

NATIONAL Assessment Centre Services:

200922870003

At the 29/09/2022 11:06
 Ref: X/BA/CM020009586/y
 To No: SNA 5853B
 Date: 29/09/2022 14:30
 D: TP / Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with/without, A/C 3hrs)		
1-Motor Claim Form		
1-Motor W/O (with/without, 2hrs, TP 4hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

referred Wksp / INC Ass'n Wksp / QW: ()
 P Particulars: Yeh No: SMX 93920 INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 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: ()
 Date: () Time: () Done by: ()

Particulars	Amount	Remarks
1) AR: Accident Report/Log (\$30)		
2) DA: Damage Assessment (\$100)		INC (\$30)
3) TP: Towing Fee	\$120	
4) FT: Follow-Through Survey	\$30	
5) FT: Follow-Through Survey (Pinsurvey)	\$30	
6) TR: Re-inspection	\$75	
7) NI: Inc DA + SMRT Survey	\$160	
8) NTUC Additional Services		
9) NI: Inc DA		
10) NI: Inc DA		
11) NI: Inc DA		
12) NI: Inc DA		
13) NI: Inc DA		
14) NI: Inc DA		
15) NI: Inc DA		
16) NI: Inc DA		
17) NI: Inc DA		
18) NI: Inc DA		
19) NI: Inc DA		
20) NI: Inc DA		

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	29/09/2022 11:06 (SGT)
Reported by	Driver
Date of Accident	27/09/2022 14:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	EXIT JALAN TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA5853B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEN CAISHEW
Passport No/FIN	GXXXX524W
Email Address	kweesengt@gmail.com
Mobile Phone No	(Phone) +65-86128623
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2494

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01006887

DRIVER

Name of Driver	TAN KWEE SENG
NRIC No	SXXXX333C
Date Of Birth	09/12/1966
Occupation	Outdoor

Date Of Driving Pass	22/08/1988
Driving experience	34 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86128623
Alt. Phone Number	-
Email Address	kweesengt@gmail.com
Address	BLK 16 EUNOS CRESCENT #09-2833
Address complement	-
Postcode	400016
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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	Hit and run / Vandalism / Damaged whilst parked
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?	Yes
Police Station Name	Potong Pasir Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002829999
Alt. Police Station Phone No	(Fax) +65-62815934
Police Station Address	Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220928/2046

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	SMX9392D
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

VEHICLE NO: SNA 5853B
DATE OF ACCIDENT: 27 Sept 2022

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 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.

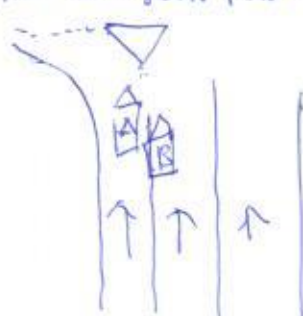
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Upper Serangoon Road



PIE (Toward East Toleman Toleman)

A) SNA 5853B
B) SMX 9392D

Describe Circumstances of the Accident VEHICLE NO: SNA 5853B DATE OF ACCIDENT: 21 Sept 2022

Please Refer to Police Report attached. 7/20220928/2046

REPORTING ONLY () OWN DAMAGE () THIRD PARTY (X) OWN WORKSHOP (X)

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220928/2046

1 of 3

Report No. T/20220928/2046

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2022 14:25	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars

Name of Informant: TAN KWEE SENG	Address: APT BLK 16 EUNOS CRESCENT #09-2833 SINGAPORE 400016
ID Type / ID No.: NRIC NO / S1741333C	Contact No.: Home/Office: Mobile: 8612 8623
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 55 Date of Birth: 09/12/1966	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: DRIVER.	Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/09/2022 14:30	Type of Location: X-Junction
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMX9392D	Car					0
SNA5853B	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220928/2046

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

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Report No. T/20220928/2046

CONTINUATION OF REPORT

Driver			
Name	TAN KWEE SENG	ID No.	S1741333C
Related Vehicle	SNA5853B (Car)	Contact No.	8612 8623
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/09/2022 at about 1430hrs I was driving my boss(Chen Cai Shen, HP: 8029 5804) car alone bearing registration number SNA5853B along Jalan Toa Payoh on the most extreme left after Woodsville close. As I was approaching the pedestrian walkway near to lamp post number 690L30S1F turning into Upper Serangoon road the traffic light was red and i was stationary during this point of time. This was when a car bearing registration number SMX9392D collided with me on my right rear side. Subsequently after the traffic light turned green i moved forward and stop at the side however the said car did not stop to exchange particulars with me.

I have an in-car camera installed and the video is saved. I wish to state that the car sustained damages due to the incident.



**SINGAPORE
POLICE FORCE**



T/20220928/2046

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

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Report No. T/20220928/2046

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:

E /

SGT 3 SULAIMAN AD-DARANI
BIN MOHAMAD ISMAIL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /
INSP (1) KASMAWATI BTE SAMIAN
Contact No.: 65476368

Signature Of Informant:

Date/Time:

28/09/2022 14:25

Classification Of Case:

NP168

NOTE IF ACCIDENT REPORT SUBMITTED AFTER 24 HOURS NCD WILL BE AFFECTED

ACCIDENT DETAILS

DATE OF REPORT: 29 Sept 2022 ACCIDENT DATE & TIME: 27 Sept 2022 14:30
ACCIDENT LOCATION: PIE exit Jalan Toa Payoh.
COUNTRY: Singapore SINGAPORE OR MALAYSIA

VEHICLE DETAILS/OWNER'S DETAILS

VEHICLE NO: SNA 5853B POLICY NUMBER: D22 MTPV01006877
OWNER'S NAME: CHEN CAISHEN HP/OFFICE: Sompo
NRIC NO: G4013524W COVERAGE: COM/ TPFT / TP
EMAIL:
INSURANCE: NTUC DIRECT ASIA AXA HL FWD BUDGET ECICS

VEHICLE PARTICULARS

MAKE & MODEL: Toyota Alphard
VEHICLE CATEGORY: PRIVATE OR PRIVATE HIRE OR COMMERCIAL
PURPOSE DURING ACCIDENT:
CLAIM: OWN DAMAGE REPORTING ONLY THIRD PARTY

DRIVER DETAILS

NAME: TAN KWEE SENG
NRIC NO: S1741333C
DATE OF BIRTH: 09/12/1966
OCCUPATION: INDOOR OR OUTDOOR
PASSED DATE: 22/08/1985
GENDER: FEMALE OR MALE
HP NUMBER: 8612 8623
ADDRESS: BUK 16, EUNOS CRESCENT # 09 2833
POSTCODE 40016
EMAIL: kwesengt@gmail.com
R/S WITH POLICYHOLDER: PAY EMPLOYEE
WEATHER CONDITION: DRY / CLEAR / WET / RAIN
INJURY: NO
DOES DRIVER OWN OTHER VEH?
IF YES, CAR NO: INSURANCE CO:
POLICE REPORT:
VIDEO FOOTAGE OR VOICE RECORD:
OFFER BY OTHER WORKSHOP:
NO OF VEHICLE INVOLVED:
WITNESS: IF YES - NAME&HP:
NO PPL IN CAR:
PASSENGER NAME (NAME AND GENDER):

- 1)
- 2)
- 3)

OTHER PARTY'S DETAILS

VEHICLE NO: SMX 9392 D
NAME:
NRIC NO:
HP NUMBER:
INSURANCE:
ADDRESS:
MODEL:
VEH CATEGORY:
PASSENGER:

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. : D22MTPV01006887
Insured : CHEN CAISEN (NOT DRIVING)
Motor Vehicle (Registration No.) : SNA5853B
Coverage : Comprehensive - ExcelDrive PRESTIGE
Policy Commencement Date : 29 JUNE 2022 00:00
Policy Expiry Date : 28 JUNE 2023 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$800 - 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. Any other person who is driving on the Insured's order or with his permission but excluding the Insured himself.
2. 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

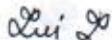
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Private Motor Car Policy Ref: MTP.30

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 20 APRIL 2022 15:40

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 : 11A14006 & ACCORD INSURANCE AGENCY | CI Code: 22B_X0DLZO4K_11M6RA0