

NATIONAL Assessment Centre Services (ver 1 Jan 2022) SM0922 BE000M

Date In: 14/1/2022 18:39	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: X09018M02201417N	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SLF 518-E	I-Motor Claim Form		
D.O.A: 13/1/2022 14:15	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLF 518-E	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (94) (Note-Bst 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 repairer.

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

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

Remarks: (INC hotline: 0788 0616)	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:

<p>NA 2203212</p> <p>Infant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C. Checked by (Engr-In-Charge):</p> <p>All for's Comment:</p>	<p>Invoice Preparation Checklist:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$50)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$50/\$45</td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$10</td> </tr> <tr> <td colspan="2">Excluding against INC Only (ver 10 Jan 2022)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI: New DA + SMRT Survey</td> <td>\$140</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td>OD:</td> <td></td> </tr> <tr> <td>*NI: Courtesy Car / Tol Allowance</td> <td>\$5</td> </tr> <tr> <td>*NI: Repair Coordination</td> <td>\$10</td> </tr> <tr> <td>*NI: Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td>*NI: DV / Collect Excess Coordination</td> <td>\$1</td> </tr> <tr> <td>*TP (NI): TP (Non-INC) against INC</td> <td>\$10</td> </tr> <tr> <td>9) NI: 24-Hr Mobile</td> <td></td> </tr> <tr> <td>(Invoice dated)</td> <td>Fee Charged</td> </tr> <tr> <td>(Invoice dated)</td> <td>Fee Charged</td> </tr> </table>	1) AR: Accident Reporting (\$30)		2) DA: Damage Assessment (\$100)	INC (\$50)	3) TP: Towing Fee	\$50/\$45	4) PT: Follow-Through Survey	\$120	5) PT: Follow-Through Survey (Resurvey)	\$10	Excluding against INC Only (ver 10 Jan 2022)		6) TR: Re-inspection	\$75	7) NI: New DA + SMRT Survey	\$140	8) NTUC Additional Services:		OD:		*NI: Courtesy Car / Tol Allowance	\$5	*NI: Repair Coordination	\$10	*NI: Post Repair Inspection	\$25	*NI: DV / Collect Excess Coordination	\$1	*TP (NI): TP (Non-INC) against INC	\$10	9) NI: 24-Hr Mobile		(Invoice dated)	Fee Charged	(Invoice dated)	Fee Charged
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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	14/11/2022 18:30 (SGT)
Reported by	Driver
Date of Accident	13/11/2022 14:15 (SGT)
Exact Location of Accident	Old Tampines Rd, Singapore
Additional Location Information	TOWARDS PASIR RIS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE518E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIANG JIAYIN
NRIC No	SXXXX451D
Email Address	danpoh@live.com
Mobile Phone No	(Phone) +65-90225002
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xf
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	1999

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01015603

DRIVER

Name of Driver	POH TZE HOU
NRIC No	SXXXX564F
Date Of Birth	14/02/1980
Occupation	Indoor

Date Of Driving Pass	19/09/2002
Driving experience	20 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90225002
Alt. Phone Number	-
Email Address	danpoh@live.com
Address	5 PASIR RIS RISE #04-12
Address complement	-
Postcode	518082
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	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)	4
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	-

PASSENGER 1

Name	LIANG JIA YIN
Gender	Female

PASSENGER 2

Name	EVAN POH
Gender	Male

PASSENGER 3

Name	DAWN POH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT G/20221114/7060

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ5765Z
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN KUM CHIOK
NRIC No	SXXXX182G
Contact Number	(Phone) +65-91599934
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	POH TZE HOU
Gender	Male
Phone No	(Phone) +65-90225002
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLE518E
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 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 claim;
 - (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

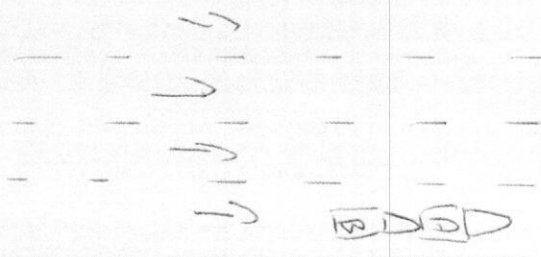
Witnessed by Reporting Centre
Personnel

Sketch Plan

OLD TAMPINES ROAD TOWARDS PASIR RIS ROAD

Vehicle A - SLJ518F

Vehicle B - SLJ576SZ



Describe Circumstances of the Accident

Details:

On 13th Nov 2022 at around 2.15pm, I am driving Vehicle A-SLE518X
Stationary along ~~the~~ ^{Ave 10} Tompines road towards Paris Ris when
Suddenly Vehicle B SLJ57652 Knocked on my rear.
I am given a 3 days MC.

POLICE REPORT G/20221114/7060

Declaration

I/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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



G/20221114/7060

1 of 1

POLICE REPORT (NP299)

Report No. G/20221114/7060

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 14/11/2022 14:51		Vide Report No.		Station Diary No.	
Name Of Informant POH TZE HOU		Address 5 PASIR RIS RISE #04-12 SINGAPORE 518082			
ID Type / ID No. NRIC NO / S8004564F		Contact No. Home/Office:		Mobile: 88389285	
Nationality SINGAPORE CITIZEN		Email Address danpoh@live.com			
Occupation Other business services and administration managers		Sex Male	Age 42	Date of Birth 14/02/1980	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 13/11/2022 14:15 - 13/11/2022 14:30		Location Of Incident 60 TAMPINES NORTH DRIVE 2 IKEA SINGAPORE 528764			

Brief details.

On 13th Nov 2022 At Around 2.15pm, i am driving Vehicle A SLE518E Stationary along tampines Ave 10 road towards pasir ris when suddenly Vehicle B SLF5765J Knocked me on my rear.

After the accident, I feel neck shoulder and collar bone pain and visited a doctor and am given a 3 days Medical Certificate

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2022 14:51
Officer In-Charge Of Case:	Classification Of Case:

Accident Statement Form

This is NOT an admission of blame/liability, but a summary of identities and facts which will speed up the settlement claim.
This form is to facilitate the mobile reporting service for e-filing.

Date of Incident:	13 Nov 2022	Time of Incident:	2:15pm	Incident Location	OLD TAMPINES ROAD TOWARDS PASIR RIS ROAD
Purpose of Usage:	Private	Got Video:	Yes	No of People:	4 (Inclusive of Driver)
Weather:	Clear	Road Condition:	Dry	Purpose of report:	3rd Party Claim
Police Report:	Yes, at Bedok Division HQ	Notice of Prosecution:	No		

VEHICLE DETAIL

Car Plate:	SLE518E	Colour:	Black	Car Model:	JAGUAR XF 2.0 I4P TSS
Owner Name:	LIANG JIA YIN	NRIC/FIN/PP:	S8978451D	Contact No:	90225002
Address:	91 TELOK KURAU ROAD SINGAPORE 423795	Email:	danpoh@live.com		
Insurance Company:	Sompo Insurance Singapore	Policy No.:	D22MTPV01015603	Policy Type:	Comprehensive
Driver Name:	POH TZE HOU	NRIC/FIN/PP:	S8004564F	Contact:	90225002
Date of Birth:	14 Feb 1980	Nationality:	Singaporean	Gender:	Male
Relationship to Owner:	Spouse	Occupation:	Indoor		
License Class:	3	License Pass Date:	30 Nov 2001	License Serial Number:	001704463B

19/11/2022

OTHER PARTY DETAIL(S)

Car Plate:	SLJ5765Z	Colour:		Car Model:	TOYOTA COROLLA ALTIS 1.6
Driver Name:	CHAN KUM CHIOK	NRIC/FIN/PP:	S1645182G	Contact:	91599934
Detail of property if not vehicle:					

DECLARATION

We declared that the above particulars & information provided above are true in every aspect.

Date / Time

Name / Signature

4 pax

Driver: Poh TZE Hou

Wife: Liang Jia Yin

Son: Evan Poh

Daughter: Dawn Poh

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. : D22MTPV01015603
Insured : LIANG JIA YIN
Motor Vehicle (Registration No.): SLE518E
Coverage : Comprehensive - ExcelDrive PRESTIGE
Policy Commencement Date : 16 SEPTEMBER 2022 00:00
Policy Expiry Date : 15 SEPTEMBER 2023 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$700 - 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

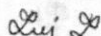
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 : 14 SEPTEMBER 2022 11:21

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 : 11M16010 & META AGENCY PTE. LTD. CI Code: 22A RXDSZW44IBLBTKAJ