

NATIONAL Assessment Centre Services: Unit 1, 2nd Floor **50092290006**

Ref No:	Job description	Date & Time Completed	Done by
17/09/2022 15:07	SAS e-filing		
X188/8mo 220089/4/4	E-mail (within 2hrs, AIG 2hrs)		
SML 1260	1-Motor Claim Form		
09/09/2022 14:45	1-Motor W/O (Within 24hrs, TP 4hrs)		
(TP) Reporting Only	1-Photo Uploaded		
P Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WKSP		

Referred Wksp / INC Assign Wksp / QW: ()
 Particulars: Vch No: **SCG 0835P** INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % [Note: Est. Status (YO): NI 0-20%; P 21-79%; P 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: ()
- 1) Apply for Transport Allowance () / Courtesy Car ()
 - 2) QC Check/ Post Repair Inspection ()
 - 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Remarks	Date & Time Completed	Done by

Invoice Preparation Checklist

Item	Amount	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		TRIC (\$10)
3) TFI: Towing Fee	\$10/\$40	
4) FT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claimant status INC Only (ver 10 Jan 2009)		
6) TR: Re-inspection	\$75	
7) NI: DA + S.M.R.T Survey	\$150	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpl Allowance	\$3	
*N6: Repair Coordination	\$15	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (NIL) / TP (P-in INC) against INC	\$10	
9) NI: Loan Mobile		
Invoice dated		Fee Charged
Invoice dated		Fee Charged

NA2202161

Driver/Owner: _____
 Contact No: _____
 Damaged Portion: _____
 Checked by (Engi-In-Charge): _____
 Insurer's Comments: _____
 L1: _____
 L2/3: _____

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	12/09/2022 12:07 (SGT)
Reported by	Both
Date of Accident	09/09/2022 14:45 (SGT)
Exact Location of Accident	Lor 2 Toa Payoh, Singapore
Additional Location Information	TOWARDS PIE (CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML126D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CATHERINE TAN LING GHIM
NRIC No	SXXXX745J
Email Address	catherinetanlg@hotmail.com
Mobile Phone No	(Phone) +65-92702485
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X2
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	1499

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01013073

DRIVER

Name of Driver	CATHERINE TAN LING GHIM
NRIC No	SXXXX745J
Date Of Birth	30/03/1971
Occupation	Indoor

Date Of Driving Pass	23/03/1994
Driving experience	28 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92702485
Alt. Phone Number	-
Email Address	catherinetanlg@hotmail.com
Address	BLK 700 LORONG 1 TOA PAYOH #05-01
Address complement	-
Postcode	319773
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	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)	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	SARAH MARY LESSLAR
Gender	Female

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	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220910/7021

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	SLG6835P
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CATHERINE TAN LING GHIM
Gender	Female
Phone No	(Phone) +65-92702485
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SML126D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SARAH MARY LESSLAR
Gender	Female
Phone No	(Phone) +65-93203753
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SML126D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 truthful and accurate as possible. Any willful 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 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

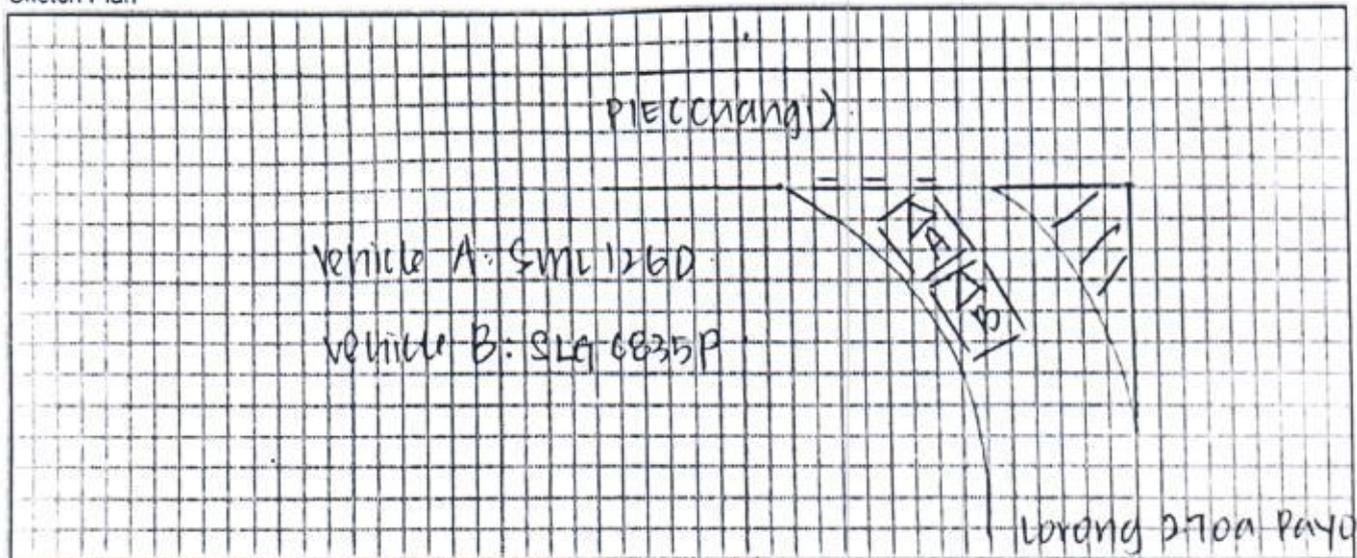
Policyholder's Signature / Date & Time

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

12/09/2022

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

Sketch Plan

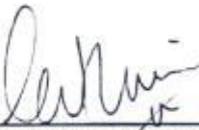


Describe Circumstance of the Accident

Refer to Police Report T/20220910/7021

Declaration

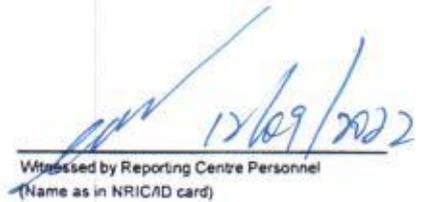
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



12/09/2022

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



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2022 13:44	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CATHERINE TAN LING GHIM		Address: 700 LORONG 1 TOA PAYOH #05-01 SINGAPORE 319773	
ID Type / ID No.: NRIC NO / S7110745J		Contact No.: Home/Office:	Mobile: 92702485
Nationality: SINGAPORE CITIZEN		Email: CATHERINETANLG@HOTMAIL.COM	
Sex: Female	Age: 51	Date of Birth: 30/03/1971	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/09/2022 14:45	Type of Location: Bend
Location: LORONG 2 TOA PAYOH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLG6835P	Car	TOYOTA		White	Slightly Damaged	1
SML126D	Car	BMW	X2 SDRIVE18I MSPT LED FOG LIGHTS	Gold	Seriously Damaged	1



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML126D	TENET SOMPO INSURANCE PTE. LTD.	D21MTPV0101307 3	27/09/2021	27/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	SARAH MARY LESSLAR		ID No.	T0047180H
Related Vehicle	SML126D (Car)		Contact No.	93203753
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/09/2022		Date	09/09/2022
No. of Days granted Medical Leave	03	Degree of	Serious	
Driver				
Name	CATHERINE TAN LING GHIM		ID No.	S7110745J
Related Vehicle	SML126D (Car)		Contact No.	92702485
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/09/2022		Date	10/09/2022
No. of Days granted Medical Leave	NIL	Degree of	Serious	

Brief Details.

ON 09/09/2022 AT ABOUT 14:45HR, I WAS DRIVING MY VEHICLE - SML126D, WITH MY DAUGHTER IN MY VEHICLE, TRAVELLING FROM LORONG 6 TOA PAYOH TOWARDS PIE(CHANGI). I STOPPED BEFORE THE GIVE-WAY LINE MERGING TO PIE TO CHECK ON TRAFFIC BEFORE PROCEEDING. ABOUT 2 SECONDS LATER, I FELT A HUGE IMPACT ON MY VEHICLE'S REAR PORTION. WHEN I ALIGHTED, I THEN REALISED THAT VEHICLE NUMBER - SLG6835P, HAD COLLIDED ONTO MY VEHICLE'S REAR PORTION. UPON IMPACT, MY DAUGHTER FELT A SHARP PAIN AND IT LEAD TO A THROBBING HEADACHE. I BROUGHT HER TO MOUNT ALVERNIA A&E TO SOUGHT FOR MEDICAL ATTENTION AND SHE WAS DISCHARGED WITH 3DAYS MC. THE FOLLOWING DAY, I FELT DISCOMFORT ON MY BACK AND NECK AS WELL AND SOUGHT FOR MEDICAL ATTENTION AS WELL.



**SINGAPORE
POLICE FORCE**



T/20220910/7021

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

3 of 4

Report No. T/20220910/7021

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220910/7021

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

4 of 4

Report No. T/20220910/7021

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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:
10/09/2022 13:44

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident? Owner / Driver / Both

Date of Accident: 09/09/2022

Time of Accident: 2:45 (AM / PM)

Location of Accident: Lorong ~~to~~ TOA Payoh towards PTEL Changi

Country/State of Loss: SG

Type of Accident: Head to Rear

Weather Condition: Clear / Raining Road Surface: Dry / Wet

If Not in List, please specify _____

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No & Vehicle Type: _____

No. of vehicles Involved in the accident (include own vehicle) 02

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: Traffic Police #2

Was notice of Prosecution given? Yes / No

If yes, against whom? _____

Files

Are accident photos available for attachment? Yes / No

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

Driver's Information

Is the driver the policy holder? Yes No

Name of Driver: As above

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: _____

Date of Birth: 30/03/1971

Driving Pass Date: 23/02/1994

Mobile No: _____

Email: _____

Address 1: _____

Address 2: _____ Postal Code: _____

Occupation: Indoor / Outdoor

Driver Owner Relationship _____

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: _____

Handling Insurer: _____

TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

(i) Vehicle Registration No: SLG6835P

(ii) Vehicle Category: _____

(iii) No. of passengers (including driver) 02 → female driver
male pax

Passenger Name: _____

Gender: Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- Original report in original language
- Translated report to English

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

- (i) Name: _____
- (ii) Gender: Male / Female
- (iii) Injured Person in which Vehicle? SML126D
- (iv) Full Address: _____

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____

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. : D21MTPV01013073
Insured : CATHERINE TAN LING GHIM
Motor Vehicle (Registration No.) : SML126D
Coverage : Comprehensive - ExcelDrive PRESTIGE
Policy Commencement Date : 27 SEPTEMBER 2021 00:00
Policy Expiry Date : 26 SEPTEMBER 2022 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

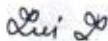
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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.

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 : 13 SEPTEMBER 2021 14:36

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 : 11A25202 & AIA FINANCIAL ADVISERS PRIVATE LIMITED CI Code: 22A_HDHHD4R_KLBWBAA