

**NATIONAL Assessment Centre Services:** (wef 1 Jan 08) **SKV 45457**

Date In: **17/08/2022** **10:55** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **NB8/2022078494** E-mail (within 3hrs, A/C 2hrs)

Veh No: **SK8 1179.G** I-Motor Claim Form

D.O.A: **13/08/2022** **11:58** I-Motor W/O (Within: OD, 2hrs, TP 4hrs)

OD: **TP** / Reporting Only 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: Vch No: **SKV 45457** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

Confirmed by: ( ) Date: Time: ( )

Insured/Driver Liability: ( ) % [Note-Bst, 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

**NA2202185**

Statement Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Auditors Comments:

L 1:

L 2 / 3:

Invoice Preparation Checklist	Amount	Bill	Remarks
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100); INC (\$80)			
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) NI: Idac DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (Non INC) against INC	\$20		
9) N12: Idac Mobile	\$0		
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 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	17/08/2022 10:55 (SGT)
Reported by	Both
Date of Accident	13/08/2022 11:58 (SGT)
Exact Location of Accident	921A Tampines Street 91, Singapore 521921
Additional Location Information	MSCP DECK 3A
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS1179G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEOH BOON TEE
NRIC No	SXXXX754J
Email Address	valvano_leoh@hotmail.com
Mobile Phone No	(Phone) +65-81392004
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Accord
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	1998

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01010752

### DRIVER

Name of Driver	LEOH VALVANO
NRIC No	SXXXX735I
Date Of Birth	01/04/1999
Occupation	Indoor



Date Of Driving Pass	02/07/2018
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82025285
Alt. Phone Number	-
Email Address	valvano_leoh@hotmail.com
Address	935 TAMPINES STREET 91 #2-315
Address complement	-
Postcode	520935
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	Hit and run / Vandalism / Damaged whilst parked
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)	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	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220813/2064

#### 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	SKV4545Y
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

### 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' 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.

W. W.  
Policyholder's Signature / Date & Time

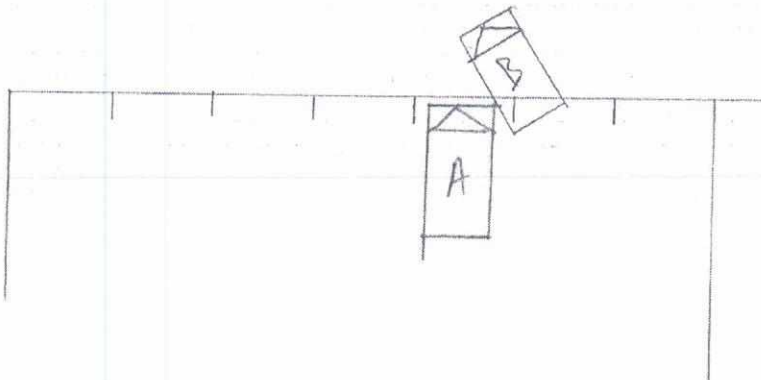
L.  
Driver's Signature (If driver is not the policyholder) / Date & Time

17/01/2022  
Witnessed by Reporting Centre Personnel

Sketch Plan

BIK 921 A TAMPAKIES ST 91 M8CP JACK 3A

Vehicle A - SKS1179G  
Vehicle B - SKV4545Y



Describe Circumstances of the Accident

Refer to police Report,

T/20220813/2064

Declaration

We declare the foregoing particulars are true in every respect.

*Hi*

Policy holder's Signature Date &  
Time

*P*

Driver's Signature (if driver is not the policy holder) Date  
& Time

*17/08/2022*  
Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20220813/2064

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20220813/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/08/2022 16:01		Vide Report No.:		Station Diary No.: 41	
<b>Informant's Particulars</b>					
Name of Informant: LEOH BOON TEE			Address: APT BLK 935 TAMPINES STREET 91 #02-315 SINGAPORE 520935		
ID Type / ID No.: NRIC NO / S1820754J			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 81392004		
Email:					
Sex: Male	Age: 54	Date of Birth: 04/12/1967	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: PERSONAL ASSISTANT			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive No	Date/Time of Accident: 13/08/2022 12:00	Type of Location: Car Park
Location:  TAMPINES STREET 91				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKS1179G	Car	HONDA	ACCORD EURO-R 2.0 M	Blue	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220813/2064

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No: T/20220813/2064

**CONTINUATION OF REPORT**

**Brief Details.**

On the 13th of August 2022 at about 0200hrs, my son namely Valvano (hp no: 82025285) parked my car bearing plate number SKS1179G, at the MSCP of Blk 921A Tampines St 91, Deck 3A. Everything was intact.

On the same day at about at about 1330hrs, my son wanted to retrieve the car when he discovered some damages to the front bumper.

We then retrieved the in-car camera footage, and it was revealed that at about 1158hrs, a light gray Mitsubishi Outlander has hit onto my front bumper, causing the bumper to drop off. The driver subsequently came back to my vehicle and tried to push the bumper back however the clips broke, and the car suffered dents on the front right bumper. The car registration number of the said vehicle was not captured as it was blurry.

i have never seen the man who hit my car before but i believe that he is a resident nearby





SINGAPORE  
POLICE FORCE



T/20220813/2064

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No: T/20220813/2064

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: G/ SR STAFF SGT SITI NUR SYAFIQAH BINTE AZMAN	Signature Of Informant: <i>Wia</i>
Signature Of Interpreter: Not applicable	Date/Time 13/08/2022 16:01
Officer In Charge Of Case: TP / HRT / STAFF SGT SUFIYAN BIN KHAIRI Contact No: 65476148	Classification Of Case:

NP168

Date of Accident : 13/8/22 Accident Time: 1158 (24-HR-FORMAT)  
 Accident Place : 921A Tampines St 91 MSCP Deck 3A  
 Vehicle Reg. No (Car plate No.) : SKS1179G Vehicle Make/Model: Honda Accord Euro R  
 Insurance Company : Sompo Policy No. 022MTPV01010752  
 Name of Registered Owner : Company / Individual Leoh Boon Tee  
 ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S1820754J  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: 81392004  
 DRIVER'S Name : Leoh Valvano DRIVER'S NRIC No: S9910735I  
 DRIVER'S Date of Birth : 01/04/1999 DRIVER'S License Pass Date 02/07/2018  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 935 Tampines St 91 #02-315 S(520935)  
 DRIVER'S Contact No. / Alt No. : 1) 82025285 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : Valvano\_Leoh@hotmail.com  
 Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (including Driver): 0 Passenger Name: \_\_\_\_\_ Gender: M/F  
 Was the accident reported to the police? YES \ NO Passenger Name: \_\_\_\_\_ Gender: M/F  
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: \_\_\_\_\_  
 Injured Name: \_\_\_\_\_  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SKV4545Y</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

### 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	022M1PV01010752
Insured	LEOH HOON TEE
Motor Vehicle (Registration No.)	SKS1179G
Coverage	Comprehensive - ExcelDrive GOLD
Policy Commencement Date	24 JUNE 2022 10:00
Policy Expiry Date	23 JUNE 2023 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](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6226 3323.

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.**

*Li J*

**Authorised Signatory**

Date/Time of Issue : 24 JUNE 2022 10:00

**IMPORTANT NOTICE**

- o Keep this 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 : 11D09106 & D&S AUTO AGENCY CI Code: 22A DHDZHK4KNY1YOKAD