

NATIONAL Assessment Centre Services (Ref: NA202986) **SL0922A00006**

Date: 26/10/2022 15:17 Job description: SAS e-filing Date & Time Completed: Done: ☒

Ref No: X/BA/8mo220/0575/1 E-mail (within 24h, A/C then) ☒

Val No: SMT 1903D E-Motor Claim Form ☒

QDA: 12/10/2022 12:20 E-Motor W/O (within 24h, A/C then) ☒

TP: ☒ Reporting Only E-Photo Uploaded ☒

Assessment/Survey Report ☒

Asst Report by Fax, Hand in, or other: When

Preferred Motor/INC Assessor: Wknd / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **FORKLIFT** INC () / Non-INC ()

Owner/Driver: () Tel: ()

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

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

Inc Ref Driver Liability: () 14) Note-List Status (WC) N 0-20% S 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 & Strict NO refer of repair.

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

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

Registration: () (INC Ref: 0788 6616) () Damage Claim Completed () Done by: ()

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

2) QO Check/ Post Repair Inspection ()

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

Injury: ()

Auto Turn: ()

NA202986

TP Particulars: ()

Owner/Driver: ()

Contact No: ()

Assessed Person: ()

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

Comments: ()

Invoice Preparation Checklist:

Item	Amount	Assessed
1) AR - Accident Report (500)		
2) CA - Damage Assessment (51.00) INC (55)		
3) TP - Towing Fee	\$0.00	
4) TP - Yellow Tag Fee	\$1.00	
5) TP - Follow Through Survey (Recovery)	\$0.00	
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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 15:17 (SGT)
Reported by	Driver
Date of Accident	13/10/2022 12:20 (SGT)
Exact Location of Accident	Gambas Cres, Singapore
Additional Location Information	AT PROXIMA @ GAMBAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT1903D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG KIAN LIN LINDA
NRIC No	SXXXX973D
Email Address	cherngsiang173@gmail.com
Mobile Phone No	(Phone) +65-86116262
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 - 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	D22MTPV01005933

DRIVER

Name of Driver	CHOW CHERNG SIANG
NRIC No	SXXXX149G
Date Of Birth	17/03/1989
Occupation	Indoor

Date Of Driving Pass	24/11/2017
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97856151
Alt. Phone Number	-
Email Address	cherngsiang173@gmail.com
Address	BLK 126 LORONG 1 TOA PAYOH #04-555
Address complement	-
Postcode	310126
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Hit and run / Vandalism / Damaged whilst parked
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?	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?	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/20221016/7007

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	FORKLIFT
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
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	CHOW CHERNG SIANG
Gender	Male
Phone No	(Phone) +65-97856151
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMT1903D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Authorised 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. 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

GAMBAS : @RSCM17

2-13

Proxima @ GAMBAS



VEH A SMT 1903D

VEH B Forklift

Refer to Police Report Attached

T/2022-10-16-7007

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20221016/7007

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

1 of 3

Report No. T/20221016/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2022 11:07		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHOW CHERNG SIANG			Address: 126 LORONG 1 TOA PAYOH #04-555 SINGAPORE 310126		
ID Type / ID No.: NRIC NO / S8909149G			Contact No.: Home/Office: Mobile: 97856151		
Nationality: SINGAPORE CITIZEN			Email: cherngsiang173@hotmail.com		
Sex: Male	Age: 33	Date of Birth: 17/03/1989	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:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/10/2022 12:20	Type of Location:
Location: GAMBAS CRESCENT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMT1903D	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221016/7007

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

2 of 3

Report No. T/20221016/7007

CONTINUATION OF REPORT

Driver			
Name	CHOW CHERNG SIANG		ID No. S8909149G
Related Vehicle	SMT1903D (Car)		Contact No. 97856151
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SMT1903D at the compound of Proxima @ Gambas.

After checking that traffic was clear, I started reversing into a lot on my right.

My vehicle was halfway into the lot when I came to a stop to look at the left side of my mirror.

It was then that I noticed a forklift, belonging to Craftstone International Pte Ltd, located at Unit #01-13, which was near the lot I was parking in, had reversed at fast speed towards my stationary vehicle and crashed into the left portion of my vehicle.

There was no way I could have avoided the accident as the forklift was coming at me too fast.

My vehicle rocked sideways and I knocked the left knee against the centre console of my vehicle as a result.

The following morning, I also woke up with aches in my neck and back areas.

I went to Norwood Medical Clinic near my workplace to seek treatment and was given 5 days MC for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**



T/20221016/7007

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

3 of 3

Report No. T/20221016/7007

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
16/10/2022 11:07

Classification Of Case:

Date of Accident : 13/10/2022 Accident Time: 1220 (24-HR-Format)
Accident Place : At PROXIMA@GAMBAS
Vehicle No. (Car Plate No.) : SMT1903D Make/Model: HONDA VEZEL
Insurance Company : SOMPO Policy No: D22MTPV01005933
Owner or Company Name / IC No. : Ong Kian Lin Linda S8803973D
Owner or Company Contact No. : 86116262 Owner's Hp Company Tel
DRIVER'S Name / IC No. : Chow Cherng Siang S8909149G
DRIVER'S Date Of Birth : 17/03/1989 DRIVER'S License Pass Date 24/11/2017
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: FRIEND
DRIVER'S Address : 126 Lor 1 Toa Payoh #04-555 S(310126)
DRIVER'S Contact No./ Alt No. : 1) 97856151 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : cherngsiang173@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): 1
Was there any video Captured by car camera: YES NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state):

Other Party Driver's Particular (if any)

Vehicle No: FORKLIFT	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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. : D22MTPV01005933
 Insured : ONG KIAN LIN LINDA
 Motor Vehicle (Registration No.) : SMT1903D
 Coverage : Comprehensive - ExcelDrive GOLD
 Policy Commencement Date : 20 MAY 2022 00:00
 Policy Expiry Date : 19 MAY 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

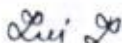
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 : 04 APRIL 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.