

NATIONAL Assessment Centre Services (part 1 of 2) **SN0922CG0006**

Date In: <b>16/12/2022 17:38</b>	Job description: <b>SAS e-filing</b>	Date & Time Completed:	Done by:
Ref No: <b>NBA/810220/2616/4</b>	E-mail (within 3hrs, A/C this)		
Veh No: <b>SJG 5721P</b>	i-Motor Claim Form		
D.O.A: <b>16/12/2022 15:08</b>	i-Motor W/O (within 3hrs, A/C this)		
OC: <b>TP / Reporting Only</b>	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whop		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars: Vch No: <b>XE 2569C</b>	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel: (	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date: (	Filter: (
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 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: \_\_\_\_\_

Int. Tunn: ACTIONS: \_\_\_\_\_

<b>NA2203488</b> Important Particulars: Owner/Owner: Contact No: Damaged Portion: <b>Front</b> Checked by (Engr-In-Charge): Note: Comment: L2/3	Invoice Preparation Checklist		AMU	AMU
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100)	INC (\$55)		
	3) TF: Towing Fee	\$40/\$45		
	4) PT: Follow-Through Survey	\$150		
	5) PT: Follow-Through Survey (Rearview)	\$30		
	Excluding accident (INC only) (over \$10,000)			
	6) TR: Re-inspection	\$75		
	7) NI: New DA + Survey	\$160		
	8) NTUC Additional Services:			
QW: *NI: Courtesy Car / Tpt Allowance *NI: Repair Coordination *NT: Post Repair Inspection *PT: DV / Collect Excess Coordination *PT/NI: TP (Non-INC) against INC *PT/NI: 12hr Mowts	\$5 \$15 \$25 \$5 \$10 \$5	Fee Charged Fee Charged	AMU AMU	

## 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 17:39 (SGT)
Reported by	Both
Date of Accident	15/12/2022 15:05 (SGT)
Exact Location of Accident	117 Clementi Street 13, Block 117, Singapore 120117
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG5721P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHAN JUN WEI
NRIC No	SXXXX122C
Email Address	lance.cjw@gmail.com
Mobile Phone No	(Phone) +65-91263470
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1998

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01000473

#### DRIVER

Name of Driver	CHAN JUN WEI
NRIC No	SXXXX122C
Date Of Birth	14/04/1988
Occupation	Indoor

Date Of Driving Pass	30/06/2011
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91263470
Alt. Phone Number	-
Email Address	lance.cjw@gmail.com
Address	BLK 117 CLEMENTI STREET 13 #14-75
Address complement	-
Postcode	120117
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221216/2055

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2569C
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) .....	-


## 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:

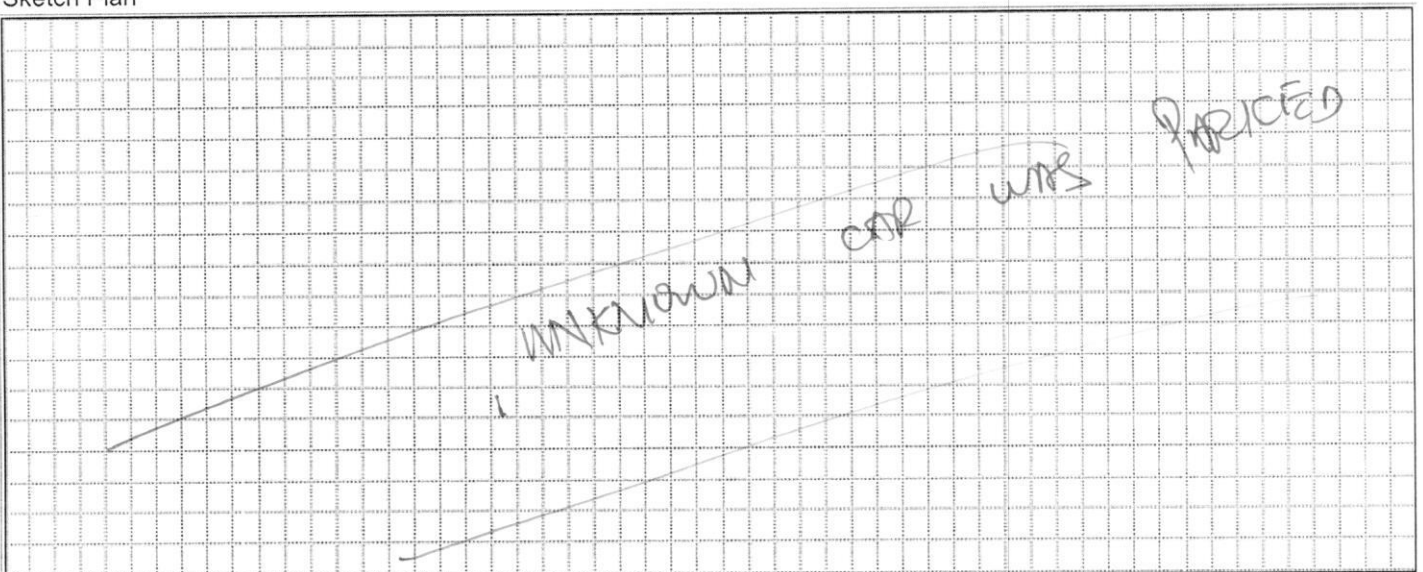
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 16/12/2022  
Policyholder's Signature / Date & Time

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

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

### Sketch Plan




Describe Circumstance of the Accident

REFER TO POLICE REPORT T/2022-1216/2055

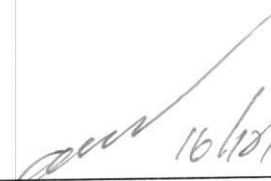
Declaration

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

 16/12/2022

Policyholder's Signature / Date & Time

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

 16/12/2022

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





# SINGAPORE POLICE FORCE



T/20221216/2055

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20221216/2055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/12/2022 14:41		Vide Report No.:		Station Diary No.: 26	
<b>Informant's Particulars</b>					
Name of Informant: CHAN JUN WEI			Address: APT BLK 117 CLEMENTI STREET 13 #14-75 SINGAPORE 120117		
ID Type / ID No.: NRIC NO / S8813122C			Contact No.: Home/Office: Mobile: 91263470		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 14/04/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FINANCIAL CONSULTANT			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>					
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/12/2022 15:05	Type of Location:	
Location: CLEMENTI STREET 13					
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG5721P	Car	MITSUBISHI	LANCER 2.0L MIVEC GT 6-CVT SUNROOF	Grey	Slightly Damaged	0
XE2569C	Lorry					0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20221216/2055

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20221216/2055

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJG5721P	TENET SOMPO INSURANCE PTE. LTD.	D22MTPV01000473	08/01/2022	07/01/2023

**Brief Details.**

On 15.12.2022, I had parked my vehicle SJG5721P at the open space carpark at around 11pm. On 16.12.2022 at about 4.10pm, I went to my vehicle as I wanted to head out and did not check the condition of my vehicle. I was at Changi City Point at around 6pm and discovered that there were damages to my car.

The damages were located on the front passenger's side my vehicle. My headlamp was shattered, there were yellow and white paint scratches found around the headlamp area and my bonnet was slightly out of place. I then check my car camera and the footage captured that a lorry, XE2569C was making a reverse at the open space carpark located at my residence. Thereafter, the lorry hit my front passenger's side of my vehicle. The sound and impact could be heard and detected by my vehicle when the incident happened.

I wish to state that nobody was injured when the incident happened. Nobody approached me and there was no note left behind to state that my vehicle was damaged. Hence, I was unable to trace and exchange particulars of the driver for insurance claim purposes.





**SINGAPORE  
POLICE FORCE**



T/20221216/2055

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20221216/2055

**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 /  
SGT 3 NUR AIIN BINTE JAAIS

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/12/2022 14:41

Officer In Charge Of Case:  
TP / GIA /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

NP168

# ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 12 / 2022 (DD/MM/YYYY), TIME: 15 : 05 (HH:MM)

LOCATION: Carpark Behind 117 Clement Street 17

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJG5721P  
 b) INSURANCE COMPANY: SOMPO  
 c) POLICY NUMBER: D22MPTVD1000473  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: LANCER EX 2.0 GT MITSUBISHI  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 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: CHAN JUN WEI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8813122C CONTACT: 91267470  
 c) ADDRESS: 117 Clement Street 17 #14-25 S120117

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

No of passenger  
(including driver)  
( )

- DRIVER  
 a) NAME: As above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: As above CONTACT: As Above  
 c) ADDRESS: As Above

\* d) DATE OF BIRTH: 14 / 04 / 1988 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 30/11/2011

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

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: Queenstown NPC

## 8. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
( )

- a) VEHICLE NUMBER: XE2569C MODEL: —  
 b) DRIVER'S NAME: — CONTACT: —  
 c) NRIC/FIN/PASSPORT: —

## 9. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
( )

- d) VEHICLE NUMBER: — MODEL: —  
 e) DRIVER'S NAME: — CONTACT: —  
 f) NRIC/FIN/PASSPORT: —

email: lance.cjn@gmail.com

VIDEO

## PRIVATE CAR POLICY SCHEDULE

Policy No. : D22MTPV01000473

Intermediary Code : 11A28209

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 : CHAN JUN WEI  
 Address : BLK 117  
 CLEMENTI ST 13  
 #14-75  
 SINGAPORE 120117

Business/Profession : INDOOR

### INSURED DETAILS

Date of Birth & Age : 14 APR 1988 & 33 years old  
 Driving Experience in : 11 years  
 Singapore

Marital Status : MARRIED  
 Gender : Male

Identification Type : NRIC(Singaporean)

Identification No. : S8813122C

Period of Insurance : 08 JANUARY 2022 00:00 TO 07 JANUARY 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

### VEHICLE DETAILS

Vehicle Registration No. : SJG5721P  
 Chassis No. : JMYSTCY4A8U004586  
 Engine No. : 4B11BR4836  
 Vehicle Make & Model : MITSUBISHI LANCER 2.0  
 Engine Capacity : 2000  
 NCD Entitlement : 50%  
 Year of Registration : 2008  
 NCD Protection : Yes  
 Estimated value of Vehicle : Market value at time of loss  
 Hire Purchase Owner : NIL

### PREMIUM DETAILS

Premium after applicable discount(s)	S\$ 778.45
GST	S\$ 54.49
Premium (incl. GST)	S\$ 832.94

Coverage : Comprehensive - ExcelDrive GOLD

Excess : \$ 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\$100.00 for each and every applicable claim.

Endorsements Applicable :  
 Endorsement AA2 - ExcelDrive Gold Plan  
 Endorsement D1 - Young and/or Inexperienced Drivers  
 Endorsement E - Excess Clause  
 Endorsement H - Total Loss  
 Endorsement M - Inclusion Of Special Perils  
 Endorsement P6 - Riot And Strike Endorsement  
 Endorsement V - No Claim Discount Protection  
 Endorsement Z - Loss of Use Benefit

Additional Cover : NIL

**PRIVATE CAR POLICY SCHEDULE**

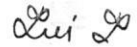
Intermediary Code : 11A28209

Policy No. : D22MTPV01000473

Named Drivers : 1. Name : CHAN JUN WEI  
Date of Birth & Age : 14 APR 1988 & 33 years old  
Driving Experience in Singapore : 11 years

Date of Issue : 15 DECEMBER 2021  
Intermediary Name : ASSURE INSURANCE AGENCY PTE. LTD.  
Producer Code & Name : AIC28209 & ASSURE INSURANCE  
AGENCY PTE. LTD.  
User Code : AIC28209/AIC28209  
Old Policy No. : NIL

Signed on this 15th day of December 2021  
for and on behalf of SOMPO INSURANCE SINGAPORE PTE. LTD.



Authorised Signatory  
CI Code : 22A

24-HOUR EMERGENCY HOTLINE  
**Tel: (65) 6226 3323**

Specialist from 24 Hours Mobile Accident Response Service (MARS) will:

- Take photographs of the vehicle involved.
  - Assist the driver to complete the accident statement and arrange for e-filing to General Insurance Association of Singapore (GIA) within 24 hours
  - Arrange towing service if necessary to the nearest ExcelDrive Workshop
- \* When overseas, inform the operator that you would like to place a collect call, or call on reverse charge basis.