

NATIONAL Assessment Centre Services (Ref: 1/20/001) SMO 9226 70005

Date In: 07/12/2022 13:22	Job description	Date & Time Completed	Done by
Ref No: NAB/SMD 228/2237/Y	SAS e-filing		
Veh No: 8GR 5053L	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 06/12/2022 16:01	I-Motor Claim Form		
TP / Reporting Only	I-Motor W/O (within: QD 3hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: SLW 920TP	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % (Note: Est Status (WO): N: 0-20%, P: 21-79%, F: 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 Case: to e-mail Insurer URGENTLY.

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

Remarks: (INC Hotline: 0788 0016)	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: _____

Day: _____ Time: _____

Actions: _____

<p>NA2203396</p> <p>Insured's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>Checked by (Engr-In-Charge):</p> <p>Comments:</p> <p>Signature:</p> <p>Date:</p>	Invoice Preparation Checklist		DATE	TIME	BY
	1) AR: Accident Reporting (\$30)				
	2) DA: Damage Assessment (\$100)	INC (\$55)			
	3) TP: Towing Fee	\$30/\$45			
	4) PT: Follow-Through Survey	\$120			
	5) PT: Follow-Through Survey (Resurvey)	\$30			
	Expiry date against INC: Only valid 10 Jan 2023				
	6) TR: Re-inspection	\$75			
	7) NI: Idea DA + SMART Survey	\$140			
	8) NTUC Additional Services:				
QD:					
*NI: Courtesy Car / Tpt Allowance		\$5			
*NI: Repair Coordination		\$10			
*NI: Post Repair Inspection		\$25			
*NI: DV / Collect Excess Coordination		\$5			
*TP (NI): TP (Non INC) against INC		\$30			
9) NI: 12mo Mobile		10			
Invoice dated		Fee Charged			
Total Fee					

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	07/12/2022 13:22 (SGT)
Reported by	Both
Date of Accident	06/12/2022 16:05 (SGT)
Exact Location of Accident	Johor Causeway, Johor Causeway Bridge, Singapore
Additional Location Information	BEFORE MALAYSIA IMMIGRATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR5053L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HUANG XIUHUA
NRIC No	SXXXX815H
Email Address	florahuangsg@yahoo.com
Mobile Phone No	(Phone) +65-91161739
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Ractics
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	1296

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01002124

DRIVER

Name of Driver	HUANG XIUHUA
NRIC No	SXXXX815H
Date Of Birth	22/07/1965
Occupation	Indoor

Date Of Driving Pass	02/06/2014
Driving experience	8 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91161739
Alt. Phone Number	-
Email Address	florahuangsg@yahoo.com
Address	13 FERNVALE LANE #07-08
Address complement	-
Postcode	797496
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	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	SLW9201P
Vehicle Manufacturer	-
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) -

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

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

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

Sketch Plan

JOHOR CAUSEWAY BEFORE MALAYSIA IMMIGRATION

VEH A = SGR5053L

VEH B = SLW9201P

B A

Describe Circumstance of the Accident

On the stated date and time. I was driving vehicle A along the stated venue. As the front car moved, I also moved forward. When the front car stopped, I follow suit. Suddenly, I felt an impact and vehicle B has collided onto the rear of my vehicle.

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

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

Date of Accident

1605
: 06/12/2022 Accident Time: ~~1500~~ (24-HR-Format)

Accident Place

: JOHOR CAUSEWAY BEFORE MALAYSIA IMMIGRATION.

Vehicle. No. (Car Plate No.)

: SGR5053L Make/Model: TOYOTA RACTIS

Insurance Company

: SOMPO Policy No: 022MTPV01002124

Owner or Company Name / IC No.

: HUANG ~~XIUHUA~~ XIUHUA S2699815H

Owner or Company Contact No.

: 91161739 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No.

: _____

DRIVER'S Date Of Birth

: 22/07/1965 DRIVER'S License Pass Date 02/06/2014

Relationship of Owner & Driver

: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER

DRIVER'S Address

: 13 FERNVALE LANE #07-08 5797496

DRIVER'S Contact No / Alt No.

: 1) _____ 2) _____

DRIVER'S Occupation

: INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address

: florahuangss@yahoo.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): 01

Was there any video Captured by car camera: YES NO

Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle. No:

(B) SLW 9201 P

Vehicle. No: _____

Vehicle Make/Model:

Vehicle Make/Model: _____

Name Driver:

Name Driver: _____

IC No. Driver/Contact:

IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

NIL:

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. : D22MTPV01002124
Insured : HUANG XIUHUA
Motor Vehicle (Registration No.) : SGR5053L
Coverage : Comprehensive - ExcelDrive GOLD
Policy Commencement Date : 09 FEBRUARY 2022 00:00
Policy Expiry Date : 08 FEBRUARY 2023 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$400 - 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

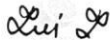
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 : 21 JANUARY 2022 08:43

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 : 11A28209 & ASSURE INSURANCE AGENCY PTE. LTD. CI Code: 22A FLADBOC4N1MYTVKA