

NATIONAL Assessment Centre Services

(Ref: 12-12)

50052A40004

Date In: 09/10/2022 14:23

Ref No: X130/010200919/4

Veh No: 1K 007B

D.O.A: 02/10/2022 18:26

CC: Reporting Only

TP Input:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 2hrs, A/C 2hrs)		
I-Motor Claim Form		
I-Motor W/O (within 24 hrs, 72 hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Asst Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / OW: () Tel: () Fax: ()

TP Particulars: Vch No: GBD 6152K INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured Driver Liability: () (Note: 1st Status (WO) N: 0-3000, P: 0-7999, R: 80-10000)

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 () / Tow-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC Hotline: 6788 6616) Date & Time Completed: () Done by: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date: () Time: ()

Action: ()

NA200736

Involve Preparation Checklist

1) AR: Accident Reporting (530)	INC (555)
2) DA: Damage Assessment (5100)	INC (555)
3) TP: Towing Fee	50/140
4) PT: Follow-Through Survey	510
5) PT: Follow-Through Survey (Passway)	530
6) TR: Re-inspection	570
7) NTUC: DA + DWRT Survey	510
8) NTUC: Additional Services	
9) NTUC: Additional Services	
10) NTUC: Additional Services	
11) NTUC: Additional Services	
12) NTUC: Additional Services	
13) NTUC: Additional Services	
14) NTUC: Additional Services	
15) NTUC: Additional Services	
16) NTUC: Additional Services	
17) NTUC: Additional Services	
18) NTUC: Additional Services	
19) NTUC: Additional Services	
20) NTUC: Additional Services	

Checked by (Engr-In-Charge): ()

Next Comments: ()

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	04/10/2022 14:23 (SGT)
Reported by	Both
Date of Accident	03/10/2022 18:26 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	BEFORE ALEXANDRA EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8077B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WANG LIJUN
NRIC No	SXXXX953G
Email Address	24leonardho@gmail.com
Mobile Phone No	(Phone) +65-91381218
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1984

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01001761

DRIVER

Name of Driver	WANG LIJUN
NRIC No	SXXXX953G
Date Of Birth	27/02/1969
Occupation	Indoor

Date Of Driving Pass	12/04/2004
Driving experience	18 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91381218
Alt. Phone Number	-
Email Address	24leonardho@gmail.com
Address	105 PRINCE CHARLES CRESCENT #02-18
Address complement	-
Postcode	159018
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 - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	GBD6152K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	WANG LIJUN
Gender	Female
Phone No	(Phone) +65-91381218
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLK8077B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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 willful 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A/E

BEFORE

ALEXANDRA

EXIT

Vehicle A-SLK 8077 B

Vehicle B-G BD 6152K

Describe Circumstances of the Accident

On the stated time and date, I was travelling straight along my lane as the traffic slowed down, I followed suit. Suddenly I felt an huge impact from my rear of my vehicle. I alighted and realised vehicle B 'BBD652K' rear ended my vehicle.

Declaration

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

Sw G

Date of Accident : 3/10/2022 Accident Time: 1826 (24-HR-FORMAT)
Accident Place : AYE CITY before Alexander Exit
Vehicle Reg. No (Car plate No.) : S1K8077B Vehicle Make/Model: Audi A4
Insurance Company : _____ Policy No. _____
Name of Registered Owner : Company / Individual Wang Li Jun
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S69809536
: Co Contact No: _____ Owner's Contact No: 91381218
DRIVER'S Name : Wang Li Jun DRIVER'S NRIC No: S69809536
DRIVER'S Date of Birth : 27/02/1969 DRIVER'S License Pass Date 12/04/2009
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : 105 Prince Charles Crescent #02-18 S(159019)
DRIVER'S Contact No./ Alt No. : 1) 91381218 2) _____
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)
Email Address : 24/leonardho@gmail.com
Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance
Number of Passengers (including Driver): 01 Passenger Name: _____ Gender: M/F
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: Wang Li Jun
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>GBD6152K</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: _____	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. : D22MTPV01001761
Insured : WANG LIJUN
Motor Vehicle (Registration No.) : SLK8077B
Coverage : Comprehensive - ExcelDrive GOLD
Policy Commencement Date : 31 JANUARY 2022 00:00
Policy Expiry Date : 30 JANUARY 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

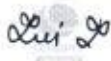
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 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 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 : 14 JANUARY 2022 12:11

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_RHDZSW4P1TDDCNA