

NATIONAL Assessment Centre Services

(Ref: 1 Jan 2022)

SLN0922B00002

Date In: 11/11/2022 11:40	Job description	Date & Time Completed	Done by
Ref No: N/A/SMD220131814	SAS e-filing		
Veh No: SKB 46634	E-mail (within 3hrs, AOC 2hrs)		
D.O.A: 10/11/2022 14:40	I-Motor Claim Form		
OD: (T) / Reporting Only	I-Motor W/O (within 24 hrs, 24 hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whelp		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FBK 81924	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	% (Note: Est. Status (WO): N: 0-30%, P: 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 & Strictly NO refer of repeller.

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

Drive-In () / Towed-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	Actions

X/A2203173	Invoice Preparation Checklist		AMR / Fee / Bill
	1) AR: Accident Reporting (\$30)		
Inhabitant's Particulars:	2) DA: Damage Assessment (\$100)	INC (\$50)	
	3) TP: Towing Fee (\$40/\$40)		
Owner/Owner:	4) FT: Follow-Through Survey (\$120)		
	5) FT: Follow-Through Survey (Resurvey) (\$30)		
Contact No:	Excluding repair INC Only (w/ef 10 Jan 2022)		
	6) TR: Re-inspection (\$70)		
Damaged Portion:	7) NI: IDAO DA + SMFT Survey (\$140)		
	8) NTUC Additional Estimation		
Checked by (Engr-In-Charge):	OD:		
	*No: Courtesy Car / Tpt Allowance	\$5	
All torts Comments:	*No: Repair Coordination	\$15	
	*No: Post Repair Inspection	\$25	
G.I.	*No: DY / Collect Excess Coordination	\$5	
	*No: TP (N/A) / TP (N/A) against INC	\$30	
L.P./B:	9) NI: IDAO Moulds	\$10	
	Invoice dated	Fee Charged	

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	11/11/2022 11:40 (SGT)
Reported by	Driver
Date of Accident	10/11/2022 19:40 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	EXIT TOWARDS BEDOK SOUTH AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB4663U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIN MEI NGOR
NRIC No	SXXXX255J
Email Address	hancarrepairs@gmail.com
Mobile Phone No	(Phone) +65-98790227
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTP01013117R

DRIVER

Name of Driver	KO WOON BOCK
NRIC No	SXXXX275G
Date Of Birth	03/11/1953
Occupation	Indoor

Date Of Driving Pass	31/07/1993
Driving experience	29 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98790227
Alt. Phone Number	-
Email Address	hancarrepairs@gmail.com
Address	BLK 40 BEDOK SOUTH ROAD
Address complement	-
Postcode	460040
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	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	FBK8192U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

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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:

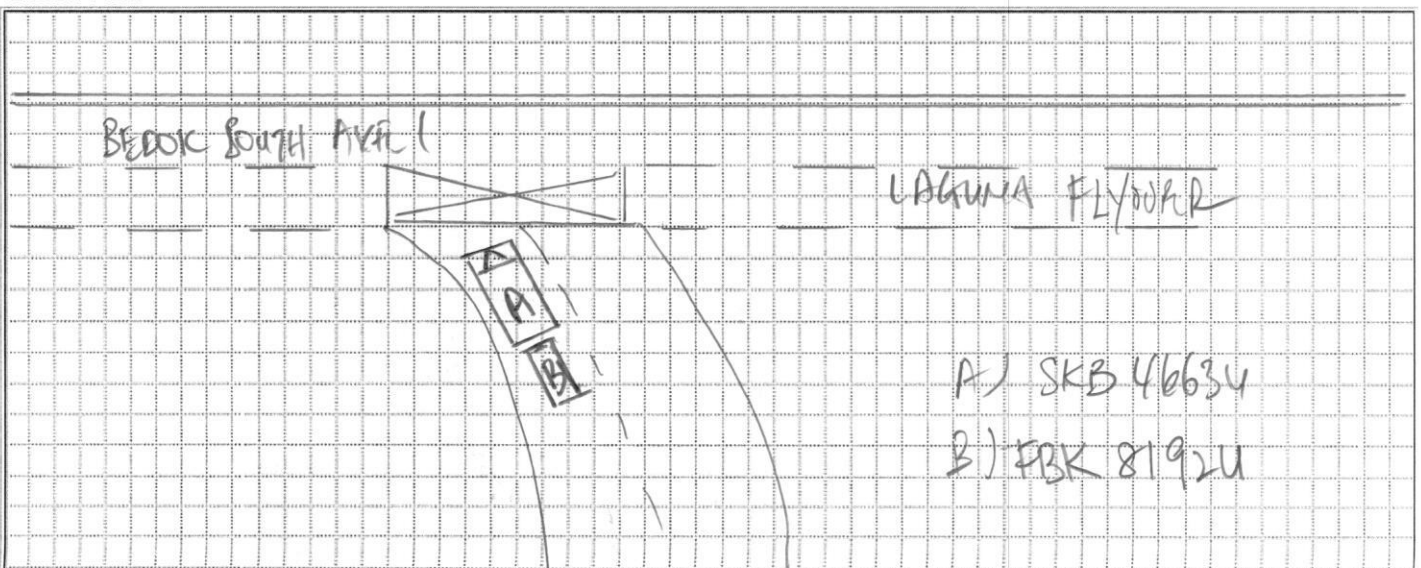
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

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 10/11/2022 AT ABOUT 19:40HRS I WAS EXITING
FROM ECP TOWARDS BECK SOUTH AVE 1, STOP TO GIVE
WAY SUDDENLY FROM BEHIND A MOTORBIKE FBK8924
SALE DROVE INTO THE REAR. WE DID NOT EXCHANGE PARTICULAR.
THE RIDER DID NOT WANT TO GIVE HIS PARTICULAR WHAT ALL.

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)

ACCIDENT STATEMENT

ACCIDENT DATE: (10/11/22) (DD/MM/YYYY), TIME: (7:40 PM) (HH:MM)

LOCATION: ECP Road Toward Bedok South Ave 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKB 4663 U
 b) INSURANCE COMPANY: Sampo
 c) POLICY NUMBER: 221 MTD 01013117K
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Prius
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: CHAI MEI NGOH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S25892553 CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: KO WONG HOCK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0151275G CONTACT: 98790227
 c) ADDRESS: BIC CO ROAD, BUKIT KAPANG

- * d) DATE OF BIRTH: (3/11/1993) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR) 31/07/1993
 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: House
 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: FBK 8192U MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email: ANACORRUPATES@gmail.com
 VIDEO

**Sompo Insurance Singapore Pte. Ltd.**

50 Raffles Place, #03-03
Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

PRIVATE CAR POLICY SCHEDULE

Intermediary Code : 11R05204

Policy No. : D21MTPV01013117

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the
PRIVATE CAR Policy wordings, ref. MTP.30

Insured : CHIN MEI NGOR (Not Driving)
Address : APT BLK 40 BEDOK SOUTH ROAD
#12-677
SINGAPORE 460040

Business/Profession : ACCOUNT OFFICER

INSURED DETAILS

Date of Birth & Age : 07 OCT 1962 & 58 years old
Driving Experience in : NIL
Singapore
Identification Type : NRIC(Singaporean)
Marital Status : MARRIED
Gender : FEMALE
Identification No. : S2589255J

Period of Insurance : 17 SEPTEMBER 2021 00:00 TO 30 NOVEMBER 2022 23:59

Persons or Classes of Persons entitled to drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

VEHICLE DETAILS

Vehicle Registration No. : SKB4663U
Chassis No. : MR053REE104117423
Engine No. : 1ZR097395
Vehicle Make & Model : TOYOTA COROLLA ALTIS
1.6
Engine Capacity : 1600
NCD Entitlement : 50%
Year of Registration : 2011
NCD Protection : Yes
Estimated value of Vehicle : Market value at time of loss
Hire Purchase Owner : HONG LEONG FINANCE
LIMITED

PREMIUM DETAILS

Premium after applicable discount(s) : S\$ 1,017.65
GST : S\$ 71.24
Premium (incl. GST) : S\$ 1,088.89

Coverage : Comprehensive - ExcelDrive GOLD

Excess : \$ 500 - Section I

Voluntary Excess : N.A

Additional Excess : Named Young and/or Inexperienced Drivers : S\$1,500
Un-named Young and/or Inexperienced Drivers : S\$3,000
Un-named All Other Drivers : S\$500

'Young Drivers' shall be defined as drivers (including the Insured) who are below 27 years old.
'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 1 year of driving experience in Singapore roads.

Windscreen Excess : S\$100.00 for each and every applicable claim.

Endorsements Applicable : Endorsement AA2 - ExcelDrive Gold Plan
Endorsement D1 - Young and/or Inexperienced Drivers
Endorsement E - Excess Clause
Endorsement H - Total Loss
Endorsement L - Hire Purchase
Endorsement M - Inclusion Of Special Perils
Endorsement P6 - Riot And Strike Endorsement
Endorsement V - No Claim Discount Protection
Endorsement Z - Loss of Use Benefit

Additional Cover : NIL

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: SX/18922R/BA0002 Vehicle Registration No: SKB 46634
Name (as shown in NRIC): Koo Woon Boon NRIC/FIN/Passport No: Sxxx 2754
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 98790227
Email Address: _____
Date of Accident: 10/11/2022 Time of Accident: 19:40
Place of Accident: ECP Exit 7 Towards BRUK SOUTH AVE 1
Insurance Company: Sampo.

(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:

Revised Name CHN KEE KEE

Policyholder / Actual Driver's Signature
Date:

guy 10/11/2022
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: