

NATIONAL Assessment Centre Services (Call 1-800-551-5511) **SL0958190004**

Date In: 18/01/2023 15:18	Job description	Date & Time Completed	Done by
Ref No: N84/8M028000286/4	SAS e-filing		
Veh No: SKD 0612A	E-mail (within 3hrs, A/C this)		
D.O.A: 17/01/2023 15:44	1-Motor Claim Form		
OD: (TP) / Reporting Only	1-Motor W/O (within: OD this, TP this)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: () Veh No: **JRW 9210** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

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

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: () Action: ()

4A23191

Invoice Preparation Checklist	INC ()
1) AR: Accident Reporting (330)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$10/\$40
4) PT: Follow-Through Survey	\$150
5) FT: Follow-Through Survey (Repair)	\$50
6) TR: Reformation	\$70
7) NI: New DA, SMRT Survey	\$140
8) NTUC Additional Fee/Item	
9) DP: ()	
*NI: Courtesy Car / Tot Allowance	\$5
*NI: Repair Confirmation	\$10
*NI: Post Repair Inspection	\$20
*NI: DV / Collect Excess Coordination	\$5
*NI: (NI) / TP (NI) / INC (NI) / INC (NI)	\$10
10) NI: Line Mobile	
Invoice Filed	Fee Charged
Invoice Date	Fee Received

Checked by (Engr-In-Charge): ()

Printed/Confirmed: ()

Signature: ()

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	18/01/2023 15:45 (SGT)
Reported by	Both
Date of Accident	17/01/2023 15:44 (SGT)
Exact Location of Accident	Bukit Tinggi, 86700, Johor, Malaysia
Additional Location Information	ROUND ABOUT
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ6612A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN XUEYI
NRIC No	SXXXX614J
Email Address	xueyi.cheyne@gmail.com
Mobile Phone No	(Phone) +65-98763918
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01020175

DRIVER

Name of Driver	CHEN XUEYI
NRIC No	SXXXX614J
Date Of Birth	17/01/1988
Occupation	Indoor

Date Of Driving Pass	12/09/2013
Driving experience	9 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98763918
Alt. Phone Number	-
Email Address	xueyi.cheyne@gmail.com
Address	BLK 40 JALAN RUMAH TINGGI #11-276
Address complement	-
Postcode	151040
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 - Roundabout
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	3
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JRW9210
Vehicle Category	Private car

PASSENGER 1

Name	HUSBAND
Gender	Male

PASSENGER 2

Name	DAUGHTER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	TRAFIK ISKANDAR PUTERI
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO TRAFIK IPUTERI/000790/23 AND STATEMENT

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 JRW9210
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver EDISON LIEW ZHI JUN
Passport No/FIN 0XXXXXXX0253
Contact Number (Phone) +60-1164065390
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.

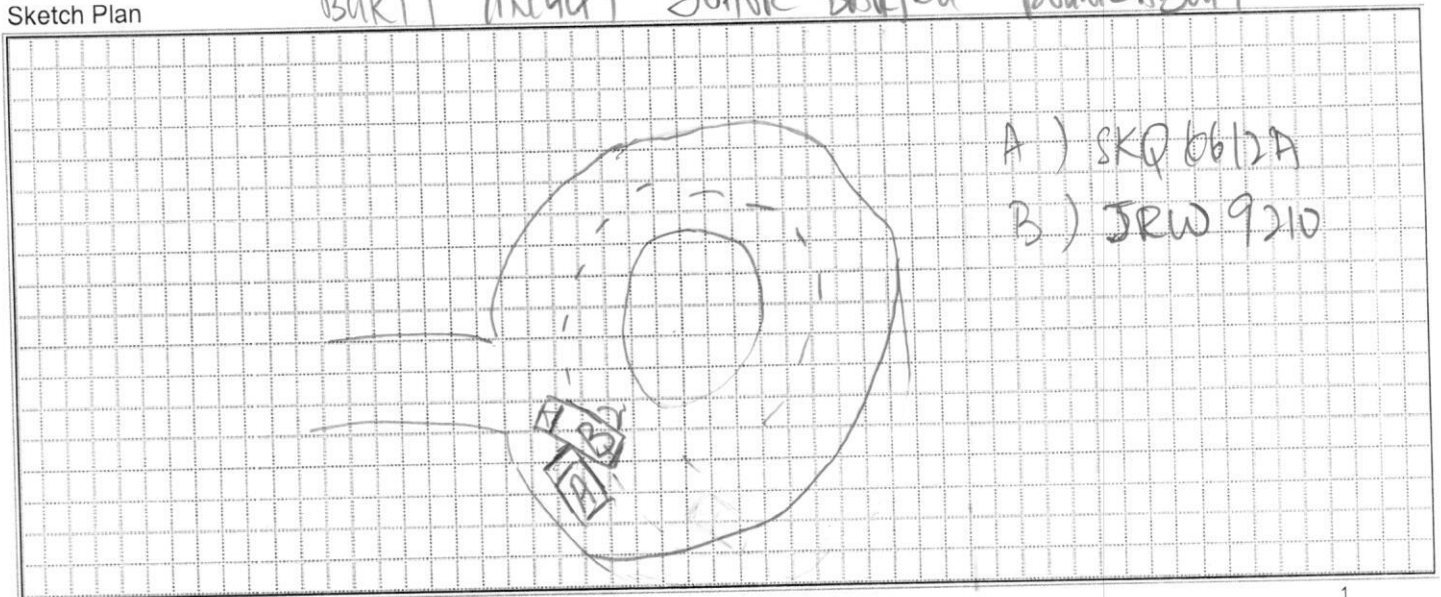
Policyholder's Signature / Date & Time
15:30

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

BUK17 TINGGI JORER BAKERU RUMONABU1



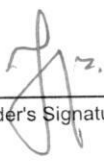
Describe Circumstance of the Accident

ON 17/01/2023 AT ABOUT 15:44 HRS I WAS DRIVING
MY CAR SKD 6612A FROM AEON BUKIT INDAH WANTED
TO GO TO THE DIRECTION. AT THE TIME OF ACCIDENT I
WAS AT THE LEFT LANE OF THE BUKIT INDAH ROUND
ABOUT AND I SAW A CAR JRW 910 WAS ON MY
RIGHT. SUDDENLY CHANGE LANE TO EXIT TO THE LEFT
LANE & BRUSH AGAINST MY CAR. AT THE POINT OF
TIME NO ONE WAS INJURED, MY CAR DAMAGE WAS
FROM RIGHT SIDE BUMPER, FENDER, MUD GUARD, HEAD LIGHT
ARM RIM TYRE & OTHERS. I AM MAKING
A REPORT TO CLAIM AGAINST THE OTHER PARTY.

Declaration

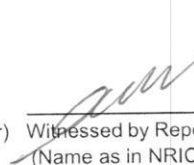
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 18/01/2023
15:30

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

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

 18/01/2023



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK ISKANDAR PUTERI Pegawai Penyiasat : R147106
Daerah : ISKANDAR PUTERI
Kontinjen : JOHOR
No. Repot : TRAFIK IPUTERI/000790/23
Tarikh : 17/01/2023
Waktu : 1807 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot :

Nama : AG KHAIRI AKMAL BIN AG AYUB No. Badan : R211318 Pangkat : L/KPL

Butir-butir Jurubahasa (Jika Ada) :

Nama : --- No. K/P (Baru) : --- No. Polis/Tentera : ---
No. Pasport : --- Bahasa Asal : ---
Alamat : ---

Butir-butir Pengadu :

Nama : CHEN XUEYI
No. K/P (Baru) : --- No. Polis/Tentera : --- No. Pasport : K1769436H
No. Sijil Beranak : --- Jantina : Perempuan Tarikh Lahir : 17/01/1988
Umur : 35 Tahun 0 Bulan Keturunan : Cina Warganegara : SINGAPORE
Pekerjaan : FINANCIAL CONSULTANT
Alamat Tinggal : 40, JALAN RUMAH TINGGI, #11276, 151040 SINGAPORE
Alamat IbuBapa : ---
Alamat Pejabat : ---
No. Tel (Rumah) : --- No. Tel (Pejabat) : --- No. Tel (Bimbit) : 6598763918
Emel : ---

Pengadu Menyatakan :

PADA 17/01/2023 JAM LEBIH KURANG 1544 HRS, SAYA MEMANDU MOTOKAR NOMBOR SKQ6612A DARI AEON BUKIT INDAH HENDAK MENUJU KE TUAS. PADA KETIKA ITU, SAYA MELALUI LORONG KIRI BULATAN BUKIT INDAH. PADA MASA YANG SAMA, DIDAPATI SEBUAH MPV NOMBOR JRW9210 YANG BERADA DI LORONG KANAN TELAH MENGUBAH HALUAN LALU MELANGGAR KENDERAAN SAYA. DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI APA-APA KECEDERAAN. KEROSAKAN MOTOKAR SAYA IALAH PADA BAHAGIAN HADAPAN SEBELAH KANAN IAITU BUMPER, FENDER, MUD GUARD, SET LAMPU, ARM RIM TAYAR, DAN LAIN-LAIN KEROSAKAN BELUM DIKENALPASTI. SEKIAN REPOT SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R211318 | 17/01/2023 06:16:46 PM

ACCIDENT STATEMENT

ACCIDENT DATE: (17/01/2023) (DD/MM/YYYY), TIME: (15:44) (HH:MM)

LOCATION: BUCIT INDAH, JOHOR BAHRU ROUNDABOUT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKQ6612A
 b) INSURANCE COMPANY: SOMPO
 c) POLICY NUMBER: D22MTPV01020175
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MERCEDES BENZ E300
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE / 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: CHEE XUEYI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8871614J CONTACT: 98763918
 c) ADDRESS: 40 JALAN PUNAH TINGGI #11-276
SINGAPORE 151040

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: ISLANDAR PUTERI

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JRW 9210 MODEL: NISSAN ADVANTER
 b) DRIVER'S NAME: EDISON LIEN ZHI JUN
 c) NRIC/FIN/PASSPORT: 030723130253 CONTACT: +601164065390

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JRW 9210 MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: xueyi.cheyne@gmail.com

VIDEO: yes - whatsapp

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. : D22MTPV01020175
Insured : CHEN XUEYI
Vehicle Registration No. : SKQ6612A
Coverage : COMPREHENSIVE - EXCELDRIIVE FOCUS
Policy Commencement Date : 18 DECEMBER 2022 00:00
Policy Expiry Date : 17 DECEMBER 2023 23:59
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS
Hire Purchase Owner : MAYBANK
Excess* : S\$600 - 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.

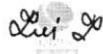
Accident Reporting

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 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 : 30 NOVEMBER 2022 11:06

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 : FINEXIS ADVISORY PTE LTD / 11F02709 CI Code: 22A JHDBZM2R2JYBKSAN

Vehicle Registration Details

Vehicle No. SKQ6612A	Make/ Model MERCEDES BENZ/E200 SEDAN (R18 LED SR)	Vehicle Scheme -
Current Propellant Petrol	Chassis No. WDD2120342B042486	Vehicle Type Passenger Motor Car

Owner's Details

Owner Name:

CHEN XUEYI

Owner ID Type:

Singapore NRIC

NRIC/Passport/Company Cert No.:

58871614J

Registered Address

**APT BLK 40 JALAN RUMAH TINGGI #11-276
SINGAPORE 151040**

Mailing Address:

-

Birth Date

17 Jan 1988

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

18 Dec 2014

Original Registration Date:

18 Dec 2014

Registration Date:

18 Dec 2014

No. of Transfers:

0

IU Label No.:

1125555756

Vehicle Specifications

Engine No.:

27492030207176

Chassis No.:

WDD2120342B042486

Year of Manufacture:

Primary Colour:

2014

Please don't reply to this email, as we are unable to respond from this email address. If you need support, visit the Google Play Help Centre.

Secondary Colour:

Silver

Passenger Capacity:

4

Engine Capacity / Power Rating:

1991 cc / -

Maximum Power Output:

135.0 kW (181 bhp)

Max Unladen Weight:

1655 kg

Maximum Laden Weight:

2210 kg

Vehicle Attachment 1:

With Sun Roof

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$47,527.00

Additional Registration Fee Rate:

First \$20,000.00 (100%), next \$27,527.00 (140%)

Actual ARF Paid:

\$53,538.00

Vehicle Lifespan Expiry Date:

No Lifespan

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$72,180.00

COE No.:

2014110103000088G

COE Expiry Date:

17 Dec 2024

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Registration Category:

B - Car above 1600cc or 97kW (130bhp)

Quota Premium (QP) / Prevailing Quota Premium:

\$72,180.00 / -

Actual QP Paid

\$72,180.00

QP (Regn Cat):

\$72,180.00

PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date: