

NATIONAL Assessment Centre Services: SN1092298000A

Ref No: 08/09/2022 17:42	Job description	Date & Time Completed	Done by
File No: N2A/SN1092298000A	SAS e-filing		
Alt No: GBE 3754H	E-mail (within 2hrs, A/C 2hrs)		
Q.A: 07/09/2022 19:20	1-Motor Claim Form		
D: TP / Reporting Only	1-Motor W/O (within: 0D, 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
P Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Referred Wksp / INC Ass'n Wksp / QW: ()
 Particulars: Yeh No: PA 9203C, INC () / Non-INC ()
 Owner / Driver: ()
 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	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection		
3) Upload Resurvey Photo [Repair Cost > \$3000]		

Injury: _____

Date/Time	Actions

NA220248

Customer's Particulars	Invoice Preparation Charge	
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	NIC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$100/\$45
	4) FT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For estimate only (NIC Only over 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Ids DA + SMRP Survey	\$160
	8) NTUC Additional Services	
	ODI	
	*N3: Courtesy Car / Tpl Allowance	\$5
	*N4: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collul Excess Coordination	\$5
	TP (N11) / TP (N12) against NIC	\$30
	9) N12: Ids Mobile	
	Invoice dated	Not Charged
	Invoice dated	Not 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	08/09/2022 17:42 (SGT)
Reported by	Driver
Date of Accident	07/09/2022 19:20 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3754H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SEASON LIQUOR HOUSE
Company Reg No	5XXXX583J
Email Address	jackylee2102@icloud.com
Mobile Phone No	(Phone) +65-97619194
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPCVE002566

DRIVER

Name of Driver	LEE CHEAW SOON
NRIC No	SXXXX003J
Date Of Birth	21/02/1982
Occupation	Outdoor

Date Of Driving Pass	06/11/2008
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97619194
Alt. Phone Number	-
Email Address	jackylee2102@icloud.com
Address	16 JLN SETIA TROPICA 4/11
Address complement	TAMAN SETIA TROPICA
Postcode	81200 JOHOR BAHRU
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	PA9203C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE CHEAW SOON
Gender	Male
Phone No	(Phone) +65-97619194
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF3754H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 :

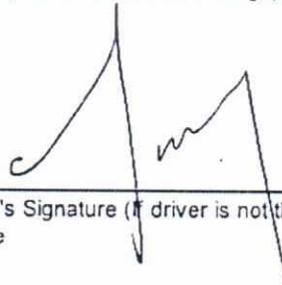
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

BEASON LIQUOR HOUSE
Blk 106 Honggang Ave 1 #01-1237
Singapore 530196

Policyholder's Signature / Date & Time

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

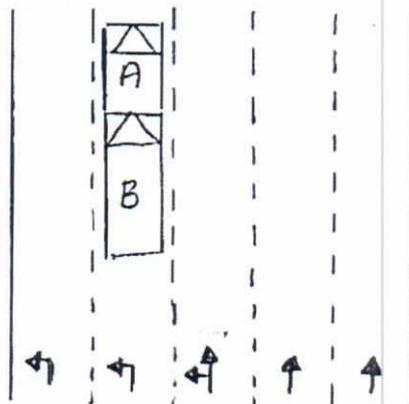
Witnessed by Reporting Centre Personnel



Sketch Plan

SLE

SLE



A - GBF 3754H

B - PA 9203C

Describe Circumstances of the Accident

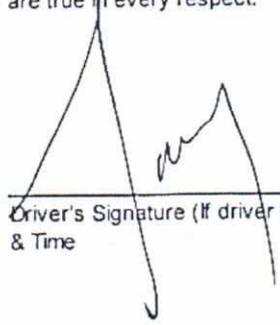
On the stated time and date, I was driving my vehicle A bearing GBF 3754H on SLE. Suddenly, I felt an impact from my rear, I got off my vehicle and realized vehicle B bearing PA 9203C had collided on to the rear of my vehicle.

Declaration

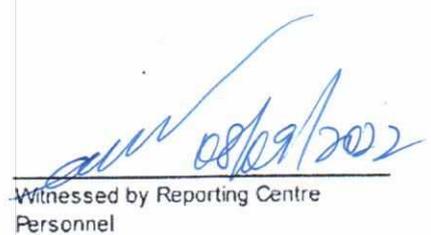
We declare the foregoing particulars are true in every respect.

SEASON LIQUOR HOUSE
Blk 106 Hougang Ave 1 #01-1237
Singapore 530196

Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

ACCIDENT REPORTING

Accident Date: (7 / 09 / 2022)(DD/MM/YYYY)

Time: (19 : 20)(HH:MM)

Location: SLE

1. Accident Details

- a) Type Of Accident: Head to Rear
b) Weather Condition: (Clear / Raining / Others:)
c) Road Surface: (Dry / Wet / Others:)
d) Are You Claiming Under Your Own Insurance? (Yes / No)
e) Was Any Foreign Vehicle Involved In An Accident? (Yes / No)
f) Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / No)
g) Was The Accident Reported To The Police? (Yes / No)
h) Was Notice Of Prosecution Given? If Yes, Against Whom?:

2. Details Of Own Vehicle

- a) Vehicle Registration No: GBF 3754 H
b) Vehicle Category: Company
c) Vehicle Manufacturer: Vehicle Model:
d) Transmission: Manual / Auto CC:
e) No.Of Passengers (Including Driver) 1
Passenger Name: (Female / Male)

3. Own Vehicle Policy

- a) Handling Insurer: SOMPO INSURANCE (02)MTPCVE002566
b) Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
c) Fleet Policy? (Yes / No)
d) Owner Name: SEASON LIQUOR HOUSE (Female / Male)
e) ID Type: 532475833 (UEN / NRIC / Passport Or Fin / Work Permit)
f) Email: JACKYLEE2102@ICLOUD.COM Mobile: 9761 9194
f) Alt No. Type: (Home / Office / Not In List):

4. Driver's Information

- a) Is The Driver The Policyholder? (Yes / No)
b) Driver Name: LEE CHEAW SOON (Female / Male)
c) ID Type: S8283003J (UEN / NRIC / Passport Or Fin / Work Permit)
d) Date Of Birth: 21.02.1982
e) Driving Pass Date: 06.11.2008
f) Email: JACKYLEE2102@ICLOUD.COM Mobile: 9761 9194.
g) Address: 16 JLN SETIA TROPIKA 4/11 TMN SETIA TROPIKA 81200 JOHOR BHARU
h) Postal Code:
i) Occupation: (Indoor / Outdoor)
j) Driver Owner Relationship: Employee Does Driver Own Other Vehicles: (Yes / No)
If Yes, Please Provide Vehicle Registration No: Handling Insurer:

ACCIDENT REPORTING

5. TP Vehicle Or Property

a) Was There Any Other Vehicle Or Property Damaged? (Yes / No)

If Yes, Please Provide:

Vehicle Registration No: PA 9203C BUS

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

6. Injured Person's Details

a) Was Anyone Injured In The Accident? (Yes / No)

b) Any Injured Conveyed To Hospital By Ambulance? (Yes / No)

If Yes, Please Provide:

Name: LEE CHEAN SOON (Female / Male)

Vehicle Registration No: GBE 3754H

Name: _____ (Female / Male)

Vehicle Registration No: _____

Name: _____ (Female / Male)

Vehicle Registration No: _____

7. Witness Details

a) Was There Any Witnesses? (Yes / No)

If Yes, Please Provide:

Name: _____ (Female / Male)

Witness Contact: _____

8. Files

a) Are Accident Photos Available For Attachment? (Yes / No)

b) Was There Any Video Captured? (Yes / No)

a) Was There Any Audio Captured? (Yes / No)

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. : D21MTPCVE002586
 1. Registration No. : GDF3754H
 2. Insured Name : SEASON LIQUOR HOUSE
 3. Commencement Date : 30 SEPTEMBER 2021 00:00
 4. Expiry Date : 29 SEPTEMBER 2022 23:59
 5. Coverage : Market value at time of loss - Comprehensive
 6. Excess : \$500 - Section I

7. Persons or Classes of Persons entitled to drive*

b) Any person who is driving on the Insured's order or with their permission. 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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business.
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- 1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

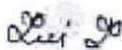
It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 27 SEPTEMBER 2021 09:03

* Translation needed/responses by section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and section 26 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the insurance is terminated during its currency, they 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 (Cap. 189).
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (s) before the inception date where the Policy is to be issued to an individual or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy.