

**NATIONAL Assessment Centre Services** (416) 291-1122 **SA10922AL0001**

Date In: 21/10/2022 10:22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NRA/SMA220104874	E-mail (with In, A/C In):		
Yeh No: SA 59788	In-Motor Claim Form:		
D.O.A: 20/10/2022 17:06	In-Motor W/O (whats up insurance):		
QC (TP - Reporting Only)	In-Photo Uploaded:		
TP Incident:	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/Min:		

Preferred Wksp / INC Assign Wksp / CW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Yeh No: **SMA 28822** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

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

Insured Driver License: ( ) (Note: Use Status (WO): N: 0-2016, P: 21-7996, P: 30-11016)

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 repair.

( ) 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: ( )

**XIA2202944**

Invoice Preparation Checklist	AMT: ( )	Asst: ( )
1) AA: Accident Papering (\$30)		
2) DA: Damage Assessment (\$100) INC (\$15)		
3) TF: Towing Fee (\$150)		
4) PF: Follow-Through Survey (\$150)		
5) PF: Follow-Through Survey (Resurvey) (\$20)		
6) TR: Resurvey (\$70)		
7) NI: NI/DA/DMRT Survey (\$160)		
8) NIUC: Additional Term-2222		
9) NIUC		
*NI: Courtesy Car / Tr. Allowance	\$5	
*NI: Excess Coordination	\$10	
*NI: Post Repair Inspection	\$20	
*NI: DV / Collar Excess Coordination	\$5	
*NI: NIUC (INC) (Resurvey) INC	\$10	
*NI: NIUC (Resurvey)	\$5	
Invoice Value		
Tax Charges		

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

Company Emergency: ( )

## 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 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. 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	21/10/2022 11:29 (SGT)
Reported by	Both
Date of Accident	20/10/2022 17:06 (SGT)
Exact Location of Accident	Bukit Panjang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU5978S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MELVIN RAJ S/O GEORGE FRANCIS
NRIC No	SXXXX035E
Email Address	melvinboy39@gmail.com
Mobile Phone No	(Phone) +65-87926187
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1584

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01017125

### DRIVER

Name of Driver	MELVIN RAJ S/O GEORGE FRANCIS
NRIC No	SXXXX035E
Date Of Birth	17/06/1999
Occupation	Outdoor

Date Of Driving Pass	15/03/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87926187
Alt. Phone Number	-
Email Address	melvinboyy39@gmail.com
Address	BLK 35 MARGARET DRIVE #10-246
Address complement	-
Postcode	140035
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	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	SMA2882Z
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	AW CHEE MUN
NRIC No	SXXXX157J

Contact Number ..... (Phone) +65-82828868  
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**

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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

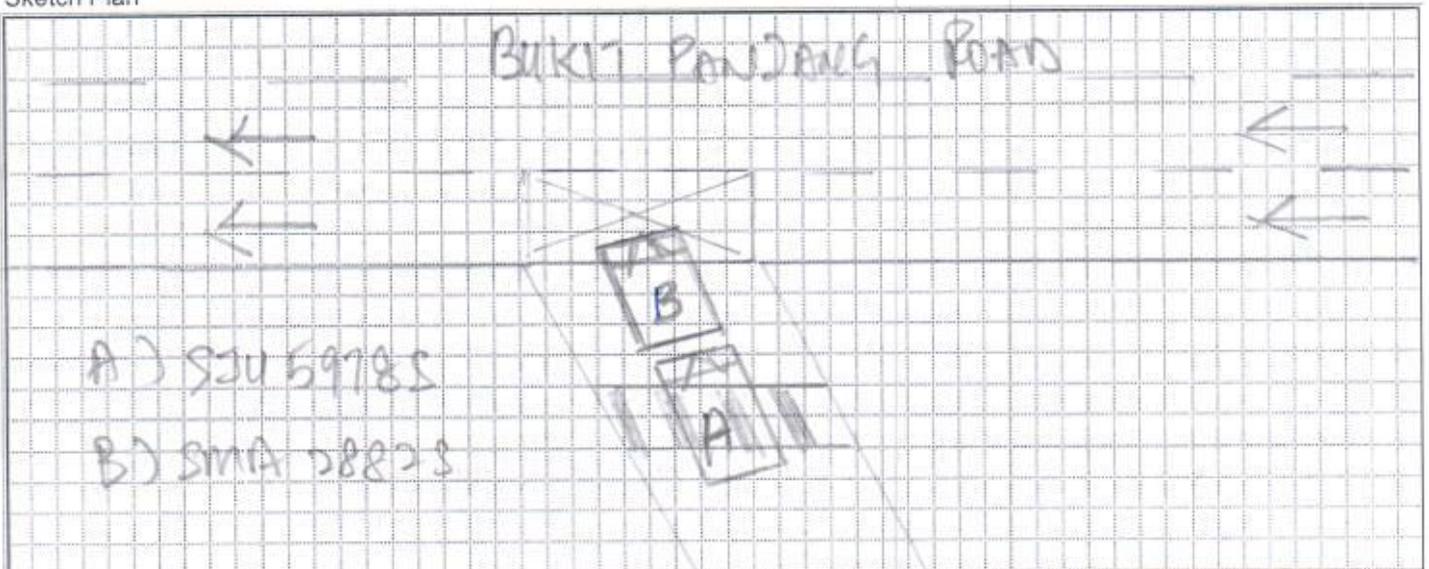
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
21/10/22  
Policyholder's Signature / Date & Time

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

  
21/10/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

I was at a zebra crossing waiting behind the Toyota harrier. as from what I was staying behind him. While he was moving I moved slowly. He suddenly brake and I also step my brake but wasn't fast. My number plate hit his back bumper. And he said now we gonna settle, and I told him small issue we private settle. There is no damage or even a scratch mark. And today he called me saying the cost to change is \$1809. For a car with no damage & even a scratch mark he want to cheat me just because I young. I have those photo. Before & after. He even say I young I new ~~for~~ I don't know about car.

Declaration

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

 21/10/22  
Policyholder's Signature / Date & Time

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

 21/10/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 20 / 10 / 2022 ) (DD/MM/YYYY), TIME: ( 17 : 06 ) (HH:MM)

LOCATION: BUKIT PANJANG RD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJU 59785  
b) INSURANCE COMPANY: SOMPO  
c) POLICY NUMBER: 022MTPV01017125  
d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
e) MAKE & MODEL: MITSUBISHI LANCER LANCER 1.6M  
f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS )  
g) VEHICLE CATEGORY: ( PRIVATE / COMMERCIAL / MOTORCYCLE )  
h) PURPOSE OF USING AT ACCIDENT TIME: GOING FETCH FRIEND  
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: MELVIN RAJ ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: S9923035E CONTACT: 87926187  
c) ADDRESS: 35 MARGARET DRIVE #10-276

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Melvin Raj ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: S9923035E CONTACT: 87926187  
c) ADDRESS: 35 MARGARET DRIVE

\* d) DATE OF BIRTH: ( 17 / 06 / 1999 ) ( DD/MM/YYYY )

e) OCCUPATION: ( INDOOR / OUTDOOR ) storeman

f) DATE OF DRIVING PASS: 15/03/2021

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ( YES / NO ) owner  
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: SMA 2882 Z MODEL: HARRIER  
b) DRIVER'S NAME: AW CHEE MUN  
c) NRIC/FIN/PASSPORT: S8113157 J CONTACT: 8282 5568

## 9. THIRD PARTY VEHICLE

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

No of passenger  
(including driver)  
( 1 )

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

email = Melvin boyy39@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. : D22MTPV01017125  
Insured : MELVIN RAJ S/O GEORGE FRANCIS  
Motor Vehicle (Registration No.) : SJU5978S  
Coverage : Comprehensive - ExcelDrive FOCUS  
Policy Commencement Date : 10 OCTOBER 2022 00:00  
Policy Expiry Date : 09 OCTOBER 2023 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$500 - 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.

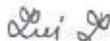
## ExcelDrive Workshops and Accident Reporting

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

All accident repairs to the Motor Car 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 Car 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](http://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 : 09 OCTOBER 2022 22:23

**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 &amp; Name : 11G11506 &amp; GOLDEN CHARTER AGENCY PTE LTD CI Code: 22A 4NDBLJ2NPBMBVKAN