

NATIONAL Assessment Centre Services (ver 1.2/2021) **SM0923140005**

Date In: **09/01/2023 15:38** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **NPA/SM023000094/4** E-mail (within 3hrs, A/C 2hrs)

Veh No: **SBF 233 TJ** I-Motor Claim Form

D.O.A: **18/12/2022 19:35** I-Motor W/O (within OD 2hrs, TP 1hr)

OD: ☒ Reporting Only I-Photo Uploaded

TP Insurer: Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/W/Rep

Preferred Wkap / INC Assign Wkap / GW: Tel: Fax:

TP Particulars: Veh No: **SLQ 23433** INC () / Non-INC ()

Owner / Driver: Tel:

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

Confirmed by: () Date: Motor:

Insured/Driver Liability: () % (Note: Hst 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: ()

Remarks: () INC Hotline: 0788 6616

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time: Actions:

XIA2300029

Invoice Preparation Checklist:

Item	Amount	INC	Non-INC
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)		INC (\$50)	
3) TP: Towing Fee	\$10/\$40		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Emergency)	\$50		
6) TR: Roadside Assistance	\$75		
7) NI: Hst DA, PMRT Survey	\$140		
8) NTUC Additional Fee			
9) NI: 24-Hr Mobile			
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Checked by (Engr-In-Charge):

Signature: **XIA2300029**

Date: **12/3**

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	04/01/2023 15:38 (SGT)
Reported by	Both
Date of Accident	13/12/2022 19:35 (SGT)
Exact Location of Accident	Clemenceau Ave, Singapore
Additional Location Information	NEXT TO UE SQUARE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBE3337J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MEI DANYU
NRIC No	SXXXX146D
Email Address	danielmei@yahoo.com
Mobile Phone No	(Phone) +65-96718470
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	1796

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01016390

DRIVER

Name of Driver	MEI DANYU
NRIC No	SXXXX146D
Date Of Birth	24/06/1966
Occupation	Indoor

Date Of Driving Pass	27/05/1995
Driving experience	27 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96718470
Alt. Phone Number	-
Email Address	danielmei@yahoo.com
Address	1 SOPHIA ROAD #31-02
Address complement	-
Postcode	228149
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	Side Swipe
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 AND ATTACHMENT

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	SLQ8343B
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	SOH SHANG YI
NRIC No	SXXXX184H

Contact Number	(Phone) +65-87522610
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.

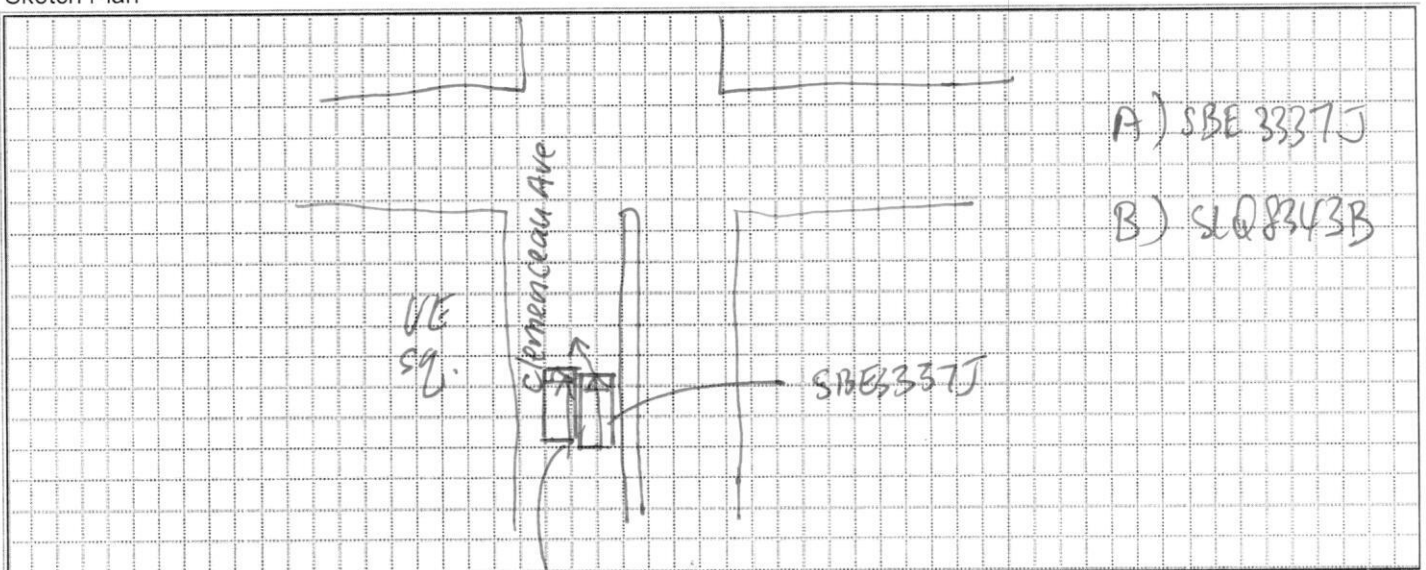
Policyholder's Signature / Date & Time

9.55am 04/01/23

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

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

Sketch Plan

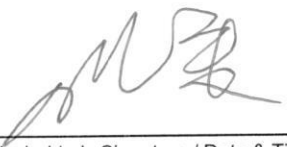


Describe Circumstance of the Accident

As per the attachment


Declaration

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


Policyholder's Signature / Date & Time

~~10~~ 9.55am 04/01/23

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


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

SOMPO REF. CMTD2204588/SHIANGYH

From: adrian (adrepaxa@gmail.com)

To: claimsreport@sompo.com.sg

Cc: danielmei@yahoo.com

Date: Monday, December 19, 2022 at 09:15 PM GMT+8

Dear Sirs

This has reference to your letter dated 15/12/2022(copy attached) with regards to a traffic incident that occurred on 13/12/2022 involving vehicle registration nos. SBE3337J/SLQ8343B.

Insured, Mr Daniel Mei has informed me of the traffic incident on that particular day(13/12/2022) and I am pleased to narrate the actual incident here;

According to our Insd. (Mr Mei), there was no impact at all except that a sideswipe of both vehicles' side mirrors with no visible damage to be seen at all on both the side mirrors.

The driver of SLQ8343B (Nric enclosed) then stopped his vehicle and approached two police officers who happened to be around the area, to report the alleged traffic accident and requested for police assistance.

As our Insd, Mr Mei, followed him when he was approaching the police officers, he could be heard requesting the officers for medical assistance but was turned down by the officers who asked if he was injured which he confirmed that he wasn't. The police officers then advised them that as there's no bodily injury sustained by either party, no police report was required and hastened both parties to move on.

He then mentioned to the police officers that he'll go to the doctor anyway and drove off in his vehicle(SLQ8343B).

Mr Mei noted that there were passengers(as shown in attached picture) in his vehicle(a private hire veh.).

Please advise if an accident report is still required.

Many thanks & Best Regards
adrian



04/01/23



DMeiSompol151222.pdf
282.5kB



DMeiTpMap.jpg
123.3kB



DMeiTpnric.jpg
115.3kB



DMeiTp1.jpg
409.1kB



DMeiTp2.jpg
382.1kB



DMeiTp3.jpg
206.1kB

 04/01/2023

ACCIDENT STATEMENT

ACCIDENT DATE: 13/12/2022 (DD/MM/YYYY), TIME: 19:35 (HH:MM)
 LOCATION: Clemenceau Ave (next to UE Square)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SBE 3337J
 b) INSURANCE COMPANY: Sampo
 c) POLICY NUMBER: D22MTPV 01016390
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Marc E200
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Driving home
 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: MEI DANYU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2646146D CONTACT: 96718470
 c) ADDRESS: 1 Sophia Rd #31-02 S228149

* 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: 24/06/1996 (DD/MM/YYYY)
 e) OCCUPATION: INDOOR / OUTDOOR
 f) DATE OF DRIVING PASS: 22/05/1995
 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
 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: SL08343B MODEL: Mazda
 b) DRIVER'S NAME: Shang Yi
 c) NRIC/FIN/PASSPORT: S9242184H CONTACT: 87522610

9. THIRD PARTY VEHICLE

No of passenger
 (including driver)
()

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

Email: danielmei@yahoo.com
 VIBRO

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. : D22MTPV01016390
Insured : MEI DANYU
Motor Vehicle (Registration No.): SBE3337J
Coverage : Comprehensive - EXCELDRIVE GOLD
Policy Commencement Date : 14 OCTOBER 2022 00:00
Policy Expiry Date : 13 OCTOBER 2023 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$600 - 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

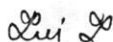
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 : 27 SEPTEMBER 2022 12:08

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 : 11004000 & ONG THIAM HOCK CI Code: 22A _6DZPB2JKKMMK4AJ