

NATIONAL Assessment Centre Services

(Int'l & Local)

SW0922AE000C

Date In: 14/10/2022 16:16	Job description	Date & Time Completed	Done by
Ref No: LBA/SMO220102194	SAS e-filing		
Veh No: SMO 3333L	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 14/10/2022 11:10	i-Motor Claim Form		
QC (TP - Reporting Only)	i-Motor W/O (within 24hrs, A/C 2hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax + Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / CW: (Tel:	Fax:
TP Particulars: Vch No: GBC 7202Z	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Types: ()
Confirmed by: (Date:	Time:
Insured Driver Liability: (13) (Note-List Status (WO): 14-9-2021 P: 21-79% P: 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 () / Tow-In () ; Invoice: YES () / NO () ; Towing Cost:

Remarks: (INC Hotline: 6788-6616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Post-Tune Actions:

NA2202857	Invoice Preparation Checklist	Amount	Ass'd Btl
1) AR: Accident Reporting (\$300)			
2) DA: Damage Assessment (\$1000)	INC (\$55)		
3) TF: Towing Fee (\$20/\$40)			
4) FT: Follow-Through Survey (\$150)			
5) FT: Follow-Through Survey (Resurvey) (\$50)			
6) TR: Resurvey (\$75)			
7) NI: NI/DA + SMPT Survey (\$140)			
8) NTUC Additional Term (100)			
9) DP			
*NI: Courtesy Car / Transport Allowance	\$5		
*NI: Repair Coordination	\$10		
*NI: Post Repair Inspection	\$20		
*NI: DV / Cases Excess Coordination	\$5		
*NI: NI/DA + SMPT Survey	\$10		
*NI: NTUC Additional Term (100)	\$10		
10) DP			
11) DP			
12) DP			
13) DP			
14) DP			
15) DP			
16) DP			
17) DP			
18) DP			
19) DP			
20) DP			
21) DP			
22) DP			
23) DP			
24) DP			
25) DP			
26) DP			
27) DP			
28) DP			
29) DP			
30) DP			
31) DP			
32) DP			
33) DP			
34) DP			
35) DP			
36) DP			
37) DP			
38) DP			
39) DP			
40) DP			
41) DP			
42) DP			
43) DP			
44) DP			
45) DP			
46) DP			
47) DP			
48) DP			
49) DP			
50) DP			
51) DP			
52) DP			
53) DP			
54) DP			
55) DP			
56) DP			
57) DP			
58) DP			
59) DP			
60) DP			
61) DP			
62) DP			
63) DP			
64) DP			
65) DP			
66) DP			
67) DP			
68) DP			
69) DP			
70) DP			
71) DP			
72) DP			
73) DP			
74) DP			
75) DP			
76) DP			
77) DP			
78) DP			
79) DP			
80) DP			
81) DP			
82) DP			
83) DP			
84) DP			
85) DP			
86) DP			
87) DP			
88) DP			
89) DP			
90) DP			
91) DP			
92) DP			
93) DP			
94) DP			
95) DP			
96) DP			
97) DP			
98) DP			
99) DP			
100) DP			

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	14/10/2022 16:16 (SGT)
Reported by	Driver
Date of Accident	14/10/2022 11:10 (SGT)
Exact Location of Accident	Havelock Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ3333L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SOH CHIN HUA
NRIC No	SXXXX881E
Email Address	cherylsohxueke@gmail.com
Mobile Phone No	(Phone) +65-90722600
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mini
Model	Cooper
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01003079

DRIVER

Name of Driver	CHERYL SOH
NRIC No	SXXXX038F
Date Of Birth	05/10/1991
Occupation	Indoor

Date Of Driving Pass	23/10/2010
Driving experience	12 YEARS
Gender	Female
Mobile Number	(Phone) +65-90667169
Alt. Phone Number	-
Email Address	cherylsohxueke@gmail.com
Address	59 JALAN KELAWAR
Address complement	-
Postcode	249285
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	2
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	HUSBAND
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	GBC7202Z
Vehicle Manufacturer	Citroen
Vehicle Model	Berlingo
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KARUPPAIAH PRABU
Passport No/FIN	0XXXXX7083
Contact Number	(Phone) +65-81564176
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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

HAYLOCK RAN

A) STQ 3333L
B) GBC 72022

Describe Circumstance of the Accident

Traffic light was red. All cars came to a stop. Car at the
back bumped onto ~~us~~ while we were stationary.
the back of our car

Declaration

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

Policyholder's Signature / Date & Time

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 10 / 2022) (DD/MM/YYYY), TIME: (11 : 10) (HH:MM)

LOCATION: Havelock Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJQ3333L
 b) INSURANCE COMPANY: sompo insurance
 c) POLICY NUMBER: D22MTPV01003079
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: MINI COOPER S 2.0
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Soh Chin Hua (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1811861E CONTACT: 90722600
 c) ADDRESS: 59 Jalan Kelawar
(5) 249285

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Cheryl Soh (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9135038E CONTACT: 90667169
 c) ADDRESS: 59 Jalan Kelawar
(5) 249285

* d) DATE OF BIRTH: (05 / 10 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 23/10/2020

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Father

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: GBC7202Z MODEL: CITROEN BERLINGO
 b) DRIVER'S NAME: Karuppiah Prabu
 c) NRIC/FIN/PASSPORT: 036037083 CONTACT: 81564176

9. THIRD PARTY VEHICLE

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

Email = chenylsohxueke@gmail.com

VIDEO

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. : D22MTPV01003079
Insured : SOH CHIN HUA
Motor Vehicle (Registration No.) : SJQ3333L
Coverage : Comprehensive - ExcelDrive PRESTIGE
Policy Commencement Date : 31 MARCH 2022 00:00
Policy Expiry Date : 30 MARCH 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

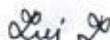
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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.

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 : 14 FEBRUARY 2022 10:01

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 : 11F02505 & FINANCIAL ALLIANCE PTE LTD CI Code: 22A DWDHML4RPNBLCTAH