MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96155736

9. THIRD PARTY VEHICLE

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

Email: shifeng.johan@gmail.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.** : D21MTMC01007355  
**Insured** : WONG SHI FENG, JOHAN  
**Motor Vehicle (Regn No.)** : FBM8740C  
**Cover** : Third Party, Fire & Theft  
**Policy Commencement Date** : 15 DECEMBER 2021 00:00  
**Policy Expiry Date** : 14 DECEMBER 2022 23:59  
**Maximum Liability (Section I)** : Market value at time of loss  
**Excess\*** : \$500 - Section I  
**Named Driver 1** : WONG SHI FENG, JOHAN  
**HIRE PURCHASE OWNER** : REVO FINANCIAL PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
WONG SHI FENG, JOHAN

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

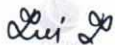
**Accident Reporting**

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](http://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 : 14 DECEMBER 2021 17:37

**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 LNDZHH2K4RYBMYAJ