

NATIONAL Assessment Centre Services

(Page 1 of 2)

21092225R0003

Date: 21/09/2022 15:15
Ref No: NA2202053
Veh No: SKG 6612A
D.O.A: 27/09/2022 14:30

Job description
SAS e-filing
E-mail (vehicle file, AIC form)
i-Motor Claim Form
i-Motor W/O (where applicable)
i-Photo Uploaded
Assessment/Survey Report
Ass't Report by Fax/Hand to Owner/Whse

Date & Time Completed Done by

CC (TP) Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / OW:

TP Particulars: Vch No: SMM 1448m INC () / Non-INC ()

Owner / Driver:

Policy No: Period: Cover Type:

Confirmed by:

Date:

Time:

Insured Driver Liability: () (Note: List Status (WO) N 0-30M, S 01-79M, P 80-100M)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer / Customer's Information strictly Confidential & Sensitive. NO refer of repair.

() Total Loss Cost : to e-mail Insurer URGENTLY.

Drive-In () Towel-In () ; Invoice: YES () / NO () ; Towing Cost:

Remarks: (IMS hotline 0758 0616)

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Int. Tunn. Actions:

NA2202053

Insured's Particulars:

Owner/Driver:

Contact No:

Damaged Portion:

Checked by (Engr-In-Charge):

Remarks:

Invoice Preparation Checklist

	INC (\$)	Non-INC (\$)
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TF: Towing Fee	\$20/\$40	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Emergency)	\$50	
6) TR: Re-inspection	\$75	
7) NI: Day DA + DMRT Survey	\$180	
8) NTUC Additional Services		
9) DM		
*NC: Courtesy Car / Tol. Allowance	\$5	
*NC: Repair Coordination	\$10	
*NC: Post Repair Inspection	\$20	
*NC: DV / Collect Excess Contribution	\$5	
*AP: (1) TP (2) NC (3) Insured INC	\$10	
10) 24/7 Emergency		
11) 24/7 Emergency		
12) 24/7 Emergency		

Fee Charged

Signature

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	27/09/2022 15:57 (SGT)
Reported by	Both
Date of Accident	27/09/2022 14:30 (SGT)
Exact Location of Accident	Kung Chong Rd, Singapore
Additional Location Information	OUTSIDE SUBARU AND NISSAN GANTRY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ6612A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEN XUEYI
NRIC No	SXXXX614J
Email Address	xueyi.cheyne@gmail.com
Mobile Phone No	(Phone) +65-98763918
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	1991

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01015019

DRIVER

Name of Driver	CHEN XUEYI
NRIC No	SXXXX614J
Date Of Birth	17/01/1988
Occupation	Indoor

Date Of Driving Pass	12/09/2013
Driving experience	9 YEARS
Gender	Female
Mobile Number	(Phone) +65-98763918
Alt. Phone Number	-
Email Address	xueyi.cheyne@gmail.com
Address	BLK 40 JALAN RUMAH TINGGI #11-276
Address complement	-
Postcode	151040
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 - Major/Minor Rd
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)	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	SMM1448M
Vehicle Manufacturer	Toyota
Vehicle Model	Rav4
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHAUN/SHAWN
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

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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.

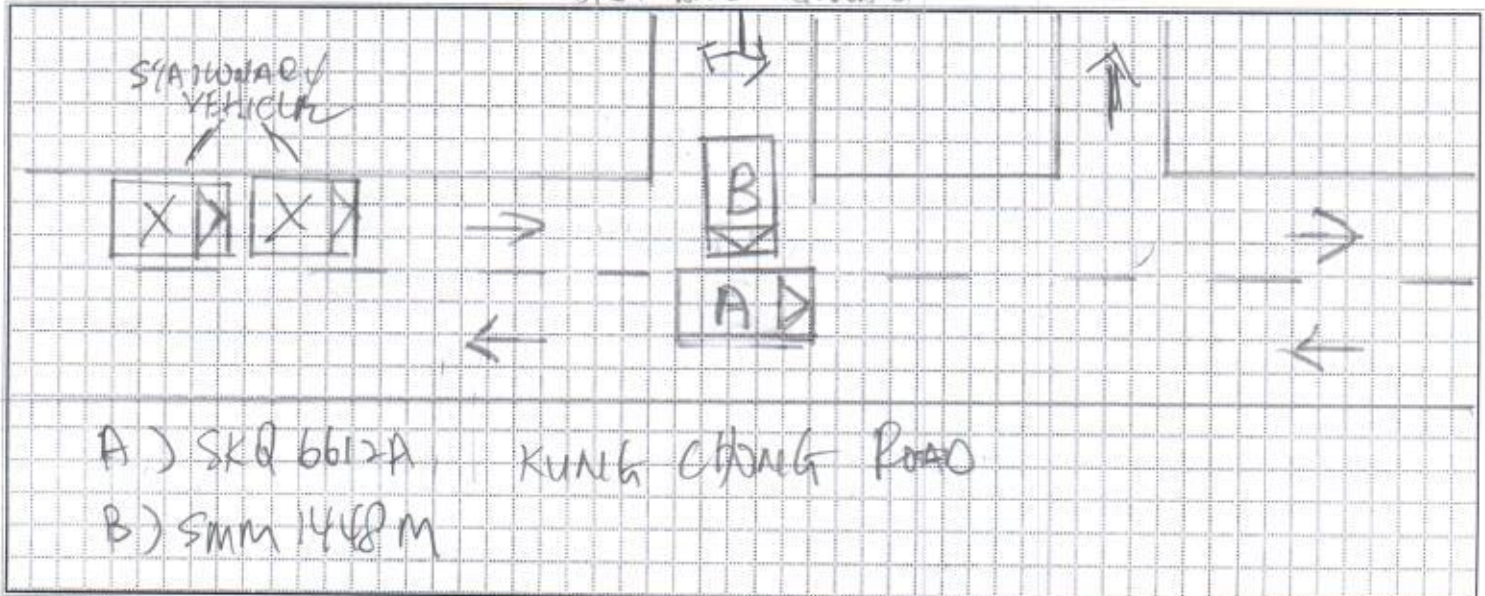
 27/9/2022
Policyholder's Signature / Date & Time
15:13

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

 27/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

SUBARU AND NISSAN



Describe Circumstance of the Accident

I was driving along Kung Chong Road to pick my daughter up from school. While driving past the exit of Suban & Nissan Building, a car came out of the exit suddenly, as I am unable to suddenly stop in time, I honk at the car but the car did not stop but continue to drive forward. As a result, there was an impact between the left front corner of the other car, SPM1448M and the left rear side (near the wheel) of my car (SKQ6612A).


Declaration

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

 27/9/2022
Policyholder's Signature / Date & Time

15:15

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

 27/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: 27/09/2014 (DD/MM/YYYY), TIME: 14:30 (HH:MM)

LOCATION: Outside Swani & Nissan Gartry (along Kung chong Road)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKQ6612A
 b) INSURANCE COMPANY: SOMPO Insurance
 c) POLICY NUMBER: D21MTPV0105019
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes E200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Fetch daughter
 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: Chen Xueyi (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8871614J CONTACT: 98763918
 c) ADDRESS: 40 Jalan Ruman. Timp. #11-276
S(151040)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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: SMM1448M MODEL: TOYOTA RAV4
 b) DRIVER'S NAME: SHAWN / CHAWN
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 98177117

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: xueyi.cheyne@gmail.com

VIDEO HK

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. : D21MTPV01015019
Insured : CHEN XUEYI
Motor Vehicle (Registration No.) : SKQ6612A
Coverage : Comprehensive - EXCELDRIVE FOCUS
Policy Commencement Date : 18 DECEMBER 2021 00:00
Policy Expiry Date : 17 DECEMBER 2022 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

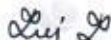
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car 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 Car 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.

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 : 19 OCTOBER 2021 19:59

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 : 11F02709 & FINEXIS ADVISORY PTE LTD CI Code: 22A 3HDH2M22KJYLOSAH

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SU09229R003 Vehicle Registration No: SKQ 661A

Name (as shown in NRIC): CHEN XUELI NRIC/FIN/Passport No: SXXXX6143

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 98763918

Email Address: _____

Date of Accident: 27/09/2022 Time of Accident: 14:30

Place of Accident: KUNGLI CHANG RO OUTSIDE SUBARU/NISSAN GARAGE

Insurance Company: Sampo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER TO 021MTPV01015019

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

27/09/2022