

NATIONAL Assessment Centre Services (incl. 1 Jan 2023) **5449281-K0000**

Date In: **20/01/2023 16:30** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **KLB8887002300070914** E-mail (within 24hrs, AIC 2hrs)

Veh No: **8KWO 6925R** I-Motor Claim Form

D.O.A: **20/01/2023 13:30** I-Motor W/O (Within: OD 2hrs, 24 hrs)

00 (79) / Reporting Only I-Photo Uploaded

TP Insurer: Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Veh:sp

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

TP Particulars: Veh No: **8CWO 3696R** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: Time:

Insured/Driver Liability: () % (Note: Bst Status (WO): N: 0-20%, P: 21-79%, P: 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 repair.

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

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

Remarks: (INC Hotline: 07883 0010)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date / Time / Action:

1/A230022

Invoice Preparation Checklist

Item	Amount	INC	Non-INC
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)		INC (\$50)	
3) TP: Towing Fee	\$80/\$40		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$50		
6) TR: Re-Survey	\$70		
7) NI: New DA, P, S, M, T Survey	\$140		
8) NTUC Additional Services			
SP:			
*NI: Courtesy Car / Tot Allowance	\$5		
*NI: Repair Coordination	\$10		
*NI: Post Repair Inspection	\$5		
*NI: DV / Collect Excess Coordination	\$5		
*NI: (NI): TP (Non-INC) against INC	\$10		
*NI: Mobile			
Invoice dated			
Invoice valid			
Fee Charged			
Fee Charged			

Checked by (Engr-In-Charge):

Signature:

1/2/3

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	20/01/2023 16:35 (SGT)
Reported by	Driver
Date of Accident	20/01/2023 13:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW6925R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TRACY NG LAY PENG
NRIC No	SXXXX494D
Email Address	med80024@gmail.com
Mobile Phone No	(Phone) +65-91859950
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1797

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01017057

DRIVER

Name of Driver	LOKE CHOK LOON (LU ZUOLUN)
NRIC No	SXXXX603G
Date Of Birth	04/09/1977
Occupation	Indoor

Date Of Driving Pass	20/10/1998
Driving experience	24 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90170190
Alt. Phone Number	-
Email Address	med80024@gmail.com
Address	12 CASHEW ROAD #05-11
Address complement	-
Postcode	679693
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 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	SCW3696R
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE SONG HAN
NRIC No	SXXXX329H

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:

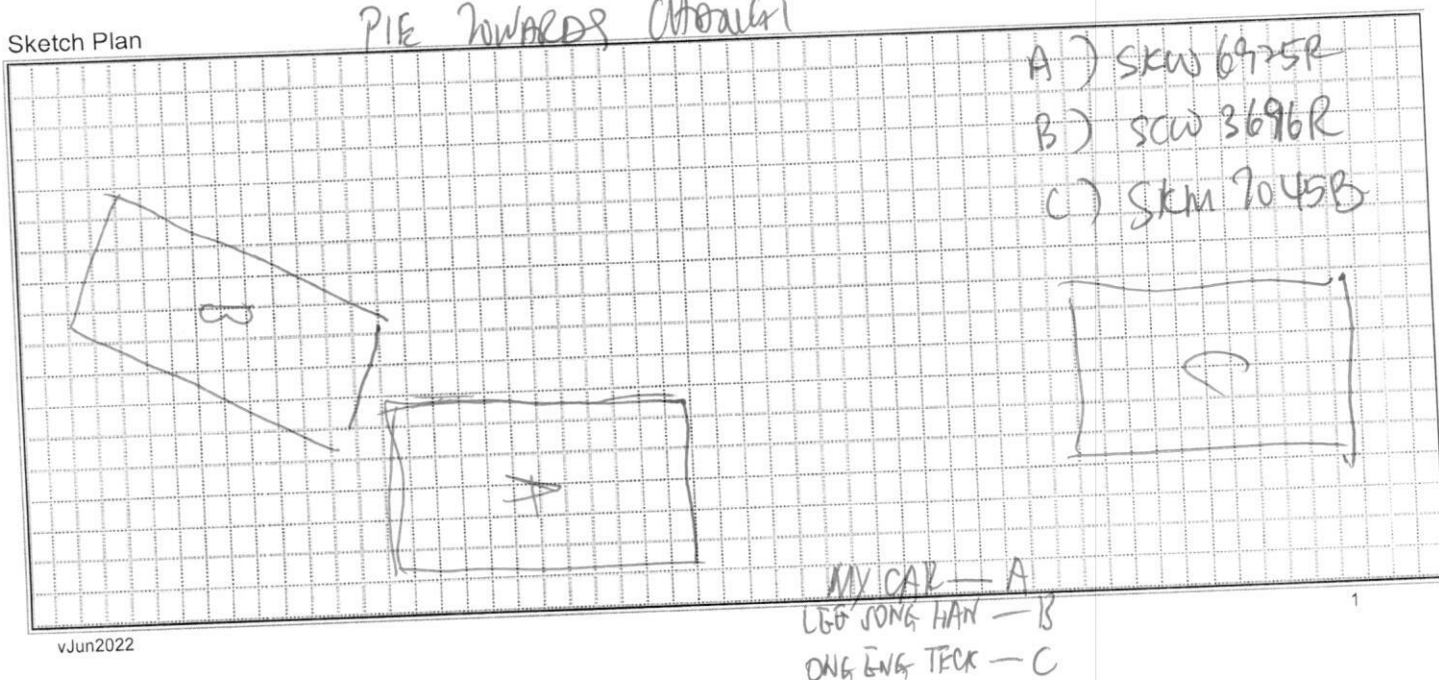
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

Waiting to change lane on lane 1 along PIE ground 1330 hours today and was stationary when my car was hit from the rear by car B.


According to the other parties involved, car C was stationary to wait for my car to turn into his lane when his car (car C) was hit from the rear by car B. Car B then hit the rear of my car (car A)

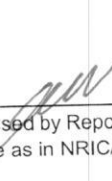
Road condition was slightly wet with light drizzle at time of accident

Declaration

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

 Policyholder's Signature / Date & Time

 20/07/2023 15:25 hours
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 20/07/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 01 / 2023) (DD/MM/YYYY), TIME: (13 : 20) (HH:MM)

LOCATION: PTE towards Cheni

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: JKW 6925R
 b) INSURANCE COMPANY: OMPD
 c) POLICY NUMBER: D22MTPV01014057
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA WIL
 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: NG EAY PENG TRACK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: J1024940 CONTACT: 9855880
 c) ADDRESS: 12 CANTON ROAD, 08-11, J635682

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LOIC CHOK WOO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: J7724026 CONTACT: 50170190
 c) ADDRESS: 12 CANTON ROAD, 08-11, J635682

* d) DATE OF BIRTH: (04 / 04 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/10/1998

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

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

- a) VEHICLE NUMBER: JKW 26962 MODEL: TOYOTA
 b) DRIVER'S NAME: LEE JONG HAN
 c) NRIC/FIN/PASSPORT: J86173254 CONTACT: 98250522

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JKM 70558 MODEL: TOYOTA AUTO
 b) DRIVER'S NAME: ONG ENG TEEK
 c) NRIC/FIN/PASSPORT: J68147750 CONTACT: 9752 5765

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 (2)

email: med80024@gmail.com

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. : D22MTPV01017057
Insured : TRACY NG LAY PENG
Motor Vehicle (Registration No.): SKW6925R
Coverage : Comprehensive - ExcelDrive GOLD
Policy Commencement Date : 11 NOVEMBER 2022 00:00
Policy Expiry Date : 10 NOVEMBER 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 : 07 OCTOBER 2022 10:33

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 : 11104805 & I-N-S MANAGEMENT CI Code: 22A LLLDHHW2KBMDMQNA

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SNE09231K0000 Vehicle Registration No: SKW 690R

Name (as shown in NRIC): LOKE CHOK LOON NRIC/FIN/Passport No: 8XXXX4940

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 90170190

Email Address: _____

Date of Accident: 20/01/2023 Time of Accident: 13:30

Place of Accident: PUE TOWNSHIP CHURCH

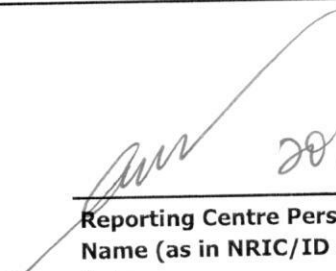
Insurance Company: Singapore

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TP NAME TO LEE SUEI HAN

Policyholder / Actual Driver's Signature
Date:

 20/01/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: