

NATIONAL Assessment Centre Services (M11 12002) **SM0928280002**

Date In: 03/07/2023 12:00	Job description	Date & Time Completed	Done by
Ref No: N/A/SM023001/28/	SAS e-filing		
Veh No: SV 830	E-mail (within 3hrs, A/C this)		
D.O.A: 07/07/2023 18:55	I-Motor Claim Form		
QC TP Reporting Only	I-Motor W/O (within 3hrs, A/C this)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax/Hand to Owner/Whse		

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

TP Particulars: Yeh No: **SM2 2799A** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Est. Status (WO): N: 0-30%, P: 21-72%, 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 repair.

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

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

Remarks: () (INC Toll-free: 0788 0016)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time	Actions	Done by

N/A/2300351

Invoice Preparation Checklist	Amount	Task
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100) INC (\$55)		
3) TP: Towing Fee (\$20/\$40)		
4) PF: Follow-Through Survey (\$130)		
5) PF: Follow-Through Survey (Resurvey) (\$30)		
Expiry date: 31/03/2024		
6) TR: Re-inspection (\$75)		
7) NI: New DA & SMRT Survey (\$140)		
8) NTUC Additional Services:		
QD:		
*NI: Courtesy Car / Tot Allowance	\$5	
*NI: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$15	
*NI: DV / Collect Excess Coordination	\$1	
*TP (NI): TP (NI) INC / Invoice INC	\$10	
*TP (NI): TP (NI) Invoice	\$10	
Invoice Total		Fee Charged

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

Comments: ()

V.L. ()

12/5

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	03/02/2023 12:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/02/2023 18:55 (SGT)
Exact Location of Accident	Duneam Rd, Singapore
Additional Location Information	BEFORE SWISS COTTAGE ESTATE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SV83U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEW EU MIN
NRIC No	SXXXX912F
Email Address	eumin123@yahoo.com
Mobile Phone No	(Phone) +65-81836288
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2487

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01004290

DRIVER

Name of Driver	YEW EU MIN
NRIC No	SXXXX912F
Date Of Birth	07/04/1975
Occupation	Indoor

Date Of Driving Pass	22/01/2000
Driving experience	23 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81836288
Alt. Phone Number	-
Email Address	eumin123@yahoo.com
Address	14B KISMIS PLACE
Address complement	-
Postcode	597176
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	-

PASSENGER 1

Name	CARA YEW
Gender	Female

PASSENGER 2

Name	JOVENE TAN
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMZ2799A
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOW BOON HOCK
Contact Number	(Phone) +65-92351656
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEW EU MIN
Gender	Male
Phone No	(Phone) +65-81836288
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SV83U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CARA YEW
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SV83U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	JOVENE YEW
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SV83U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Authorised 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. The 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.

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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

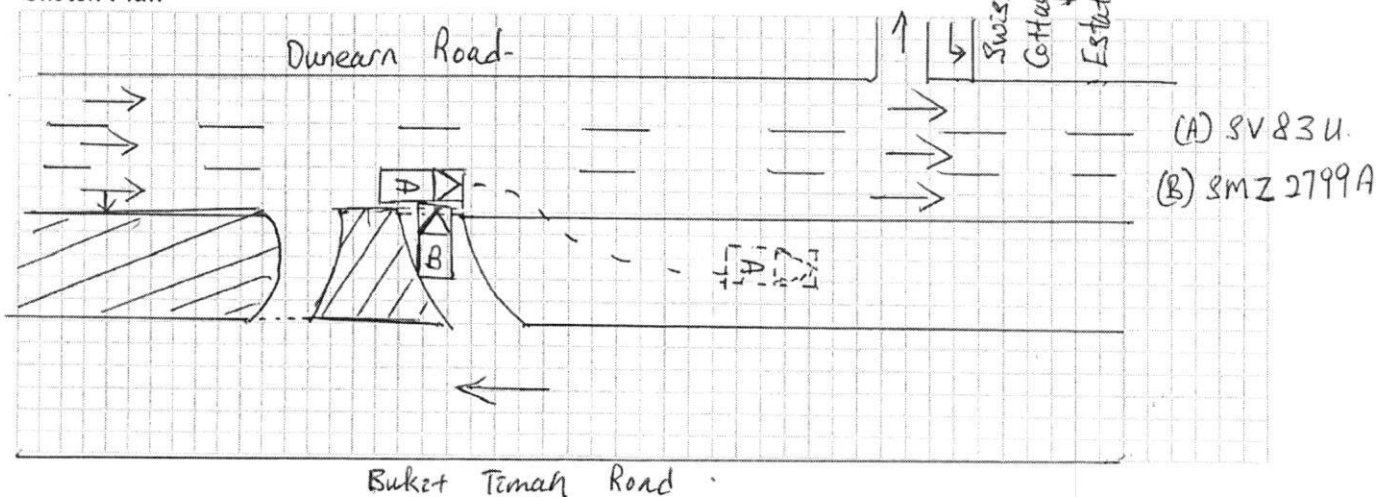
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

 03/08/2023
Witnessed by Reporting Centre Personnel

Sketch Plan



Date of Accident : 02/02/23 Accident Time: 1855 (24-HR-Format)
 Accident Place : Dunearn Road before Swiss Cottage Estate.
 Vehicle. No. (Car Plate No.) : SV 83 U Make/Model: Toyota Camry
 Insurance Company : Pampo Policy No: D22MTPV01004290
 Owner or Company Name / IC No. : YEW EU MIN / 87509912F
 Owner or Company Contact No. : - Owner's Hp 8183 6288 Company Tel
 DRIVER'S Name / IC No. : YEW EU MIN / 87509912F
 DRIVER'S Date Of Birth : 01/04/1975 DRIVER'S License Pass Date 22/01/2000
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : 14 B Kismis Place Singapore 598176
 DRIVER'S Contact No./ Alt No. : 1) 8183 6288 2) _____
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
 Email Address : eumin123@yahoo.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 03
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle. No: <u>SMZ 2799 A</u>	Vehicle. No: _____
Vehicle Make\Model: <u>Toyota Prius</u>	Vehicle Make\Model: _____
Name Driver: <u>Low Boon Hock</u>	Name Driver: _____
IC No. Driver/Contact: <u>9235 1656</u>	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

- ①. Cara YEW (FF)
- ②. Jovene Tan (CF)

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. : D22MTPV01004290
Insured : YEW EU MIN (YU YOUMING)
Motor Vehicle (Registration No.) : SV83U
Coverage : Comprehensive - ExcelDrive PRESTIGE
Policy Commencement Date : 26 MAY 2022 00:00
Policy Expiry Date : 25 MAY 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 : 04 MARCH 2022 22:03

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 : 11Y07404 & YEW LU MEI JACULIN CI Code: 22A JFHPDZD4JL2BMH6A

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	912F
Vehicle Details	
Vehicle No.:	SV83U
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Mar 2023
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY 2.5 AUTO
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	2ARU355981
Chassis No.:	MR053AK5004011836
Maximum Power Output:	133.0 kW (178 bhp)
Open Market Value:	\$29,570.00
Original Registration Date:	26 May 2017
First Registration Date:	26 May 2017
Transfer Count:	1
Actual ARF Paid:	\$33,398.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 May 2027
PARF Rebate Amount:	\$23,378.00
Intended COE Rebate Details	
COE Expiry Date:	25 May 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$55,414.00
COE Rebate Amount:	\$23,297.00
Total Rebate Amount:	\$46,675.00

The information contained herein is correct as at 03 Feb 2023

OK