

NATIONAL Assessment Centre Services: [war 1 Jan 08]

Date In:	Job description	Date & Time Completed	Done by
Ref No: NA/SM02200713415	SAS e-filing		
Veh No: 55F 87224	E-mail (within 4hrs, A/C 2hrs)		
D.O.A : 26/07/22 0945	1-Motor Claim Form		
	1-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
OD : TP / Reporting Only	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/WKsp		

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

TP Particulars: () Vch No: 5MJ1610B 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: ()

Date & Time Confirmed: _____ Date by: _____

Remarks	QC Hotline: 6788 5616
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

[illegible]

NA2201980		1) AR: Accident Reporting (\$30);	
Statement Particulars		2) DA: Damage Assessment (\$100);	INC (\$80)
Driver/Owner:		3) TF: Towing Fee	\$40/\$45
Contact No:		4) FT: Follow-Through Survey	\$120
Damaged Portion:		5) PT: Follow-Through Survey (Estimate)	\$30
C Checked by (Engr-In-Charge):		For claiming against INC Only (wef 10 Jan 2005)	
		6) TR: Re-inspection	\$75
		7) NI: Idno DA + SMRT Survey	\$160
		8) NTUC Additional Services:	
		ON:	
		*N5: Courtesy Car / Tpt Allowance	\$8
		*N6: Repair Co-ordination	\$10
		*N7: Post Repair Inspection	\$25
		*N8: DV / Collect Excess Coordination	\$5
		TP (NI1): TP (w/in INC) against INC	\$20
Auditors Comments:		9) NI2: Idno Mobile	\$0
t. 1:		Invoice dated	Fee Charged
+ 2/3:		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	26/07/2022 17:29 (SGT)
Reported by	Both
Date of Accident	26/07/2022 09:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS CITY (BEFORE BOUNA VISTA FLYOVER)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF8722Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JONATHAN FOK EN HAO
NRIC No	SXXXX033D
Email Address	HCRMYSSELF@GMAIL.COM
Mobile Phone No	(Phone) +65-81813945
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1799

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01008581

DRIVER

Name of Driver	JONATHAN FOK EN HAO
NRIC No	SXXXX033D
Date Of Birth	08/01/1992
Occupation	Indoor

Date Of Driving Pass	29/04/2011
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81813945
Alt. Phone Number	-
Email Address	HCRMYSSELF@GMAIL.COM
Address	124 YUNNAN CRESCENT
Address complement	-
Postcode	638330
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	male
Gender	Male

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

REFER TO REPORT

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	SMJ1610B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

VEHICLE NO:
DATE OF ACCIDENT:

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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

① STF8722Y ② SMJ1610B	AYE (City) Before Buona Vista Flyover	↑	↑	↑	↑
		↑	↑	↑	↑
		④	③	②	①

Diagram illustrating the accident scene layout. It shows a grid of positions marked with arrows and numbers 1 through 4. A large arrow points downwards on the right side of the grid. A small diagram of a building is located near the center of the grid.

Describe Circumstances of the Accident VEHICLE NO: SJF87224 DATE OF ACCIDENT: 26/07/2022

I was travelling along AYE (city) Before Bronx Vista Flyover.

The traffic was moderate.

I slowed down and came to a complete stop as the front vehicle slowed down and stopped.

However, vehicle (B) came from behind and hit my car (A).

REPORTING ONLY ()

OWN DAMAGE ()

THIRD PARTY (✓)

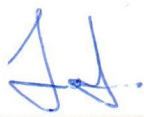
OWN WORKSHOP ()

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

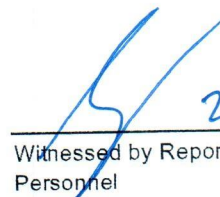
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



26/07/22

Witnessed by Reporting Centre Personnel

PERSONAL PARTICULARS

Date of Accident: 26/07/2022

Time of Accident: 09:45 (24Hrs)

Vehicle No: SJF 8722Y

Vehicle Make/Model: Honda Stream

Exact Location of Accident: AYE towards city (before Buona Vista Flyover).

Owner's Name/NRIC: Jonathan Fok En Hao / S9203033D

Driver's Name/NRIC: Jonathan Fok En Hao / S9203033D

Driver's Contact: 81813945 Insurance Co & Policy No: Sampo Insurance

Driver's Email Address: hcrmyself@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: —

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes ☒ No ☐ If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: Henry Tan Kok Hwa / S1211474E Vehicle No: SMJ1610B

Insurance Company: _____ Driver's Contact: 86061229

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____ Contact: _____

Preferred Workshop (If Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

Reporting Party: owner & driver

Language: English, mandarin

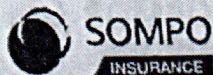
Passenger: vehicle A: 1 passenger, 1 driver (male PSSG)

Vehicle B: unknown number of passenger, 1 driver

-22:11:02 ; ASSURE

1st DAYTONA

: 67493130



Sompo Insurance Singapore Pte.
 50 Raffles Place, 1
 Singapore Land Tower, Singapore 0
 Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.sg
 Co. Reg. No.: 195905490E | GST Reg. No.: M2006

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. : D22MTPV01008581
 Insured : JONATHAN FOK EN HAO
 Motor Vehicle (Registration No.): SJF8722Y
 Coverage : Third Party
 Policy Commencement Date : 22 MAY 2022 00:00
 Policy Expiry Date : 21 MAY 2023 23:59
 Maximum Liability (Section I) : Third Party
 Excess* : Not Applicable
 Voluntary Excess* : N/A
 Windscreen Excess* : N/A
 * 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 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 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.

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) 6461 6555.

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.

Lui

Authorised Signatory

Date/Time of Issue : 20 MAY 2022 10:59

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 : 11A28209 & ASSURE INSURANCE AGENCY PTE. LTD. CI Code: 22A XXDOS64KZYBDKKN