

NATIONAL Assessment Centre Services (2011-2012) **SHO 6P22P 60001**

Date In: 16/11/2022 10:27	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/SMO220125841	E-mail (within 3hrs, A/C time)		
Veh No: SC6 96A	I-Motor Claim Form		
D.O.A: 12/12/2022 10:30	I-Motor W/O (within 30 mins, 30 mins)		
OD: TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Asst Report by Fax/ Hand to Owner/Wksp		

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

TP Particulars: Veh No: **SHO 6P22P** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

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

Insured/Driver Liability: ( ) % (Note: Ltd 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 repeller.

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

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

Reminders: (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: \_\_\_\_\_

Int. Tuna: (Actions)

N/A2203491	Invoice Preparation Checklist		Add'l
	Bill	Ass. Bill	
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TF: Towing Fee	\$0/\$40		
4) FT: Follow-Through Survey	\$100		
5) FT: Follow-Through Survey (Resurvey)	\$30		
Excluding special individuals (as of 12 Jan 2023)			
6) TR: Re-inspection	\$75		
7) NI: H&A & SMRT Survey	\$140		
8) NTUC Additional Services:			
DI*			
*NI: Courtesy Car / Tot Allowance	\$5		
*NI: Repair Coordination	\$10		
*NI: Post Repair Inspection	\$20		
*NI: DV / Collect Excess Coordination	\$5		
*NI: TP (Non-INC) against INC	\$10		
*NI: 24hrs Mobile	\$0		
Invoice total		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 ..... 16/12/2022 10:27 (SGT)  
Reported by ..... Both  
Date of Accident ..... 12/12/2022 10:30 (SGT)  
Exact Location of Accident ..... Lor Limau, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SCL96A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN NGIAN TI  
NRIC No ..... SXXXX990H  
Email Address ..... muapl@singnet.com.sg  
Mobile Phone No ..... (Phone) +65-96338629  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1997

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D22MTPV01009410

### DRIVER

Name of Driver ..... TAN NGIAN TI  
NRIC No ..... SXXXX990H  
Date Of Birth ..... 16/09/1943  
Occupation ..... Indoor

Date Of Driving Pass ..... 16/09/1964  
 Driving experience ..... 58 YEARS AND 3 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-96338629  
 Alt. Phone Number ..... -  
 Email Address ..... muapl@singnet.com.sg  
 Address ..... 8 BALMORAL ROAD #02-02  
 Address complement ..... -  
 Postcode ..... 259792  
 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 ..... Collided into Parked Vehicle  
 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) ..... 2  
 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 ..... WIFE  
 Gender ..... Female

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 ..... SHD6822P  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -

Vehicle Colour ..... -  
Vehicle Category ..... Taxi  
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**

**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 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

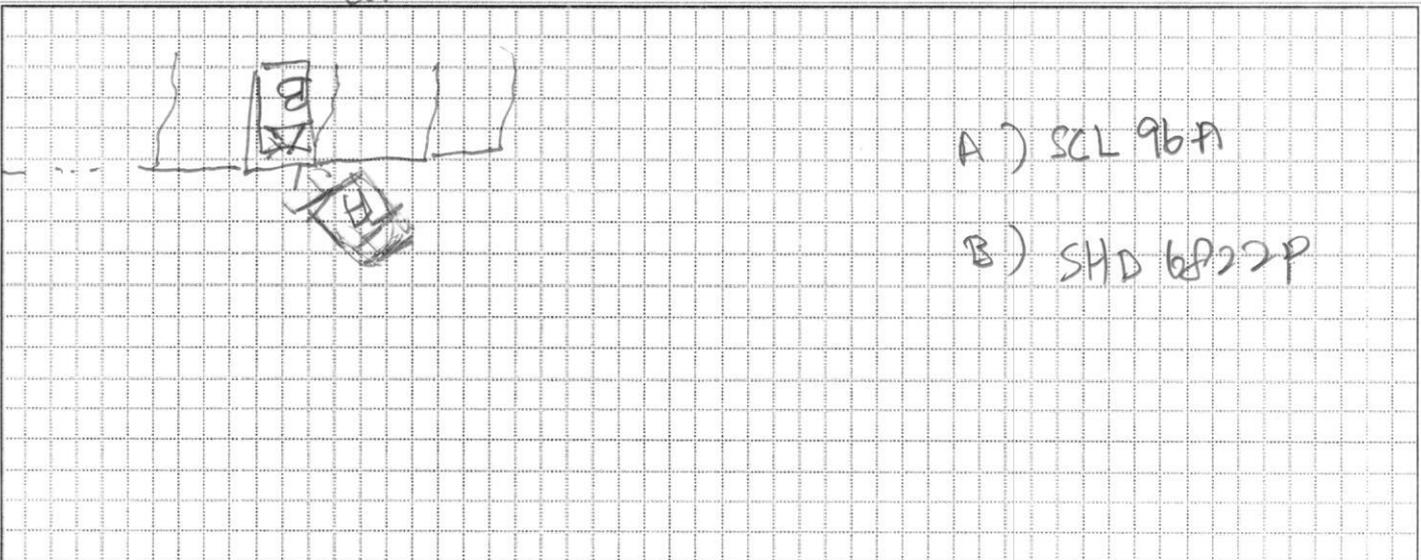
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]* 16/12/2022  
Policyholder's Signature / Date & Time

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

*[Signature]* 16/12/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan *LOKONG LIMAU*



Describe Circumstance of the Accident

I WAS REVERSING MY CAR AND  
ACCIDENTLY BUMPED INTO A TAXI IN THE  
PARKING LOT WITH SLIGHT DAMAGE TO BOTH CARS.  
DURING MORNING @ 10.30 AM.

afasi

Declaration

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

afasi 16/12/2022

Policyholder's Signature / Date & Time

afasi 16/12/2022

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

[Signature] 16/12/2022

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

# ACCIDENT STATEMENT

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

LOCATION: LORONG LIMBU SPONGE WHAMPORA MARKET

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCL 96 A  
b) INSURANCE COMPANY: SOMPO INSURANCE SPONGE PTE LTD  
c) POLICY NUMBER: D 22 MTPV01009410  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: JAGUAR XE  
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: TAN NGIAN TI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S0282990H CONTACT: 96338629  
c) ADDRESS: BALMORAL ROAD  
BALMORAL # 02-02 S 25979.2

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger  
(including driver)  
( )

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

d) DATE OF BIRTH: 16/9/1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16/9/1964

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CB  
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

No of passenger  
(including driver)  
( )

- a) VEHICLE NUMBER: S4D 6822P MODEL: TAXI  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
( )

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

email = MURPL@SINGNET.COM.SG

VIDEO

## 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. : D22MTPV01009410  
Insured : TAN NGIAN TI  
Vehicle Registration No. : SCL96A  
Coverage : COMPREHENSIVE - EXCELDRIVE FOCUS  
Policy Commencement Date : 03 JUNE 2022 00:00  
Policy Expiry Date : 12 JUNE 2023 23:59  
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS  
Hire Purchase Owner : N.A  
Excess\* : S\$700 - SECTION I  
Voluntary Excess\* : N.A  
Waiver of Excess : NOT COVERED  
Windscreen Excess\* : S\$100 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.

Accident Reporting

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

For the list of Accident Reporting Centres, please visit our website at [www.sompo.com.sg](http://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 : 02 JUNE 2022 09:30

**SOMPO ASSIST HOTLINE : (65) 6226 3323**

In the event of road accident, please call our Sompo Assist Hotline immediately. Our MARS Specialist will arrive at the accident site within 20 minutes anywhere in Singapore. Alternatively, you may approach any of our Accident Reporting Centres for assistance in E-filing your accident report with your vehicle within 24 hours or on the next working days after the accident. Please note that this is compulsory regardless of whether there is any damage to your vehicle or if you are making a claim under your own policy.

Intermediary Name / Code : DAYSTAR (AGENCIES) PTE LTD / 11D00707 CI Code: 22A XND5ZZ422R1MOYAX