

NATIONAL Assessment Centre Services (Form 1 2/2022) **SA10952620009**

Date In: 02/12/2022 17:42	Job description	Date & Time Completed	Done by
Ref No: NBA/SMO220/21(3/4)	SAS e-filing		
Veh No: SMZ 3030C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 01/12/2022 17:50	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SMZ 3640B** 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%, F: 90-100%)

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 Case: to e-mail Insurer URGENTLY.

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

Remarks: () (ING Hotline: 0788 0016)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date / Time	Actions

NA220380	Invoice Preparation Checklist	()	()
Insured's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Contact No:	3) TP: Towing Fee	\$50/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$150	
	5) FT: Follow-Through Survey (Resurvey)	\$30	
	Excludes repair/INC Only (As of 12 Jan 2022)		
	6) TR: Re-inspection	\$75	
	7) NI: Ins DA + SMPT Survey	\$140	
	8) NTUC Additional Services:		
	QW:		
	*NI: Courtesy Car / Trip 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: 12mo Mobile	\$0	
	Invoice dated	Fee Charged	
		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 02/12/2022 17:42 (SGT)
Reported by Both
Date of Accident 01/12/2022 17:50 (SGT)
Exact Location of Accident Woodleigh, Singapore
Additional Location Information BESIDE UNDERPASS TOWARDS KOVAN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ3030C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHOONG KIT LEON
NRIC No SXXXX149A
Email Address choong.leon@gmail.com
Mobile Phone No (Phone) +65-98186367
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Volvo
Model Xc40
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 1969

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D22MTPV01001286

DRIVER

Name of Driver CHOONG KIT LEON
NRIC No SXXXX149A
Date Of Birth 18/08/1970
Occupation Indoor

Date Of Driving Pass	31/10/1992
Driving experience	30 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98186367
Alt. Phone Number	-
Email Address	choong.leon@gmail.com
Address	51 PARRY TERRACE
Address complement	-
Postcode	547150
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?	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	SMJ3640B
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DAVE
Contact Number	(Phone) +65-97707127

- 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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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.

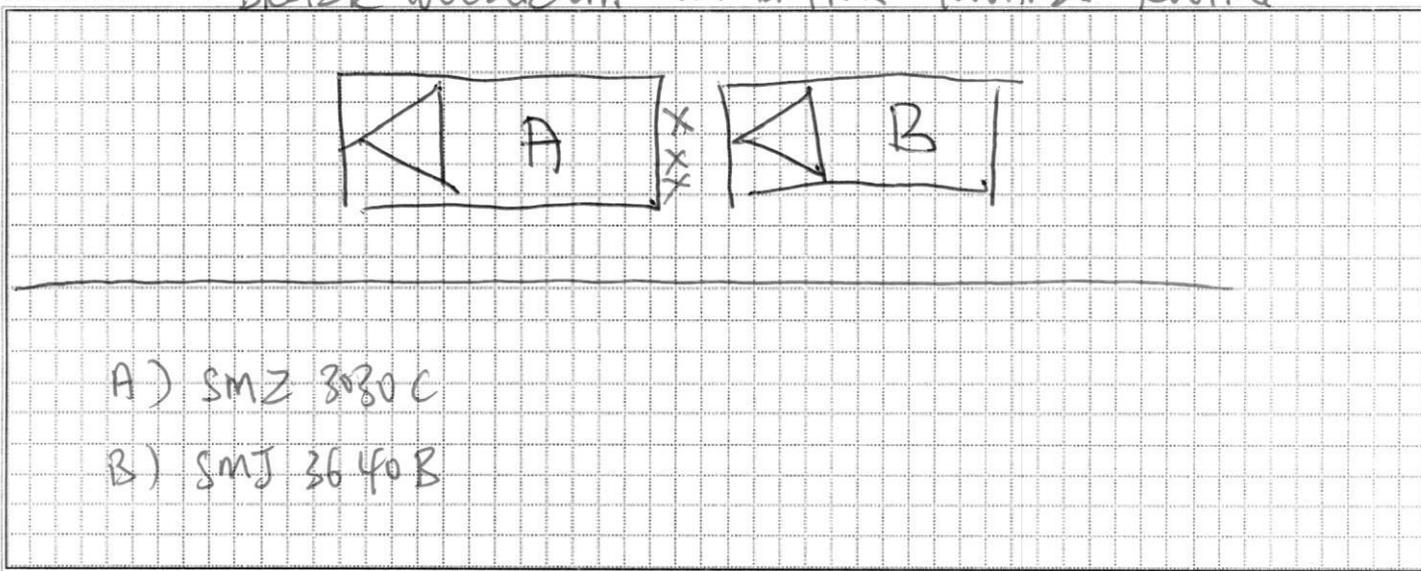
Chong Kit Lean
Policyholder's Signature / Date & Time

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

07/12/2022
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

BESIDE WOODLEIGH UNDERPASS TOWARDS KOUAN

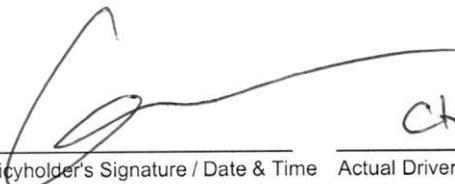


Describe Circumstance of the Accident

At 7.05pm I was stopped at Red Traffic Light beside Woodleigh Underpass towards Kovan. A white Mercedes SMT 3640B did not brake and hit my car in the rear. Causing damage to bumper and back door body & paint.

Declaration

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


Policyholder's Signature / Date & Time

Chong Kit Leon
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 02/12/2022
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: (01/12/2022) (DD/MM/YYYY), TIME: (17:05) (HH:MM)

LOCATION: Beside Woodleigh Underpass towards Kovan

- 1. DETAILS OF VEHICLE
 - d) VEHICLE NUMBER: SM23030C
 - b) INSURANCE COMPANY: SOMP
 - c) POLICY NUMBER: D22-MTPV01001286
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: VOLVO XC40
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 - h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 - 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: CHONG KIT LEAN (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S7098149A CONTACT: 98186367
 - c) ADDRESS: 51 PATTY TERRACE SPRE 547150

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (1)

- DRIVER
 - a) NAME: AS ABOVE (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: CONTACT:
 - c) ADDRESS:

- d) DATE OF BIRTH: (18/08/1970) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: 31/10/1992

- 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:

No of passenger (including driver) ()

- 8. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: SMJ3640B MODEL: Mercedes
 - b) DRIVER'S NAME: Dave CONTACT: 9770 7127
 - c) NRIC/FIN/PASSPORT:

No of passenger (including driver) ()

- 9. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER:
 - b) DRIVER'S NAME:
 - c) NRIC/FIN/PASSPORT:

email = chong.lean@gmail.com
VIDEO

PRIVATE CAR POLICY SCHEDULE

Policy No. : D22MTPV01001286

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 : CHOONG KIT LEON
Address : 51 PARRY TERRACE
 SINGAPORE 547150

Business/Profession : INDOOR

<u>INSURED DETAILS</u>	
Date of Birth & Age	: 18 AUG 1970 & 51 years old
Driving Experience in Singapore	: 29 years
Identification Type	: NRIC(Singaporean)
Marital Status	: MARRIED
Gender	: Male
Identification No.	: S7098149A

Period of Insurance : 02 MARCH 2022 00:00 TO 26 FEBRUARY 2023 23:59
Persons or Classes of Persons entitled to drive : Refer to Certificate of Insurance
Limitations as to use : Refer to Certificate of Insurance

<u>VEHICLE DETAILS</u>	<u>PREMIUM DETAILS</u>
Vehicle Registration No. : SMZ3030C	Premium after applicable discount(s) : S\$ 1,697.33
Chassis No. : YV1XZACADK2116731	GST : S\$ 118.81
Engine No. : B4204T472905879	Premium (incl. GST) : S\$ 1,816.14
Vehicle Make & Model : VOLVO XC40 2.0	
Engine Capacity : 2000	
NCD Entitlement : 10%	
Year of Registration : 2019	
NCD Protection : NOT COVERED	
Loss of Use : COVERED	
Waiver of Excess : COVERED	
Estimated Vehicle Value : MARKET VALUE AT TIME OF LOSS	
Hire Purchase Owner : MAYBANK SINGAPORE LIMITED	

Coverage : Comprehensive - ExcelDrive PRESTIGE
Excess : S\$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 for each and every applicable claim
Endorsements Applicable :

- Endorsement AA1 - ExcelDrive Prestige 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 Z - Loss of Use Benefit

Additional Cover : NIL