

CM922AR0002

Date Recd	Job description	Date & Time Completed	Done By
27/10/2022 11:06	SAS e-filing		
Ref No: NBB/smo220106/6/y	E-mail (whole firm, A & others)		
Val No: SGR/5691E	E-Motor Claim Form		
D.O.A: 26/10/2022 19:48	E-Motor W/O (whole of firm, A & others)		
⑦ Reporting Only	E-Photo Uploaded		
	Assessment/Survey Report		
	Asst Report by Fax Hand to Owner, Wilson		

Preferred Wksp / INC Assign Wksp / GW: (		Tel: (	Fax: (
TP Particulars: (	Veh No: SJC 4509E	INC () / Non-INC ()	
Owner / Driver: (		Tel: (
Policy No: ()	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured Driver License: (	11) (Note-Use Stars (WC) N-0-0000 P-01-0000 F-00-0000)		
Year of Registration: (	Warranty: YES () / NO ()		
Excess: (5	Loading: \$1,000 () / \$2,000 ()		

General Remarks: _____

_____) Walk-In Customer : Customers Information strictly Confidential & Strict NO refer of repairer.

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

Driver-In (_____) Towed-In (_____) : Invoice: YES (_____) / NO (_____) Towing Cost: _____

Remarks: _____ Date/Time Completed: _____ Done by: _____

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

2) QC Check / Post Repair Inspection (_____)

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

[illegible]

<p>1A2203006</p> <p>Vehicle Particulars:</p> <p>Owner:</p> <p>Contact No:</p> <p>Insured Portion:</p> <p>Checked by (Engr-In-Charge):</p> <p>Remarks:</p>		<p>Invoice Preparation Checklist</p> <p>1) AR - Accident Report - 1500/-</p> <p>2) DA - Damage Assessment - 1500/- INC (500)</p> <p>3) TF - Towing Fee - 500/-</p> <p>4) P - Pallet Transport - 500/-</p> <p>5) P - Pallet Transport - 500/-</p> <p>6) TR - Transport - 500/-</p> <p>7) N - Net DA - 500/-</p> <p>8) N - Net DA - 500/-</p> <p>9) N - Net DA - 500/-</p> <p>10) N - Net DA - 500/-</p> <p>11) N - Net DA - 500/-</p> <p>12) N - Net DA - 500/-</p> <p>13) N - Net DA - 500/-</p> <p>14) N - Net DA - 500/-</p> <p>15) N - Net DA - 500/-</p> <p>16) N - Net DA - 500/-</p> <p>17) N - Net DA - 500/-</p> <p>18) N - Net DA - 500/-</p> <p>19) N - Net DA - 500/-</p> <p>20) N - Net DA - 500/-</p> <p>21) N - Net DA - 500/-</p> <p>22) N - Net DA - 500/-</p> <p>23) N - Net DA - 500/-</p> <p>24) N - Net DA - 500/-</p> <p>25) N - Net DA - 500/-</p> <p>26) N - Net DA - 500/-</p> <p>27) N - Net DA - 500/-</p> <p>28) N - Net DA - 500/-</p> <p>29) N - Net DA - 500/-</p> <p>30) N - Net DA - 500/-</p> <p>31) N - Net DA - 500/-</p> <p>32) N - Net DA - 500/-</p> <p>33) N - Net DA - 500/-</p> <p>34) N - Net DA - 500/-</p> <p>35) N - Net DA - 500/-</p> <p>36) N - Net DA - 500/-</p> <p>37) N - Net DA - 500/-</p> <p>38) N - Net DA - 500/-</p> <p>39) N - Net DA - 500/-</p> <p>40) N - Net DA - 500/-</p> <p>41) N - Net DA - 500/-</p> <p>42) N - Net DA - 500/-</p> <p>43) N - Net DA - 500/-</p> <p>44) N - Net DA - 500/-</p> <p>45) N - Net DA - 500/-</p> <p>46) N - Net DA - 500/-</p> <p>47) N - Net DA - 500/-</p> <p>48) N - Net DA - 500/-</p> <p>49) N - Net DA - 500/-</p> <p>50) N - Net DA - 500/-</p> <p>51) N - Net DA - 500/-</p> <p>52) N - Net DA - 500/-</p> <p>53) N - Net DA - 500/-</p> <p>54) N - Net DA - 500/-</p> <p>55) N - Net DA - 500/-</p> <p>56) N - Net DA - 500/-</p> <p>57) N - Net DA - 500/-</p> <p>58) N - Net DA - 500/-</p> <p>59) N - Net DA - 500/-</p> <p>60) N - Net DA - 500/-</p> <p>61) N - Net DA - 500/-</p> <p>62) N - Net DA - 500/-</p> <p>63) N - Net DA - 500/-</p> <p>64) N - Net DA - 500/-</p> <p>65) N - Net DA - 500/-</p> <p>66) N - Net DA - 500/-</p> <p>67) N - Net DA - 500/-</p> <p>68) N - Net DA - 500/-</p> <p>69) N - Net DA - 500/-</p> <p>70) N - Net DA - 500/-</p> <p>71) N - Net DA - 500/-</p> <p>72) N - Net DA - 500/-</p> <p>73) N - Net DA - 500/-</p> <p>74) N - Net DA - 500/-</p> <p>75) N - Net DA - 500/-</p> <p>76) N - Net DA - 500/-</p> <p>77) N - Net DA - 500/-</p> <p>78) N - Net DA - 500/-</p> <p>79) N - Net DA - 500/-</p> <p>80) N - Net DA - 500/-</p> <p>81) N - Net DA - 500/-</p> <p>82) N - Net DA - 500/-</p> <p>83) N - Net DA - 500/-</p> <p>84) N - Net DA - 500/-</p> <p>85) N - Net DA - 500/-</p> <p>86) N - Net DA - 500/-</p> <p>87) N - Net DA - 500/-</p> <p>88) N - Net DA - 500/-</p> <p>89) N - Net DA - 500/-</p> <p>90) N - Net DA - 500/-</p> <p>91) N - Net DA - 500/-</p> <p>92) N - Net DA - 500/-</p> <p>93) N - Net DA - 500/-</p> <p>94) N - Net DA - 500/-</p> <p>95) N - Net DA - 500/-</p> <p>96) N - Net DA - 500/-</p> <p>97) N - Net DA - 500/-</p> <p>98) N - Net DA - 500/-</p> <p>99) N - Net DA - 500/-</p> <p>100) N - Net DA - 500/-</p>
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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	27/10/2022 11:06 (SGT)
Reported by	Both
Date of Accident	26/10/2022 19:45 (SGT)
Exact Location of Accident	Near CH3H+VP Gelang Patah, Johor, Malaysia
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR5691K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHOW JEE SOON
NRIC No	SXXXX624Z
Email Address	jeesoenc@gmail.com
Mobile Phone No	(Phone) +65-84811866
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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	1998

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01012164

DRIVER

Name of Driver	CHOW JEE SOON
NRIC No	SXXXX624Z
Date Of Birth	30/07/1982
Occupation	Outdoor



Date Of Driving Pass	29/05/2007
Driving experience	15 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84811866
Alt. Phone Number	-
Email Address	jeesoone@gmail.com
Address	BLK 790 CHOA CHU KANG NORTH 6 #09-244
Address complement	-
Postcode	680790
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?	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?	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	SJC4209E
Vehicle Manufacturer	BMW
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) -

INJURED PERSONS DETAILS


INJURED 1


Name of injured person	CHOW JEE SOON
Gender	Male
Phone No	(Phone) +65-84811866
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK ,NECK AND LOWER BACK PAIN
Injured person in which vehicle?	SLR5691K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

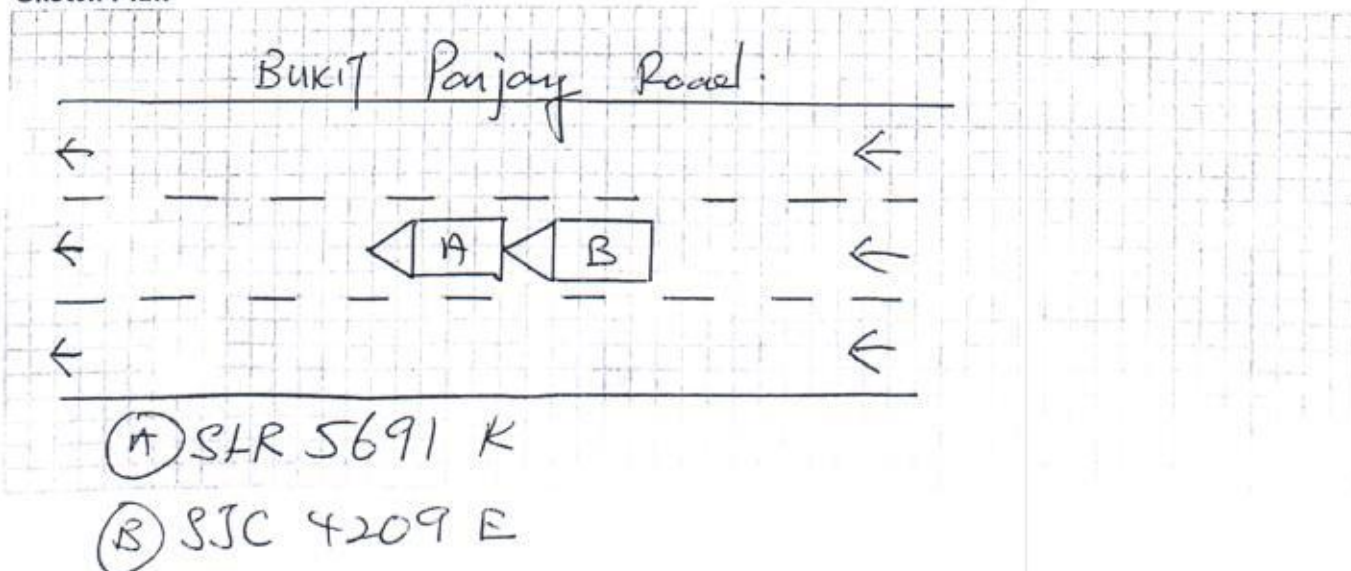
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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' 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


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

 27/10/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, I was driving straight on lane 2. As I was driving slowly due to heavy traffic incident, suddenly I felt a great impact from my veh rear portion. I then realized that veh B had hit onto my veh.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


27/10/2022
Witnessed by Reporting Centre Personnel

Date of Accident : 26/10/2022 Accident Time: 19.45 (24-HR-Format)
 Accident Place : Bukit Panjang Road
 Vehicle No. (Car Plate No.) : SLR 5691K Make/Model: Mazda 5
 Insurance Company : Sampo Insurance Policy No: D22MTPV0102164
 Owner or Company Name / IC No. : Chow Jee Soon 88279624Z
 Owner or Company Contact No. : — Owner's Hp 8481 1866 Company Tel
 DRIVER'S Name / IC No. : As above.
 DRIVER'S Date Of Birth : 30/7/1982 DRIVER'S License Pass Date 29 May 2007.
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: —
 DRIVER'S Address : Blk 790, Choa Chu Kang North 6 #09-244
 DRIVER'S Contact No./ Alt No. : 1) 8481 1866 2) S (680790)
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
 Email Address : jeesooc@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 time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): Yes back, neck, lower back.

Other Party Driver's Particular (if any)

Vehicle. No: <u>SJC 4209 E</u>	Vehicle. No: _____
Vehicle Make \Model: <u>BMW</u>	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. : D22MTPV01012164
Insured : CHOW JEE SOON
Motor Vehicle (Registration No.) : SLR5691K
Coverage : Comprehensive - ExcelDrive PRESTIGE
Policy Commencement Date : 18 AUGUST 2022 00:00
Policy Expiry Date : 17 AUGUST 2023 23:59
Maximum Liability (Section I) : Market value at time of loss - Excl. COE
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

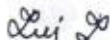
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 : 19 JULY 2022 17:14

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 : 11A14006 & ACCORD INSURANCE AGENCY CI Code: 22A FXJDBL64P100TVKA

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SNQ922AR0003 Vehicle Registration No: SLR 5691K
Name (as shown in NRIC): CHOW JEE SOON NRIC/FIN/Passport No: XXXX6242
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 84811866
Email Address: _____
Date of Accident: 26/10/2022 Time of Accident: 19:45
Place of Accident: BUKIT PANGKAL ROAD
Insurance Company: Sampson

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ACCIDENT DATE to 26/10/2022

Policyholder / Actual Driver's Signature
Date:

27/10/2022

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: