

# NATIONAL Assessment Centre Services:

(with 1 Job No)

NA0922900008

Ref No: 26/09/2022 15:17

Job No: NBA/SMO2209437/4

Job No: SKR 3713M

Q.A: 25/09/2022 21:15

D: TP / Reporting Only

P Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (with photo, AIO sheet)

1-Motor Claim Form

1-Motor W/O (with photo, AIO sheet, TP sheet)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/WKSP

Toll

Fax

referred WKSP / INC Assign WKSP / QW:

P Particulars: Vch No: SKR 5389X

INC ( ) / Non-INC ( )

Tel:

Owner / Driver:

Cover Type:

Policy No:

Period:

Date:

Time:

Confirmed by:

Insured/Driver Liability:

(%) [Note: Est. Status (W/O): 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 > \$3,000) ( )

Injury:

Action:

## Invoice Preparation Checklist

1) ARI Accident Reporting (\$30)

2) DA Damage Assessment (\$100) RIC (\$30)

3) TP Towing Fee \$10/\$45

4) FT Follow-Through Survey \$150

5) PT Follow-Through Survey (Post-survey) \$30

6) TR Re-inspection \$75

7) NI Idea DA + SMRT Survey \$150

8) NTUC Additional Services

9) NI Idea Mobile

10) NI Idea Car / Tpt Allowance \$5

11) NI Idea Coordination \$10

12) NI Idea Post Repair Inspection \$25

13) NI Idea DV / Callout Access Coordination \$5

14) TP (Nil) / TP (Non-INC) against INC \$10

15) NI Idea Mobile

16) NI Idea Mobile

17) NI Idea Mobile

NA2202637

Insurance Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Address:

Fee Charged

Fee Charged

100%





## 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	26/09/2022 15:17 (SGT)
Reported by	Both
Date of Accident	25/09/2022 21:15 (SGT)
Exact Location of Accident	Second Link Expy, Kampung Ladang, Gelang Patah, Johor, Malaysia
Additional Location Information	TOWARDS SINGAPORE
Country/State of Loss	Malaysia

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ3773M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WEE HOCK SOON
NRIC No	SXXXX215I
Email Address	winson.wee@gmail.com
Mobile Phone No	(Phone) +65-97467511
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Biante
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1998

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01012932

### DRIVER

Name of Driver	WEE HOCK SOON
NRIC No	SXXXX215I
Date Of Birth	02/08/1968

Occupation	Indoor
Date Of Driving Pass	04/02/1986
Driving experience	36 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97467511
Alt. Phone Number	-
Email Address	winson.wee@gmail.com
Address	67 HUME AVENUE #02-04
Address complement	-
Postcode	598744
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	Side Swipe
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)	5
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	FATHER
Gender	Male

#### PASSENGER 2

Name	BROTHER
Gender	Male

#### PASSENGER 3

Name	ELDER BROTHER
Gender	Male

#### PASSENGER 4

Name	ELDER BROTHER SON
Gender	Male

#### 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	SKR5389X
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

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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 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.

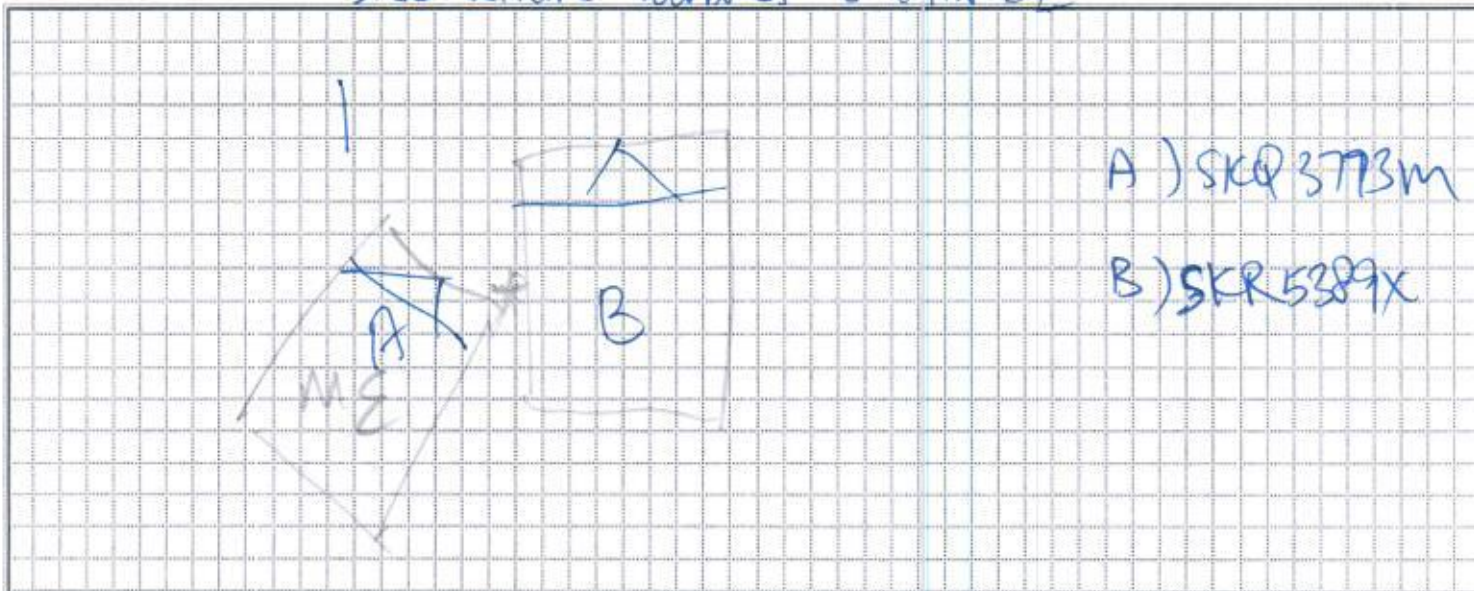
 26/09/22  
Policyholder's Signature / Date & Time

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

 26/09/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

2ND LINK TOWARDS SINGAPORE



Describe Circumstance of the Accident


At ~~25/09~~ / 25/09/22 9.15pm on Malaysia custom dad  
link going back to Singapore. I was trying to filter out  
and realised that there were a few cars on the right  
side. Thus I stopped my vehicle & let them passed.  
The last ~~of~~ of the vehicle somehow brushed against  
the right hand side of my car bumper. My car  
sustain minor scratches.

I do not wish to claim against that vehicle. I  
just want to make a report.

The vehicle no. is SKR5389X

Declaration

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

 26/09/22

Policyholder's Signature / Date & Time

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

 26/09/2022

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 25/09/2022 (DD/MM/YYYY), TIME: 21:15 (HH:MM)

LOCATION: 2nd Link, Tuas Towards Singapore & Malaysia Custom

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SIC 03773M  
 b) INSURANCE COMPANY: SOW PO  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MAZDA BIANTE  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: WEE HOE SOON (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S68312157 CONTACT: 97467511  
 c) ADDRESS: 67 HUME AVE #2-04 HILLVIEW GREEN  
SINGAPORE 598744

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: WEE HOE SOON (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S68312157 CONTACT: 97467511  
 c) ADDRESS: 67 HUME AVE #2-04 HILLVIEW GREEN  
SINGAPORE 598744

\* d) DATE OF BIRTH: 02/08/1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 04/02/1986

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SICR5389X MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passenger  
(including driver)  
(5)

Father  
Mother  
Elder Brother  
Elder Brother's  
Son

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

email = winson-wee@gmail.com  
 VIDEO

### PRIVATE CAR POLICY SCHEDULE

Intermediary Code : 11A27404

Policy No. : D21MTPV01012932

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE CAR Policy wordings, ref. MTP.30

Insured : WEE HOCK SOON  
Address : 67 HUME AVE  
#02-04  
HILLVIEW GREEN  
SINGAPORE 598744  
Business/Profession : INDOOR

#### INSURED DETAILS

Date of Birth & Age : 02 AUG 1968 & 53 years old  
Driving Experience in Singapore : 21 years  
Identification Type : NRIC(Singaporean)  
Marital Status : MARRIED  
Gender : Male  
Identification No. : S68312151

Period of Insurance : 25 NOVEMBER 2021 00:00 TO 24 NOVEMBER 2022 23:59

Persons or Classes of Persons entitled to drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

#### VEHICLE DETAILS

Vehicle Registration No. : SKQ3773M  
Chassis No. : JM6CC1071F0106385  
Engine No. : PE30682454  
Vehicle Make & Model : MAZDA BIANTE 2.0  
Engine Capacity : 2000  
NCD Entitlement : 50%  
Year of Registration : 2014  
NCD Protection : Yes  
Estimated value of Vehicle : Market value at time of loss  
Hire Purchase Owner : 97467511

#### PREMIUM DETAILS

Premium after applicable discount(s) : S\$ 811.66  
GST : S\$ 56.82  
Premium (incl. GST) : S\$ 868.48

Coverage : Comprehensive - ExcelDrive PRESTIGE

Excess : \$ 600 - Section I

Voluntary Excess : N.A

Additional Excess :  
Named Young and/or Inexperienced Drivers : S\$1,500  
Un-named Young and/or Inexperienced Drivers : S\$3,000  
Un-named All Other Drivers : S\$500

'Young Drivers' shall be defined as drivers (including the Insured) who are below 27 years old.  
'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 1 year of driving experience in Singapore roads.

Windscreen Excess : S\$100.00 for each and every applicable claim.

Endorsements Applicable :  
Endorsement AA1 - ExcelDrive Prestige Plan  
Endorsement D1 - Young and/or Inexperienced Drivers  
Endorsement E - Excess Clause  
Endorsement H - Total Loss  
Endorsement L - Hire Purchase  
Endorsement M - Inclusion Of Special Perils  
Endorsement P6 - Riot And Strike Endorsement  
Endorsement V - No Claim Discount Protection  
Endorsement Z - Loss of Use Benefit

Additional Cover : NIL