

NATIONAL Assessment Centre Services (Ref: NAC-001) **SW922EP0009**

Date In: 15/12/2022 17:27	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: X/A 2203 2561	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SJR 482R	I-Motor Claim Form		
D.O.A: 09/12/2022 15:20	I-Motor W/O (within 30 mins, A/C 1hr)		
QC (TP) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

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

TP Particulars: Vch No: **YQ 317B** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Hst Status (WO): 10-0-20%, P: 21-79%, P: 30-100%)

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 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/A 2203 487

Important Particulars:

Owner/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Notes/Comments:

Invoice Preparation Checklist		Amount	Unit
1) AR: Accident Reporting (3300)			
2) DA: Damage Assessment (3100)	INC (450)		
3) TP: Towing Fee	240/240		
4) PT: Follow-Through Survey	1120		
5) FT: Follow-Through Survey (Resurvey)	230		
Excluding repairer (INC Only) (10 Jan 2023)			
6) TR: Re-inspection	370		
7) NI: Hst DA + SMFT Survey	2140		
8) NTUC Additional Fee (levy)			
GR:			
*NI: Courtesy Car / Tpl Allowance	50		
*NI: Repair Coordination	110		
*NI: Post Repair Inspection	220		
*NI: DV / Collect Excess Coordination	50		
*NI: (NI): TP (INC) INC: (INC)	110		
9) NI: Hst Mgmt	10		
Invoice Total			
Red Charges			
Net 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	15/12/2022 17:27 (SGT)
Reported by	Driver
Date of Accident	04/12/2022 15:20 (SGT)
Exact Location of Accident	149 Bukit Batok West Ave 6, Block 149, Singapore 650149
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG4821R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PADMANABHA IYER HARISH
NRIC No	SXXXX355F
Email Address	mithila.harish@gmail.com
Mobile Phone No	(Phone) +65-90178530
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1339

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01011808

DRIVER

Name of Driver	MITHILA HARISH
NRIC No	SXXXX156E
Date Of Birth	24/09/1992
Occupation	Indoor

Date Of Driving Pass	02/07/2022
Driving experience	5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90178530
Alt. Phone Number	-
Email Address	mithila.harish@gmail.com
Address	BLK 505 BUKIT BATOK STREET 52 #07-155
Address complement	-
Postcode	650505
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Major/Minor Rd
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?	Yes
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?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221205/2095

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	YQ317B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MITHILA HARISH
Gender	Female
Phone No	(Phone) +65-90178530
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJG4821R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 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:

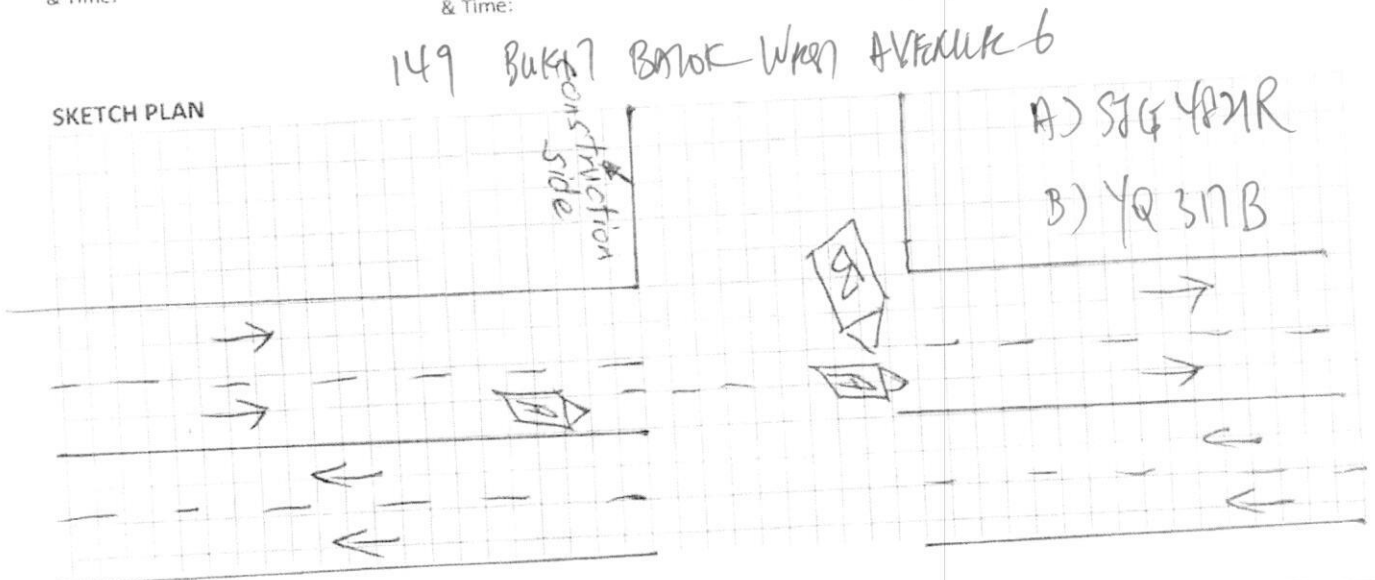
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

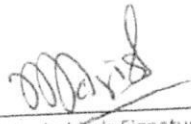


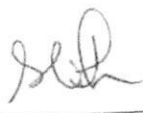
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

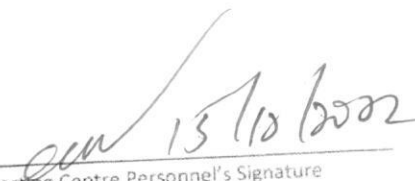
As the police report 7/20221205/2095

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:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20221205/2095

1 of 3

Report No. T/20221205/2095

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2022 18:13	Vide Report No.: T/20221205/7014	Station Diary No.: 64
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Informant's Particulars

Name of Informant: MITHILA HARISH			Address: APT BLK 505 BUKIT BATOK STREET 52 #07-155 SINGAPORE 650505		
ID Type / ID No.: NRIC NO / S9270156E			Contact No.: Home/Office: Mobile: 90178530		
Nationality: INDIAN			Email:		
Sex: Female	Age: 30	Date of Birth: 24/09/1992	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Data scientist			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/12/2022 15:20	Type of Location: Straight Road
Location: BUKIT BATOK WEST AVENUE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG4821R	Car	HONDA	Jazz	Blue	Seriously Damaged	0
YQ317B	Lorry	ISUZU		White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJG4821R	NIPPONKOA INSURANCE COMPANY LIMITED	D22MTPV0101180 8	14/07/2022	13/07/2023



**SINGAPORE
POLICE FORCE**



T/20221205/2095

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Report No. T/20221205/2095

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MITHILA HARISH	ID No.	S9270156E
Related Vehicle	SJG4821R (Car)	Contact No.	90178530
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	04/12/2022	Date Discharge	04/12/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NAGAMUTHU PALANISAMY	ID No.	G7783960M
Related Vehicle	YQ317B (Lorry)	Contact No.	98102621
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 4 Dec 2022 at about 3:20 pm, I was driving along Bukit Batok West Ave 6 towards Bukit Batok Ave 1. It was a 2-lane road and I was on the right lane. While my vehicle was traveling beside a construction site, a M/lorry YQ317B suddenly turned out from the minor road and the front of the lorry collided to the left side of my vehicle. Due to the impact, my whole vehicle was dragged across to the opposite side of the road beside Blk 149. I then came down from the vehicle and I called for ambulance. Both me and the lorry driver exchanged particulars. The traffic police also came down to the scene. I was then conveyed to Ng Teng Fong Hospital and I was given 3-days of medical leave. My vehicle sustained heavy damage to the whole left side which consist of the left fender, both front & rear door and the rear fender. I had lodged an online traffic accident report ref: T/20221205/7014 and I met up with the TPIO Sadli. He told me to lodge a further report as the facts that I had given in the report was not clear. Hence, this report was lodged.



**SINGAPORE
POLICE FORCE**



T/20221205/2095

3 of 3

Report No. T/20221205/2095

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
D /
SI GUAN WEIQIANG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

Signature Of Informant:

Date/Time:
05/12/2022 18:13

Classification Of Case:

NP168

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 09 / 12 / 2022 (dd/mm/yy)

Time of Accident: 3 : 20 (24-HR-FORMAT)

Vehicle No.: SJG 4821R Vehicle Make & Model: _____

Exact location of Accident: 149 Bukit Batok West Ave 6

Policyholder's Name: Padmanabha IYER HARISH IC / UEN: SA270156E S2613300F

Driver's Name / IC No.: MITHILA HARISH (As Above) ☐

Driver's Contact No.: 9017 8530 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: mithila.harish@gmail.com Insurance Company: SOMPO

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / **Parents** / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 01

Gender: Male / Female *Passanger

*Passanger Name: _____

Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: 1Q317B

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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. : D22MTPV01011808
 Insured : PADMANABHA IYER HARISH
 Motor Vehicle (Registration No.) : SJG4821R
 Coverage : Third Party
 Policy Commencement Date : 14 JULY 2022 00:00
 Policy Expiry Date : 13 JULY 2023 23:59
 Maximum Liability (Section I) : Third Party
 Excess* : Not Applicable
 Voluntary Excess* : N.A
 Windscreen Excess* : N.A

* 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.

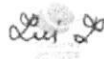
ExcelDrive Workshops and Accident Reporting

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.

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) 6461 6555.

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 : 13 JULY 2022 17:48

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 : 11R05204 & RUEY AUTO CI Code: 22A_4NDLHO44DBM0CKA