

**NATIONAL Assessment Centre Services:** [Ref: 1 Jan 2022] **SA0922910006**

Ref No: 2309/2022 12:58	Job description	Date & Time Completed	Done by
File No: N/A/8/202209278/4	SAS e-filing		
Sh No: SUR 86257	E-mail (with state, A/C sheet)		
C.A: 2309/2022 10:10	1-Motor Claim Form		
D: (F) / Reporting Only	1-Motor W/O (with state, A/C sheet, TP sheet)		
	1-Photo Uploaded		
P Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WKsp		

Offered WKsp / INC Assign WKsp / QW: ( ) Tel: ( ) Fax: ( )

P Particulars: Vch No: SAH 6699K INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( ) Date: ( ) Time: ( )

Confirmed by: ( )

Insured/Driver Liability: ( ) % (Note: Est. Status (WO): NI 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check/ Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Other: ( )

**NA2202627**

Driver/Owner:	Invoice Preparation Checklist:	Amount
Contact No:	1) AR: Accident Reporting (\$30)	
Damaged Portion:	2) DA: Damage Assessment (\$100)	INC (\$30)
C Checked by (Eng: In-Charge):	3) TP: Towing Fee	\$10/\$15
	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: 1st DA + SMRT Survey	\$150
	8) NTUC Additional Services:	
	ON:	
	*N3: Courtesy Car / Tpl Allowance	\$5
	*N4: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collision Excess Coordination	\$5
	TE (N11) / TP (N12) against INC	\$10
	9) N12: 1st Mobile	\$10
	Invoice dated	Fax Charged
	Invoice dated	Fax 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	23/09/2022 12:58 (SGT)
Reported by	Driver
Date of Accident	22/09/2022 10:10 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS CTE LAMP POST 107
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8625H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG AH HUAT
NRIC No	SXXXX833A
Email Address	akz81@yahoo.com
Mobile Phone No	(Phone) +65-93691529
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
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	1969

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01011807

#### DRIVER

Name of Driver	ANG KE ZHONG (HONG KEZHONG)
NRIC No	SXXXX950E
Date Of Birth	21/02/1981
Occupation	Outdoor



Date Of Driving Pass	05/12/2017
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93691529
Alt. Phone Number	-
Email Address	akz81@yahoo.com
Address	35 PUNGGOL ROAD #09-24
Address complement	-
Postcode	828818
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	3
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	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number	JTT1051
Vehicle Category	Motorcycle

#### PASSENGER 1

Name	NURUL
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/20220922/7044

#### 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	SLH6699K
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JTT1051
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	ANG KE ZHONG (HONG KEZHONG)
Gender	Male
Phone No	(Phone) +65-93691529
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLR8625H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



**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 lodgment 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:

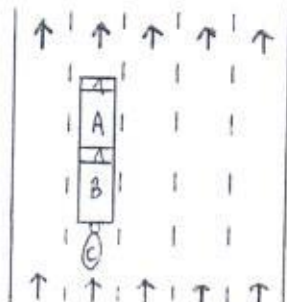
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

Receiving Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Date of accident: 22/09/22 Time: 1010 Location: LPI07 SLE - CTE  
My Vehicle A: SLR8625H Vehicle B: SLH6699K Vehicle C: J771057  
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report: T/20220922/7044

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:


Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:

23/09/2022





# SINGAPORE POLICE FORCE



T/20220922/7044

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

1 of 4

Report No. T/20220922/7044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/09/2022 20:34		Vide Report No.: F/20220922/0076		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ANG KE ZHONG			Address: 35 PUNGGOL FIELD #09-24 SINGAPORE 828818		
ID Type / ID No.: NRIC NO / S8104950E			Contact No.: Home/Office:		Mobile: 93691529
Nationality: SINGAPORE CITIZEN			Email: akz81@yahoo.com		
Sex: Male	Age: 41	Date of Birth: 21/02/1981	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 Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/09/2022 10:10	Type of Location:
Location:  SELETAR EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLR8625H	Car					1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

**CONTINUATION OF REPORT**

Driver			
Name	ANG KE ZHONG		ID No. S8104950E
Related Vehicle	SLR8625H (Car)		Contact No. 93691529
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SLR8625H along SLE(CTE) with 1 female passenger, Nurul, on board my vehicle.

It was raining heavily.

I was driving straight along the second lane from the left when a vehicle on the extreme left lane drove into a puddle of water and caused said puddle to splash onto my windscreen.

My entire vision of the road ahead was suddenly blocked and as such, I gradually slowed down, not knowing what was ahead.

I was slowly travelling straight while waiting for my windscreen to clear up.

About 4-5 seconds later, when I could also completely regain my vision of the road ahead, a massive impact slammed into the rear of my vehicle causing it to surge forward.

As I was caught by complete surprise, my body lurched forward only to be restrained by my seat belt. Upon alighting, I realised that I was involved in a 3 car chain collision involving:

SLR8625H  
SLH6699K  
JTT1051

where I was the first vehicle.

After the accident, I started feeling aches and soreness in my neck, shoulders and lower back areas.

The pain got increasingly worse as the day progressed and I went to seek treatment at Intemedical Kovan the same evening.

I was given 5 days MC for injuries caused by the accident.





**SINGAPORE  
POLICE FORCE**



T/20220922/7044

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 4

Report No. T/20220922/7044

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20220922/7044

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

4 of 4

Report No. T/20220922/7044

**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: 22/09/2022 20:34
Officer In Charge Of Case: TP / TPIB / SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476187	Classification Of Case:

NP168



JNL

Date of Accident : 22/09/22 Accident Time: 1010 (24-HR-FORMAT)

Accident Place : SLE CTE LP107

Vehicle Reg. No (Car plate No.) : SLR8625H Vehicle Make/Model: Volvo S60

Insurance Company : Sampo Policy No. D22MTPVC1011807

Name of Registered Owner : Company / Individual: Ang Ah Huat

ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: 30740833A

: Co Contact No: \_\_\_\_\_ Owner's Contact No: \_\_\_\_\_

DRIVER'S Name : Ang Ke Zhong DRIVER'S NRIC No: S810495DE

DRIVER'S Date of Birth : 21/02/1987 DRIVER'S License Pass Date 05/12/2017

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_

DRIVER'S Address : 35 Punggol Field #09-24 S828818

DRIVER'S Contact No./ Alt No. : 1) 9369 1529 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : akz81@yahoo.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claims Other Party \ Claims Own Insurance

Number of Passengers (including Driver) 02 Passenger Name: Nurul Gender: M/E

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: Ang Ke Zhong

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>SLH6679K</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: <u>JTT1051</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: _____

**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. : D22MTPV01011807  
Insured : ANG AH HUAT  
Motor Vehicle (Registration No.) : SLR8625H  
Coverage : Comprehensive - ExcelDrive GOLD  
Policy Commencement Date : 31 AUGUST 2022 00:00  
Policy Expiry Date : 30 AUGUST 2023 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$600 - 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**

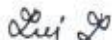
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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.

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 : 13 JULY 2022 11:16

**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 : 11104805 & I-N-S MANAGEMENT CI Code: 22A \_FNDLOW44MB0MCNA