

NATIONAL Assessment Centre Services (416) 224-1111 **SM0922A60007**

Date In: **08/10/2022 15:28** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **NA2200916014** E-mail (w/ins thrs, A/C 2nd):

Ych No: **SMA 16034** i-Motor Claim Form

D.O.A: **08/10/2022 17:17** i-Motor W/O (w/ins: 00 ins: 00 ins: 00)

CC: **(79) Reporting Only** i-Photo Uploaded

TP Insurer: Assessment/Survey Report

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

Preferred Wksp / INC Assign Wksp / QW: Tel: Fax:

TP Particulars: Vch No: **SH 3988U** INC () / Non-INC ()

Owner / Driver: Tel: ()

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

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

Insured Driver Liability: () % (Note: 1st Status (WO) 1st 0-20%, 2nd 21-79%, 3rd 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 Cost: to e-mail Insurer URGENTLY.

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

Remarks: () (INC Hotline: 6788-6016) 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: ()

NA2202739

Important Particulars: ()

Owner: ()

Contact No: ()

Damaged Portion: ()

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

Comments: ()

CL

11/11

Invoice Preparation Checklist		Amount
1) AR: Accident Reporting (100%)		
2) DA: Damage Assessment (\$1000)	INC (\$50)	
3) TP: Towing Fee	\$20/\$40	
4) PT: Follow-Through Survey	\$150	
5) PT: Follow-Through Survey (Repairer)	\$20	
Totaling amount (100% Total Cost 10 Jan 2023)		
6) TR: Re-inspection	\$70	
7) NI: 1st DA + 2nd Survey	\$140	
8) NIUC: Additional Part Cost		
Q1:		
*NI: Courtesy Car / Exp. Allowance	\$5	
*NI: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$20	
*NI: DV / Collect Express Coordination	\$5	
*NI: Mail / TR / NIUC / Invoice / INC	\$10	
9) 1st/2nd Mileage		
10) 1st/2nd Mileage		
Fee Charged		
Vch No:		

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 15:28 (SGT)
Reported by	Both
Date of Accident	03/10/2022 17:17 (SGT)
Exact Location of Accident	Adam Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS DUNEARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA1603U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ROY NATHANIEL
NRIC No	SXXXX859D
Email Address	roynathaniel@rocketmail.com
Mobile Phone No	(Phone) +65-98504063
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01006811

DRIVER

Name of Driver	ROY NATHANIEL
NRIC No	SXXXX859D
Date Of Birth	22/09/1981
Occupation	Indoor

Date Of Driving Pass	18/03/2006
Driving experience	16 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98504063
Alt. Phone Number	-
Email Address	roynathaniel@rocketmail.com
Address	BLK 161 BUKIT MERAH CENTRAL #04-3741
Address complement	-
Postcode	150161
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	Raining
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	RICHARD BEH
Gender	Male

PASSENGER 2

Name	THOMAS LIM
Gender	Male

PASSENGER 3

Name	SHAWN ONG
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	SJH3988U
Vehicle Manufacturer	Toyota
Vehicle Model	Alphard
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHD FIRSHAH BIN PAIRIN
NRIC No	SXXXX819D
Contact Number	(Phone) +65-82247037
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

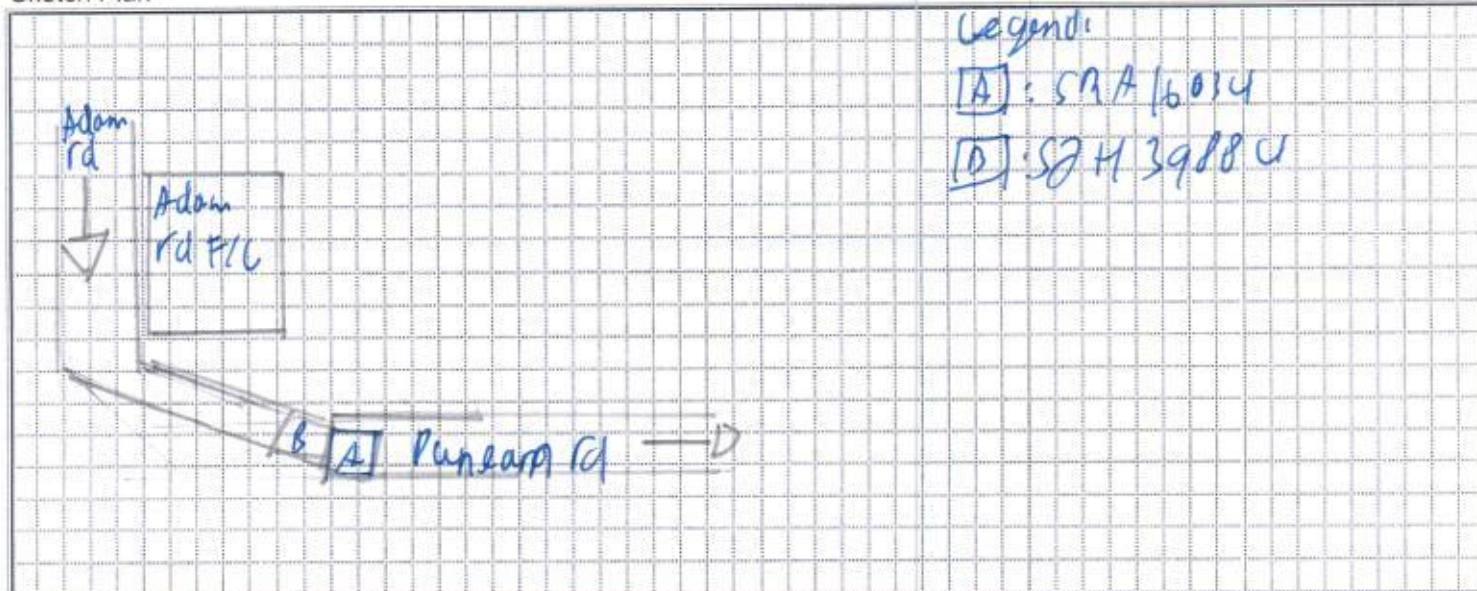
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 4042022
Policyholder's Signature / Date & Time


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

 04/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan




Describe Circumstance of the Accident

On 3 Oct 2022 @ 1717 hours, I was driving out from Adam Rd
FIC towards Dunearn Rd. Along the Filtering lane due to many cars
I have to stop during
from Dunearn Rd. Unfortunately as I stopping, S 2 H 34 DP U bang
me from behind.

Declaration

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

 4 Oct 2022
Policyholder's Signature / Date & Time

 4 Oct 2022
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

 04/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 04 / 2006) (DD/MM/YYYY), TIME: (17 : 17) (HH:MM)

LOCATION: Adam Rd towards Panfear Rd (slip road)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMA 1603 U
 b) INSURANCE COMPANY: Cam Po
 c) POLICY NUMBER: 021 MTRV 01 006811
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Sienta
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: going to DMR
 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: Roy Nathaniel (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1748590 CONTACT: 983 04063
 c) ADDRESS: 161 Bukit Merah Central # 04-374

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Roy Nathaniel (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1748590 CONTACT: 983 04063
 c) ADDRESS: 161 Bukit Merah Central # 04-374

*d) DATE OF BIRTH: (26 / 04 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10 March 2006

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: SJH 39884 MODEL: Alford
 b) DRIVER'S NAME: Mohd Firhan Bin Matin MOHD FIRHAN BIN MATIN PAIRIN
 c) NRIC/FIN/PASSPORT: S17628192 CONTACT: 02 24 7017

9. THIRD PARTY VEHICLE

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

Email = roy.nathaniel@rocketmail.com
 VIDEO

PRIVATE CAR RENEWAL NOTICE

Expiring Policy No. : D21MTPV01006811

Date: 01 May 2022

ROY NATHANIEL
 161 BUKIT MERAH CENTRAL
 #04-3741
 SINGAPORE 150161

Dear Insured,

We wish to inform you that your policy is expiring on **29 May 2022** and is due for renewal. Kindly indicate your renewal instruction below and return this duly signed together with your payment.

Please renew your policy 15 days before expiry to ensure your policy record is electronically transmitted to LTA for road tax renewal failure of which you may be issued with notices/penalty by LTA.

RENEWAL TERMS			
RENEWAL PERIOD	30 May 2022 TO 29 May 2023 (Both Dates Inclusive)		
Coverage:	Comprehensive - ExcelDrive PRESTIGE	Excess: S\$ 600.00 - Section I	Windscreen Excess: S\$100.00 for each and every applicable claim.
Estimated Value of Vehicle	Market value at time of loss	Voluntary Excess: NIL (Additional Voluntary Excess will not be waived)	
NCD on Renewal (subject to no new claims being made up to expiry date):	50 %	Additional Excesses applicable to Named / Unnamed / Young and Inexperienced Drivers	
RENEWAL PREMIUM:	S\$ 899.45 Premium is computed after 50 % NCD discount and inclusive of 7% GST. For policy with 30% NCD and above, renewal premium is inclusive of 5% OFD.		
REMARKS:			

DRIVER DETAILS

Named Drivers : 1. ROY NATHANIEL

VEHICLE DETAILS

Vehicle Registration No. : SMA1603U Vehicle Make & Model : TOYOTA SIENTA 1.5

Additional Cover : NIL

IMPORTANT NOTES:

- Renewal terms may be altered/revised if a claim arises during the interim period while this renewal notice is dispatched prior to the expiration of the Policy or if there are any changes material to the risk as advised by you.
- The Policy will be renewed from the date of receipt of instruction if renewal instruction is received after the expiry of this Policy. We will issue a new Policy inception on the date we receive the instruction.
- Premium Payment Warranty**
Premium is to be paid and received in full by the Company or the intermediary through whom this Policy was effected (a) before the inception date where the Policy is issued to an individual, or (b) within the period specified in the Premium Payment Warranty applied to the policy in all other instances, failing which there will be no cover under this policy.
The Premium Payment Framework was revised from 1 Sep 2016. You can find out more from the GIA website at www.gia.org.sg.
- Duty of Disclosure**
We would remind you that you must disclose to us, fully and faithfully, all the facts that you know or ought to know, otherwise you may not receive any benefits from this policy.
- I/We understand and agree to the "Personal Data Protection Statement" as per Renewal Conditions and Instructions attached.

Intermediary Name/Code : DIRECT-CLIENT (CASH TERM) / 11D01104

Producer Name/Code : DIRECT-CLIENT (CASH TERM) / D0001104