

# NATIONAL Assessment Centre Services

810972B20002

Date Recd: 08/11/2022 10:22

Ref No: X/BA/IMO 22010910/Y

Val No: GZ 4517E

D.O.A: 01/11/2022 14:15

CC (TP - Reporting Only)

Job description

SAS e-Rating

E-mail (within 24hrs, A/C 24hrs)

I-Motor Claim Form

I-Motor W/O (within 24hrs, A/C 24hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/ Hand to Owner/ When

Preferred Make / INC Assgn / Wksp / GWs:

TP Particulars: Vch No: SJP 7390A

Owner / Driver:

Policy No:

Confirmed by:

Insured Driver License:

Year of Registration:

Excess (\$):

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:

Towed-In:

Apply for Transport Allowance ( ) / Courtesy Car ( )

QC Check / Post Repair Inspection ( )

Upload Resurvey Photo (Repair Cost > \$3000) ( )

Invoice:

Date Turn:

Actions:

Invoice:

Date Turn:

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Invoice:

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Date Turn:

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## Invoice Preparation Checklist

Item	Amount	Amount
1) AR - Accident Report - 1st (530)		
2) DA - Damage Assessment (510-55)	INC (55)	
3) TP - Towing Fee	50/140	
4) PT - Follow Through Salvage	115	
5) PT - Follow Through Salvage (Repairer)	50	
6) TR - Re-inspection	115	
7) NI - Initial DA / Survey	115	
8) NI - QC / Initial Inspection		
9) NI - QC / Initial Inspection		
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Free Charge



## 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	02/11/2022 10:22 (SGT)
Reported by	Driver
Date of Accident	01/11/2022 14:15 (SGT)
Exact Location of Accident	E Coast Rd, Singapore
Additional Location Information	AFTER JALAN BULUH PERINDU
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ4517E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	T.C LEONG AIR CONDITIONING SERVICES
Company Reg No	5XXXX859J
Email Address	snakiekiki@gmail.com
Mobile Phone No	(Phone) +65-97555650
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	L300
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2477

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPCVE000990

#### DRIVER

Name of Driver	TOH CHOON LEONG
NRIC No	SXXXX743F
Date Of Birth	08/07/1956
Occupation	Outdoor

Date Of Driving Pass .....	09/03/1976
Driving experience .....	46 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97555650
Alt. Phone Number .....	-
Email Address .....	snakiekiki@gmail.com
Address .....	BLK 1A CANTONMENT ROAD #41-07
Address complement .....	-
Postcode .....	085101
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	SJP7390A
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Fit
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-97318186

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.

**T. C. Leong Air-Conditioning Service**

**1A Cantonment Road**

**#41-07**

**Singapore 065101**

**Tel: 6755 5650**

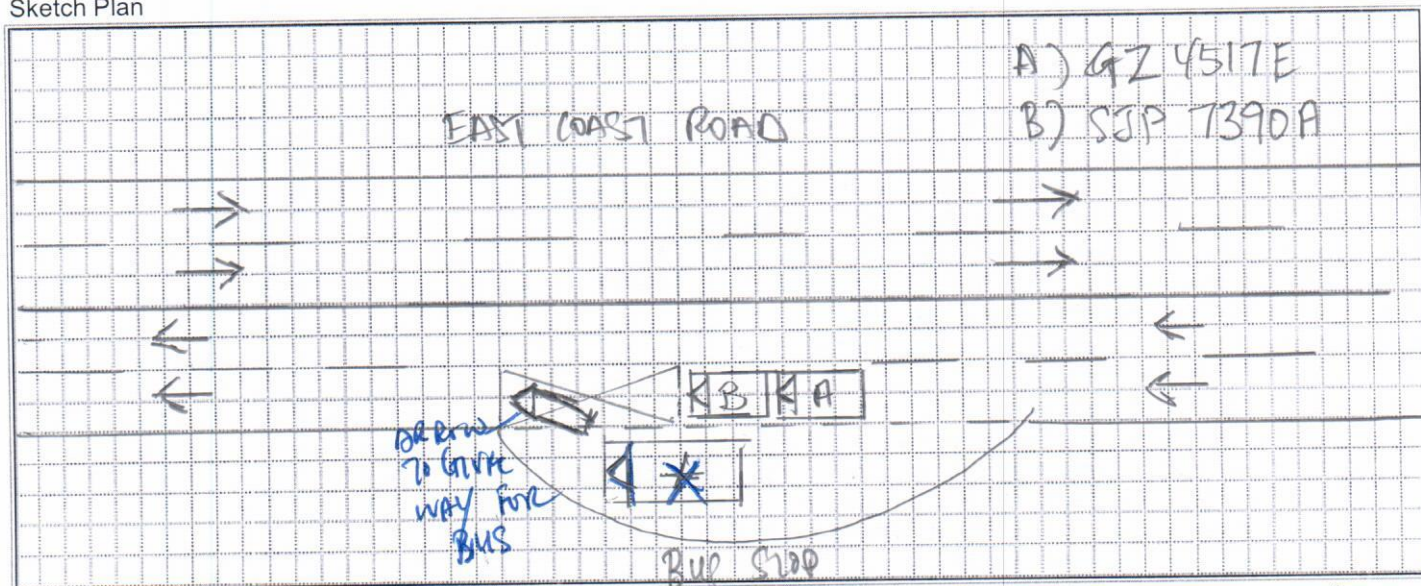
**Fax: 6634 7862**

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

ON 01/11/2022 AT ABOUT 14:15HRS I WAS TRAVELLING ALONG  
EAST COAST ROAD JUST AFTER JALAN BUKIT PERINDU NEAR  
BUS STOP THE CAR SJP 7390A STOP INFRONT OF A BUS  
STOP & I COULD NOT STOP ON TIME AND HIT THE REAR  
OF THE CAR. HE TOLD ME THAT HE SAW THE BUS SIGNAL  
TO GO OUT & HE STOP TO DRIVEWAY.

Declaration

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

T. C. Leong Air-Conditioning Service

1A Cantonment Road

#41-07

Singapore 085101

Tel: 9755 5650

Fax: 6634 7862

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: (1.1.11) 27 (DD/MM/YYYY), TIME: (14.15) (HH:MM)

LOCATION: East Coast Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G2 4517 E  
 b) INSURANCE COMPANY: Sompo  
 c) POLICY NUMBER: D22MTPCE000900  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Mitsubishi 1300  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 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: T. C. Teong Air Conditioning Services (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 530828597 CONTACT: 97555650  
 c) ADDRESS: 1 A Cantonment Road #41-07  
 Singapore 085101

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

## DRIVER

- a) NAME: Teh Chuan Leong (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2583743F CONTACT: 97555650  
 c) ADDRESS: 1 A Cantonment Road #41-07  
 (S) 085101

\* d) DATE OF BIRTH: (08/07/1956) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G2 4517 F MODEL:  
 b) DRIVER'S NAME: CONTACT:  
 c) NRIC/FIN/PASSPORT:

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJP 7390 A MODEL: Honda Fit  
 b) DRIVER'S NAME: CONTACT: 97318186  
 c) NRIC/FIN/PASSPORT:

email: snakekiki@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)**

Cert No./Policy No. : D22MTPCVE000990  
1. Registration No. : GZ4517E  
2. Insured Name : T.C.LEONG AIR CONDITIONING SERVICES  
3. Commencement Date : 17 APRIL 2022 00:00  
4. Expiry Date : 16 APRIL 2023 23:59  
5. Coverage : Third Party  
6. Excess : NIL

**7. Persons or Classes of Persons entitled to drive\***

b) Any person who is driving on the Insured's order or with their permission.  
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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**8. Limitations as to use\***

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- 1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

**9. ExcelDrive Workshops & Accident Reporting**

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

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit [www.sompo.com.sg](http://www.sompo.com.sg) for list of Accident Reporting Centers.

**I/We HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)**

**Sompo Insurance Singapore Pte. Ltd.**



Date/Time of Issue : 04 APRIL 2022 22:48

\*Limitation rendered inoperative by section 8 of the Motor Vehicles(Third-Party Risks and Compensation)Act (Chapter 189 and section 95 of the Road Transport Act,1987(Malaysia), are not to be Included under these headings.

**IMPORTANT NOTICE**

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they 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 (Cap.189)
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11O06008 & ONG YEW TER CI Code: 20D \_HDMHW4JKBTMJPAW



**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: SUC0922B20002 Vehicle Registration No: G24517E  
Name (as shown in NRIC): Tol Ateon Leng NRIC/FIN/Passport No: SXXXX743F  
(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 97555650  
Email Address: \_\_\_\_\_  
Date of Accident: 01/11/2022 Time of Accident: 14:15  
Place of Accident: EAST COAST ROAD AFTER JALAN BUKIT PERMUDA  
Insurance Company: \_\_\_\_\_

**(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:

DATE OF ACCIDENT TO 01/11/2022

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Actual Driver's Signature  
Date:

am 02/11/2022  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: