'ATIONAL Assessment Centre S	ervices: [well Janos	SNO9227	Report	
	b description .	Date & Time	Completed	. Done by
REINO: NBB/8MD22907KIN	SAS e-filing .			
Veh No: SKR 70711.	E-mail (withte shrs, Ato 2)	ırs)		. 😘 🕹
D.O.A: 27/01/2022 09.45	I-Motor Claim Form	•		
A	i-Motor TY/O (Wilhin: C	D. 2hrs, T'P 4hrs')	•	
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TP Insurer:	Ass't Report by Fax / H			
Preferred Wksp / INC Assign Wksp / QW: (		Tel:		(nx! .)
TP Particulars: Yeh No: WMKN	own TRUCK.	NC( )/Non-IN		
Owner / Driver: (		) Cover Type	:(	).
Policy No: ( · · ) Perio	d: ( Date	- m	-	)
. Confirmed by : (	te-Ést. Status (WO):			100%]
Inguico Darrel	arranty: YES ( )/N	0(,)		
· Year of Registration.	arran, .		<del>nere arribet</del>	71775
	A CONTROL OF THE CONT		530400423	Action districts
General Remarks A. ( ) Walk-In Customer : Customer's Information	nation strictly Confident	ial & Strictly NO ref	er of repaire	
Tatal I ass Clase : to e-mail Insure	Orkoni zazi	) ; Towing Co:		
Drive-In ( )/ Towed-In ( ); Invoice:	YES( ) / NO(·			Township of the form
Remarks: (The Gardine: 6788 5616)		Date2T2	ha Cotti zietu	
1) Apply for Transport Allowance ( )/C	Courtesy Car ( )	-		
2) OC Check / Post Repair Inspection .	. (. )	,		·
3) Upload Resurvey Photo [Repair Cost > \$:	3000] ( )		·	T. W.
Injury:		· · ·	V-0.81.297.110.201.01.01.01.01.01.01.01.01.01.01.01.01.0	
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NH270 1995		AP . Accident Reporting	(\$30);	INC (380)
Taumantis Particulars	-	) DA : Damage Assessme ).TF : Towing Fee	· ·	\$120
)river/Owner:	<u> </u>	FT: Follow-Through S		y) \$30
!ontactiNo:		For claiming against It.	COULY (wet !	\$75
		6) TR: Re-inspection 7) N1: Idao DA + SMR.T	Survey	\$160
ramaged Portion:	*	8) NTUC Additional Ser	1003:-	
C. Checked by (Engr-In-Charge);		+NS: Courlesy Car / I	sonnwell A to	\$5 .
C. Checked by (Birg) -111-Chargo)		*No: Repair Co-ordin *No: Post Repair Insp	ection .	\$25
antitors Comments.		*N8: DY / Collect Ext TP (N11): TP (Non 1	cess Coordination	5n 35
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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate

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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

27/07/2022 15:40 (SGT) Both 27/07/2022 09:45 (SGT) Telok Blangah Dr, Singapore DOUBLE YELLOW LINE Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SKR707U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

**Email Address** Mobile Phone No

Alternative Phone No

No

CHOO CHEE SENG

SXXXX955G

edwin.choo@united-team.com (Phone) +65-91799131

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Mercedes E250

Private use

Yes

Private car

Auto 1991

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd. D21MTPV01015695

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHOO CHEE SENG SXXXX955G 07/07/1964 Indoor



Accident report SN09227R0005

Date Of Driving Pass Driving experience Gender	03/04/1992 30 YEARS AND 3 MONTHS Male
Mobile Number Alt, Phone Number	(Phone) +65-91799131
Email Address Address Address complement	edwin.choo@united-team.com 12 STIRLING ROAD #26-08
Postcode	148955
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	ž
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions Road Surface	Clear
Nodu Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	u.
Number of vehicles involved in the accident	No 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)	0
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	<b></b>
Translator's email	-
Original language used in the statement	*
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address Was notice of intended Prosecution given?	10 Ubi Avenue 3 Singapore 408865
If yes, against whom?	No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20220727/7014	
ATTACHMENT(S)	
Are accident photos available for attachment?	
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Yes WITH OWNER TRYING TO RETRIEVE THE VIDEO
,	WITH OWNER TRYING TO RETRIEVE THE VIDEO
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	
Vehicle Manufacturer	
Vehicle Model	

Vehicle Variant	
Vehicle Colour	-
	- N. A. C.
Name of Drive	NA / Unknown
Contact Number	-
a High Colores with the contract of the colorest colores and color	-
A STATE OF THE PARTY OF THE PAR	1#
Address complement Postcode	-
	-
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	<b>UNKNOWN TRUCK</b>
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 Actual Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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

(Name as in NRIC/ID card)

Sketch Plan

Druke Yellow Line

And the sketch Plan

Sket

Describe Circumstance of the Accide	LICA RUPORT	7/20220727/70	014

Declaration

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20220727/7014

# REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 27/07/2022 11:59		Vide Report No.:	Station Diary No.:		
Informant	s Particul	ars				
Name of In CHOO CH			Address: 12 STIRLING ROAD #26-08 SINGAPORE 148955			
ID Type / II NRIC NO /		5G	Contact No.: Home/Office: Mobile: 91799131			
Nationality: SINGAPOR		N	Email: EDWIN.CHOO@UNITED-TEAM.COM			
Sex: Male	Age: 58	Date of Birth: 07/07/1964	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation	1:	Driving Licence Ir Class: 3		Date of Expiry:		

General Informat	ion of the Accident		SE SELVEN CANON W	Arrich School		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/07/2022 09	:45	Type of Location: Straight Road	
Location:						
Telok Blangah Dı	rive along double ye	llow line				
Weather:		Road Surface: Dry		Road	d Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume: Light		
Type of Collision: Moving Vehicle A	gainst - Parked Veh	icle			ne conveyed by ulance:	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SKR707U	Car	MERCEDES BENZ		Silver	Slightly Damaged	0
_	Lorry					0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20220727/7014

### CONTINUATION OF REPORT

The state of the s	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR707U	Sompo Insurance		Lilouivo	Expiry Date

<b>Details of Perso</b>	n Involved	VOTE OF THE SECOND		E BENEFAL	TERRITOR STATES OF THE STATE OF
Any Pedestrian I	nvolved: No		A North Control of the Control of th		
No. of Pedestriar	ns Injured: NIL		Use of Pec	destrian Cro	ssing: NA
Driver				SE DEMEN	Cong. 1474
Name	CHOO CHEE SEN	3		ID No.	S1648955G
Related Vehicle	SKR707U (Car)			Contact No	o. 91799131
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

# Brief Details.

I parked my car behind a truck opposite the food center. when i came back 10 minutes later. i realised the front of my car was damaged.



Informant is not able to provide sketch



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Contact No.: 65476079

NP168

This report is lodged at Bukit Merah East NPC Kiosk 1

Sketch Plan

CONTINUATION OF REPORT

3 of 3 Report No. T/20220727/7014

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/07/2022 11:59
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN	Classification Of Case:

# ACCIDENT'STATEMENT.

ACCIDENT DATE: (21/01/32) (DD/MM/YYYY), TIME: (69.45) (HH:MM)
LOCATION: Telok Biongah Drive; Opposite Hawker Ce,
DETAILS OF VEHICLE  GIVEHICLE NUMBER:  BIR 707 U  BINSURANCE COMPANY:  CIPOLICY NUMBER:  D21 MT PVO10 15 695  CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  BIMAKE & MODEL:  MOTCO 028 E250  FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME:  I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES) NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER, A)NAME: Choo Chee Sers (MALE) FEMALE) b)NRIC/FIN/PASSPORT: S/648 STC CONTACT: 31788131 c)ADDRESS: 12 Sticling Road #26-08 S/48855
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  A)NAME:  (Including driver)  DINRIC/FIN/PASSPORT:  CIADDRESS:
*d) DATE OF BIRTH: ( 07/07/186 X) (DD/MM/YYYY)  e) OCCUPATION: (NDOOR) OUIDOOR)  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. d) 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: Treffic Policy:  8. THIRD PARTY VEHICLE  White of passenger a) VEHICLE NUMBER: Unicon Truck  (Including driver) b) DRIVER'S NAME:  (Including driver) b) DRIVER'S NAME:  (Including driver) PARTY VEHICLE  9. THIRD PARTY VEHICLE
( Induding deliver)   NRIC/FIN/PASSPORT: CONTACT:
email = edwin choole united-team con

50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623

Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

# 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.

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.

Lui 20

### **Authorised Signatory**

Date/Time of Issue: 02 NOVEMBER 2021 01:14

#### IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle;
Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter189), 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;
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);
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 XFWDSBV2JB0YB0PA

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1648955G



### CHOO CHEE SENG @EDWIN

智 深

CHINESE Date of birth 07-07-1964

Country/Place of birth SINGAPORE





6742673



Date of issue 09-11-2021

12 STIRLING ROAD #26-08 SINGAPORE 148955

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

REPUBLIC OF SINGAPORE DRIVING LICENCE

CHOO CHEE SENG

Birth Date: 07 Jul 1964 Issue Date 27 Jan 2005

Licence Number S 1 6 4 8 9 5 5 G

PASS DATE

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

03 Apr 1992

NP 428A

