

NATIONAL Assessment Centre Services

SW0922A 00003

Date Recd: 26/10/2022 10:02

Ref No: N/A/Smo 22010551/Y

Veh No: SCB 1916Z

D.O.A: 22/10/2022 17:00

QD (TP, Handling Only)

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (vehicle file, A/C form)		
I-Motor Claim Form		
I-Motor W/O (where applicable)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Whlgr		

Preferred Make / INC Ass'n Wkgd / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SKT 4155A INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured Driver Liability: () (Note: Not Status (WO) N 0-2001 P 21-799K F 80-1404)

Year of Registration: () Warranty: YES () / NO ()

Excess (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()

() With-In Customer: Customer's Information strictly Confidential & Subject to NO report of repairer.

() Total Loss Cost: () to e-mail Insurer URGENTLY.

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

Remarks: () (INC Hotline: 0788 0019)

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

2) QD Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date: () Time: ()

Actions: ()

Vehicle Particulars:	Invoice Preparation Checklist	Amount	Ass't
1) AR: Accident Report (1500)			
2) DA: Damage Assessment (1500)	INC (1500)		
3) TP: Towing Fee		\$10/\$40	
4) P/T: Follow Through Survey		\$100	
5) P/T: Follow Through Survey (Surveyor)		\$20	
6) P/T: Follow Through Survey (Surveyor)		\$20	
7) TR: Reproduction		\$20	
8) TR: Reproduction		\$20	
9) TR: Reproduction		\$20	
10) TR: Reproduction		\$20	
11) TR: Reproduction		\$20	
12) TR: Reproduction		\$20	
13) TR: Reproduction		\$20	
14) TR: Reproduction		\$20	
15) TR: Reproduction		\$20	
16) TR: Reproduction		\$20	
17) TR: Reproduction		\$20	
18) TR: Reproduction		\$20	
19) TR: Reproduction		\$20	
20) TR: Reproduction		\$20	

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

Date: () Time: ()

Signature: ()



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	26/10/2022 10:02 (SGT)
Reported by	Both
Date of Accident	22/10/2022 17:00 (SGT)
Exact Location of Accident	Depot Rd, Singapore
Additional Location Information	CARPARK BMDRM2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB1916Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH ANN TAT
NRIC No	SXXXX435I
Email Address	anntat@gmail.com
Mobile Phone No	(Phone) +65-96948748
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01004380

DRIVER

Name of Driver	GOH ANN TAT
NRIC No	SXXXX435I
Date Of Birth	11/09/1971
Occupation	Indoor

Date Of Driving Pass	24/03/1998
Driving experience	24 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96948748
Alt. Phone Number	-
Email Address	anntat@gmail.com
Address	BLK 111B DEPOT ROAD #22-107
Address complement	-
Postcode	102111
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	Collided into Parked Vehicle
Weather Conditions	Raining
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221022/7047

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	SKT4155A
Vehicle Manufacturer	Mercedes
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

IMPORTANT NOTICE

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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.

0921

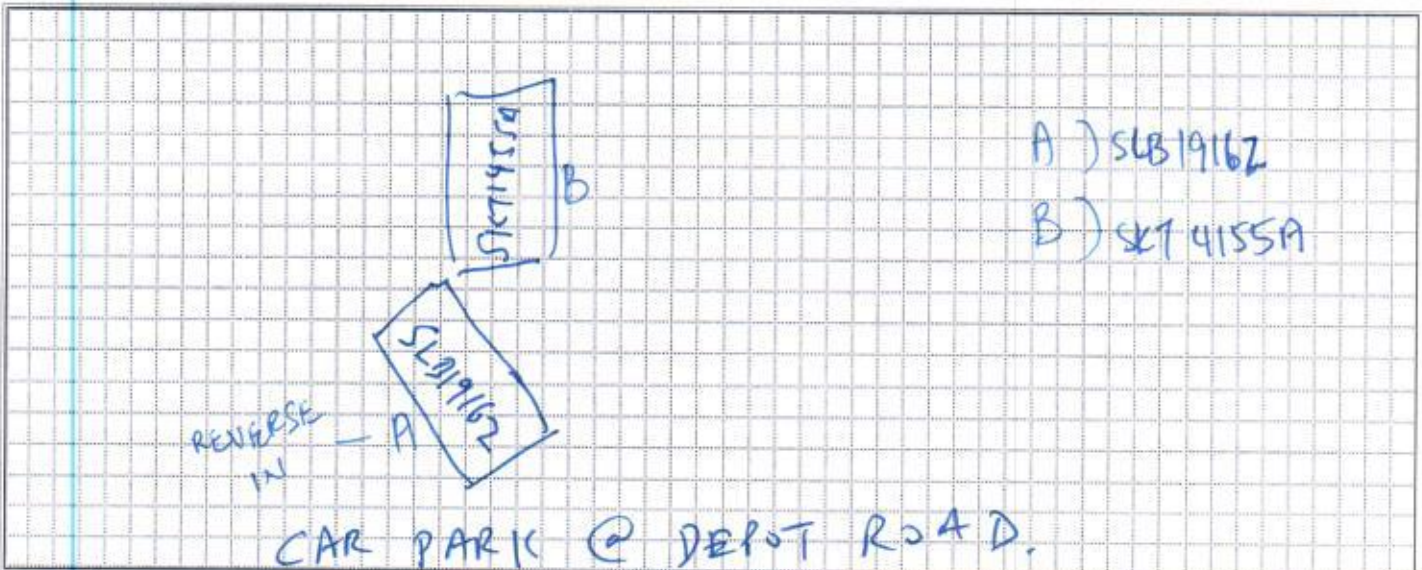
26/10/2022

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



Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20221022/7047

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)



**SINGAPORE
POLICE FORCE**



T/20221022/7047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20221022/7047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2022 17:56	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: GOH ANN TAT		Address: 111B DEPOT ROAD #22-107 SINGAPORE 102111	
ID Type / ID No.: NRIC NO / S7131435I		Contact No.: Home/Office: Mobile: 96948748	
Nationality: SINGAPORE CITIZEN		Email: anntat@gmail.com	
Sex: Male	Age: 51	Date of Birth: 11/09/1971	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2022 17:00	Type of Location: Car Park
Location: DEPOT ROAD				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SKT4155A	Car	MERCEDES BENZ	Dun Know	Black	Slightly Damaged	0
SLB1916Z	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD	Red		0



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221022/7047

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Report No. T/20221022/7047

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB1916Z	TENET SOMPO INSURANCE PTE. LTD.	D22MTPV01004380	30/03/2022	29/03/2023

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH ANN TAT	ID No.	S7131435I
Related Vehicle	SLB1916Z (Car)	Contact No.	96948748
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was trying to park at around 5pm into car parking lot 64 of Car Park BMDRM2 (Depot Road) when in reversing my car into the Car Park lot, my left back of the car brushed against the front right side bumper of the other parked car (SKT4155A) at parking lot 65. There was no one in the parked car (SKT4155A). I immediately came down and examine the both cars and also use my microfibre cloth and wetwipe to clean and examine the scratches. There are some scratches but no dent observed.

As there was no one around and I have no pen/paper, I went home immediately to take paper/pen and wrote down my name, carplate and contact number and placed a note on the windscreen of the car so that the owner can contact me to discuss the matter.

I am submitting this so that it is not a "hit and run" scenario just in case the person did not contact me or the paper that I placed on the windscreen disappeared (other people take or the wind blow etc)

The above is written to the best of my knowledge



**SINGAPORE
POLICE FORCE**



T/20221022/7047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20221022/7047

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time
22/10/2022 17:56

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 22/10/2022 (DD/MM/YYYY), TIME: 17.00 (HH:MM)

LOCATION: Car Park BM Dm 2 (Dept Road)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB 1916Z
 b) INSURANCE COMPANY: Sampo
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA VEZEL
 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)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: GOFI ANN TAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 571314351 CONTACT: 96948748
 c) ADDRESS: 111 B Dept Road #22-107, 510211

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS AB-VE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 11/09/1971 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 24/03/1998

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: ONLINE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKT 4155A MODEL: Merc Benz
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email: anntat@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. : D22MTPV01004380
Insured : GOH ANN TAT
Motor Vehicle (Registration No.): SLB1916Z
Coverage : Comprehensive - ExcelDrive GOLD
Policy Commencement Date : 30 MARCH 2022 00:00
Policy Expiry Date : 29 MARCH 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

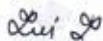
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 : 07 MARCH 2022 14:33

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 : 11O03409 & ONG HONG GUAN CI Code: 22A JFTDZZM4K1NBMHWA