

NATIONAL Assessment Centre Services: (wef 1 Jan 08) **SV09228500X**

Date In: 05/08/2022 18:51	Job description	Date & Time Completed	Done by
Ref No: NBA/8MD220075004	SAS e-filing		
Veh No: SCZ 267HA	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 03/08/2022 22:30	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **SV 57E** 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: () (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

NA2202094

Claimant's Particulars	Invoice Preparation Checklist	Amount (\$)	Remarks
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 2005)		
	6) TR: Re-inspection	\$75	
	7) N1: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	ON*		
	*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 (Inc INC) against INC	\$20	
	9) N12: Idao Mobile	\$30	
	Invoice dated	Fax Charged	
	Invoice dated	Fax Charged	

C Checked by (Engr-In-Charge):

Auditors Comments:

1.1:

1.2 / 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 Actual 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	05/08/2022 18:51 (SGT)
Reported by	Both
Date of Accident	03/08/2022 22:30 (SGT)
Exact Location of Accident	Woodlands Drive 62, Singapore
Additional Location Information	T-JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ2478A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHONG LUN MUI
NRIC No	SXXXX213Z
Email Address	kallencm70@gmail.com
Mobile Phone No	(Phone) +65-91873193
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01001479

DRIVER

Name of Driver	WONG MENG HUI
NRIC No	SXXXX663D
Date Of Birth	27/10/1996
Occupation	Indoor



Date Of Driving Pass	14/10/2016
Driving experience	5 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98235343
Alt. Phone Number	-
Email Address	kallencm70@gmail.com
Address	BLK 688E WOODLANDS DRIVE 75 #08-66
Address complement	-
Postcode	735688
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Raining
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)	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	SKV517E
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

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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

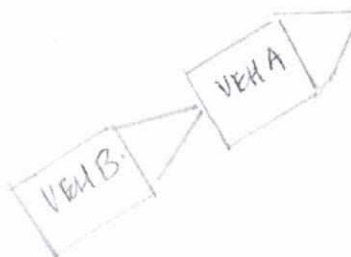
Witnessed by Reporting Centre Personnel

Sketch Plan

WOODLANDS DRIVE 62 (T-JUNCTION)

A) SKZ 2478A

B) SKV 517E



Describe Circumstances of the Accident

On the stated dated and time, I was driving along a T-junction turn right as there pedestrian crossing I stop and suddenly my rear portion had a strong impact. Vehicle B had collided onto my vehicle A rear. Luckily my vehicle did not scrape forward as there pedestrian. It was rainy and wet road during the incident.

Vehicle A SKZ 2478A.

Vehicle B SKV 517E.

Declaration


We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 Hui

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

 05/08/2022
Witnessed by Reporting Centre Personnel

Date of accident: 03.09.2022 Time: 2230 hrs
Location of accident: WOODLANDS DRIVE 62 (T-JUNCTION)

Details of Own Vehicle

Vehicle Number: SKZ2478A
Insurer: SOMPO INSURANCE
Policy No: D22MTPV01001479

Make/Model: HONDA / VEZEL
Passenger (incl. Driver): 1
Policy Type: C/ TPFT/ TPO

Policyholder

Name: CHONG LUN MUI
Contact no.: 9187 3193

NRIC/FIN no.: 87071213Z

Driver

Name: WONG MENG HUI
Contact no.: 98235343
Email: Kallendm70@gmail.com
Address: BIK 688E WOODLANDS DRIVE 75 #08-66 (735688)
Driving pass date: 14.10.2016

NRIC/FIN no.: 89670663D

D.O.B: 27.10.1996

Occupation: INDOOR

Relationship with Policyholder: child

General Information

Weather conditions: Clear/ Raining

Road surface: Dry/ Wet

Police report: Yes/ No

Video Footage: Yes/ No

Prosecution Letter: Yes/ No

If Yes against whom:

Injuries: Yes/ No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/ N)

Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	SKV517E	
Driver name:		
NRIC/ FIN no.:		
Contact no.:		
Insurance Co.:		
Remarks: (Make/Model, Passenger, property info & etc)		

Detail of Witness

	Witness 1	Witness 2
Name:		
Contact no.:		

Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only

Workshop:

Policyholder/

driver

Signature:

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. : D22MTPV01001479
Insured : CHONG LUN MUI
Motor Vehicle (Registration No.): SKZ2478A
Coverage : Comprehensive - ExcelDrive GOLD
Policy Commencement Date : 15 JANUARY 2022 00:00
Policy Expiry Date : 14 JANUARY 2023 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$500 - 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 : 10 JANUARY 2022 11:49

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 : 11A24407 & ACTIVE AUTOMOBILE CI Code: 22A_4AD5ZO4RTTDL6RA

> [Back to OneMotoring](#)

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.

SKZ2478A

Make / Model

HONDA / VEZEL 1.5X A

Vehicle Type :

P10 - Passenger Motor Car

Vehicle Attachment 1 :

No Attachment

Vehicle Scheme :

Normal

Chassis No. :

RU11104612

Propellant :

Petrol

Engine No. :

L15B4024722

Motor No. :

-

Engine Capacity :

1496 cc

Power Rating :

-

Maximum Power Output :

96.0 kW (128 bhp)

Maximum Laden Weight :

1465 kg

Unladen Weight :

1190 kg

Year Of Manufacture :

2015

Original Registration Date :

15 Jan 2016

Lifespan Expiry Date :

-

COE Category :

A - Car up to 1600cc & 97kW (130bhp)

Quota Premium :

\$55,399.00

COE Expiry Date :

14 Jan 2026

Road Tax Expiry Date :

14 Jan 2023

PARF Eligibility Expiry Date :

14 Jan 2026

Inspection Due Date :

14 Jan 2023

Intended Transfer Date :

31 Aug 2022

CO2 Emission :

117.00 (g/km)

CEV/VES Rebate Utilised Amount :

\$10,000.00

CO Emission :

-

HC Emission :

-

NOx Emission :