

NATIONAL Assessment Centre Services:

Job No: 21092288007

Ref: 210922 16/13
 Job No: NBA/220095774
 Job No: SUK1540B
 Date: 27/09/2022 09:00

Reporting Only

P Insurers

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 2hrs, after 2hrs)		
1-Motor Claim Form		
1-Motor W/O (within 2hrs, after 2hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/WKsp		

Referred Wksp / INC Ass'n Wksp / QW: ()
 P Particulars: Vch No: 8248537M INC () / Non-INC ()
 Owner / Driver: ()
 Policy No: () Period: () Cover Type: ()
 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 Repair Photo (Repair Cost > \$3000) ()

Injury: ()
 Date: ()
 Location: ()

Invoice Preparation Checklist	Value
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$30)
3) TF: Towing Fee	\$100
4) FT: Follow-Through Survey	\$100
5) FT: Follow-Through Survey (Priority)	\$30
6) TR: Re-inspection	\$75
7) NI: NI: DA + SMRT Survey	\$150
8) NTUC Additional Services	
9) NI: NI: Mobile	
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C Checked by (Engin-In-Charge):
 Date: 21/10/2022
 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	28/09/2022 16:13 (SGT)
Reported by	Driver
Date of Accident	27/09/2022 09:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI (EXIT 2)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1540B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Mitsubishi HC Capital Asia Pacific Pte. Ltd.
Company Reg No	1XXXXX399N
Email Address	hwapengauto@singnet.com.sg
Mobile Phone No	(Phone) +65-91399556
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01001249

DRIVER

Name of Driver	MUHAMMAD RASID BIN MOHAMED
NRIC No	SXXXX887H
Date Of Birth	27/10/1986
Occupation	Indoor

Date Of Driving Pass	09/10/2009
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91399556
Alt. Phone Number	-
Email Address	hwapengauto@singnet.com.sg
Address	BLK 574B WOODLANDS DRIVE 16 #05-744
Address complement	-
Postcode	732574
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	LEASING
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?	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	SLU8537M
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHAIK MUHAMED SHAKEEL
NRIC No	SXXXX500B

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

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 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.

ICM EQUITY HO CAPITAL ASIA PACIFIC PTE. LTD.

111 Somerset Road #14-05

Singapore 238164

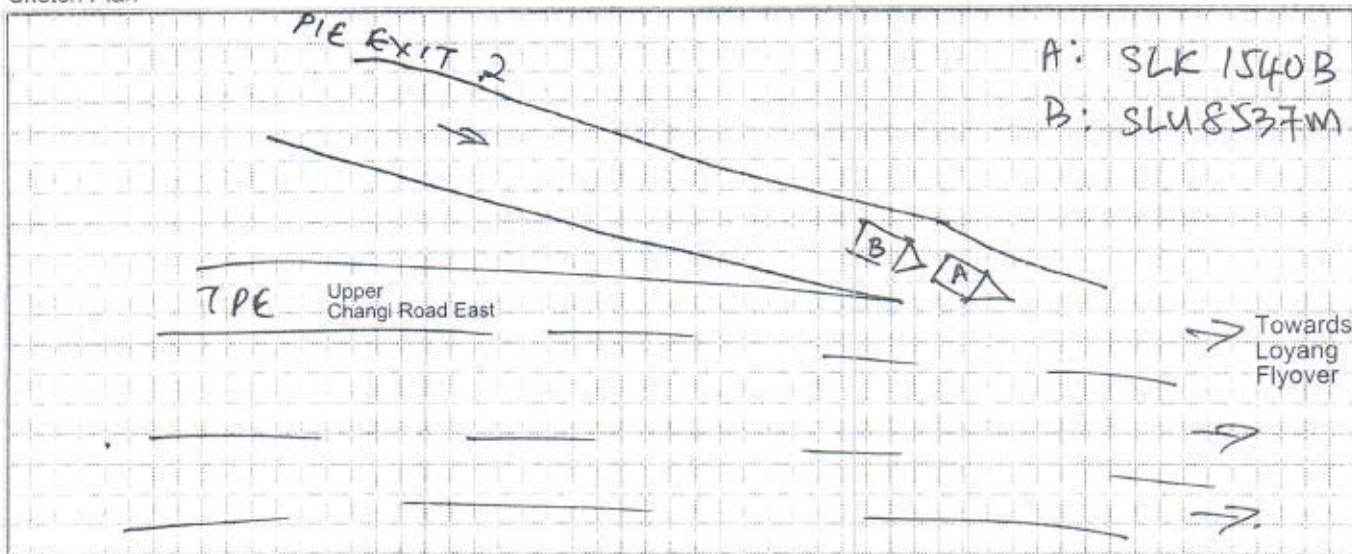
Tel: 6734 1222

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

on mentioned date and time, I was driving along PIE (towards changi). I exit from PIE EXIT 2 towards TPE. Before merging into TPE, I slowed down and stopped to give way to vehicles from my RIGHT. At this juncture vehicle - B crashed against my vehicle. my vehicle sustained damages to the rear. We exchange particulars before leaving the scene.

Was there any video captured by Car Camera?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Has the driver been approached by unknown person(s)?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Number of Passengers (Including Driver)?	3
Name	Gender:
Name	Gender:
Name	Gender:

Declaration

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

MITSUBISHI NC CAPITAL ASIA PACIFIC PTE. LTD.
111 Somerset Road #14-05
Singapore 238164
Tel: 6734 1222

Policyholder's Signature / Date & Time

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

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

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION			
Date of Accident:	27/09/2022		Time: 0900
Exact Location of Accident:	PIE TOWARDS CHANGI (EXIT 2)		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number:	SLK 1540B	Name of Registered Owner:	
NRIC / Passport No. / FIN:		Co. Reg. No. (for Co. Vehicle Only):	
Vehicle Particulars:			
Manufacturer:	BMW HONDA	Model:	VEZEL
Exact purpose of vehicle being used at time of accident:	Normal usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please state):		
Are you claiming your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/>	Claiming Against 3 rd Party <input checked="" type="checkbox"/>	For Reporting Only <input type="checkbox"/>
Vehicle Category:	Private Car		
Insurance Company:			
Name of My Insurance Company:	SOMPO.		
Type of Coverage:	Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/>		
Fleet Policy (Multiple vehicles coverage):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy / Cover Note Number:	
Driver:			
Name of Driver:	MUHAMMAD RAED BIN MOHD	NRIC / Passport No. / FIN:	S 8630887H
Date of Birth:	27-10-1988	Occupation:	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> PROJECT OFFICER
Date of Driving Pass:	09-10-2009	Gender:	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No.:	91399556	Alternative Phone No.:	
Address as stated (NRIC):	574B WOODLANDS DRIVE 16 #05-744 (Post Code: 732574)		
Email Address:	hwapengauto@singnet.com.sg hwapengauto@singnet.com.sg		
Was driver an employee of the Insured's Company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	State relationship of the driver with the insured: Hire to own	
Vehicle Registration Number of Driver's Own Vehicle (if applicable):	NIL		
Insurance Company of Driver's Own Vehicle (if applicable):	NA		
Other Information of the Accident			
Weather Conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):		
Road Surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):		
Was any body injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		
Was any other material or property damaged?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Are accident photos available for attachment?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Was the accident reported to the Police?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, which Police Station?		
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?		
DETAILS OF OTHER VEHICLE (Please complete Annex A form if more vehicles involved)			
Vehicle Registration No.:	SLN 8537 M	Vehicle Make / Model / Colour:	NISSAN
Details of Property Damaged in Accident (other than 3 rd -Party vehicle):			
Name of Driver:	SHAHK MUHAMMED SHAKEEL	NRIC/Passport Number:	S7668500B
Contact Number:			
Address:	(Post Code:)		
Insurance Company Name:			
Nature of Damage:	Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	No. of Passengers (including Driver):	
Details of Witness - Name:			
Details of Witness - Contact Number:			
Details of Witness - Email Address:			
DETAILS OF INJURED PERSON (Please complete Annex A form if more person injured)			
Name:	Approximate Age:		
Address:	(Postal Code:)		
Injuries Sustained:	Injured person in which vehicle (vehicle reg. no.):		
Were seat belts worn?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Type of Accident (Please tick the appropriate type on flipside of this form)			

*Delete where not applicable

18 Apr 2011

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. : D22MTPV01001249
1. Registration No. : SLK1540B
2. Insured Name : MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.
3. Commencement Date : 06 JANUARY 2022 00:00
4. Expiry Date : 05 JANUARY 2023 23:59
5. Coverage : Market value at time of loss - Comprehensive - ExcelDrive GOLD
6. Excess : \$1000 - Section I

7. Persons or Classes of Persons entitled to drive*
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.

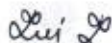
8. Limitations as to use*
a) Use for the carriage of passengers or goods in connection with the Insured's business.
b) Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- 1) Use for racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

I/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 : 05 JANUARY 2022 16:40

*Limitation rendered inoperative by section 8 of the Motor Vehicles(Third-Party Risks and Compensation)Act (Chapter 189 and section 95 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 (a) 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

Intermediary Code & Name : 11H13200 & MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD. CI Code: 26F _JDP5S4IN_DLOZAW

Vehicle Details

Vehicle No.	Make / Model
SLK1540B	HONDA / VEZEL 1.5X W SENSING
Vehicle Type :	Vehicle Attachment 1 :
R11 - Private Hire (Self-Drive) Station Wagon/Jeep/Land Rover	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	RU11210411
Propellant :	Engine No. :
Petrol	L15B4410413
Motor No. :	Engine Capacity :
-	1496 cc
Power Rating :	Maximum Power Output :
-	96.0 kW (128 bhp)
Maximum Laden Weight :	Unladen Weight :
1465 kg	1190 kg
Year Of Manufacture :	Original Registration Date :
2016	06 Jan 2017
Lifespan Expiry Date :	COE Category :
-	A - Car up to 1600cc & 97kW (130bhp)
Quota Premium :	COE Expiry Date :
\$49,751.00	05 Jan 2027
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
05 Jan 2023	05 Jan 2027
Inspection Due Date :	Intended Transfer Date :
05 Jan 2024	28 Sep 2022
CO2 Emission :	CEV/VES Rebate Utilised Amount :

117.00 (g/km)

\$10,000.00

CO Emission :

HC Emission :

-

-

NOx Emission :

PM Emission :

-

-

Fees To Be Paid For Transfer

Transfer Fees

\$25.00

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