

**NATIONAL Assessment Centre Services** (part 1 of 2) **SL0928200005**

Date In: <b>12/08/2023 11:02</b>	Job description: <b>SAS e-tiling</b>	Date & Time Completed:	Done by:
Ref No: <b>NBA/8MO200/4914</b>	E-mail (within 2hrs, A/C 2hrs)		
Veh No: <b>SDX 8662D</b>	1-Motor Claim Form		
D.O.A: <b>12/08/2023 13:45</b>	1-Motor W/O (within 2hrs, A/C 2hrs)		
QC: TP: Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: ( ) Veh No: **SCF 5487D** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

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

Insured/Driver Liability: ( ) % (Note: Not Status (WO): 10-0-30%, P: 21-79%, P: 30-140%)

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: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date: ( )

Location: ( )

Time: ( )

Weather: ( )

Other: ( )

**NA2300432**

Invoice/Preparation Checklist	Amount	Amount
1) AR: Accident Reporting (\$300)		
2) DA: Damage Assessment (\$1000)	INC (\$50)	
3) TP: Towing Fee (\$10/540)		
4) PT: Follow-Through Survey (\$110)		
5) PT: Follow-Through Survey (Resurvey) (\$30)		
Total: \$1140		
6) TR: Repairs (\$30)		
7) NI: New DA, P, G, H, T Survey (\$140)		
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## 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	13/02/2023 11:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/02/2023 13:45 (SGT)
Exact Location of Accident	Commonwealth Ave W, Singapore
Additional Location Information	JUNCTION WITH CLEMENTI AVENUE 2 TOWARDS BOON LAY WAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU8662D
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FONG KUM THONG
NRIC No	SXXXX348D
Email Address	ktfong88@hotmail.com
Mobile Phone No	(Phone) +65-97410062
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01019243

#### DRIVER

Name of Driver	FONG KUM THONG
NRIC No	SXXXX348D
Date Of Birth	18/10/1951

Occupation .....	Indoor
Date Of Driving Pass .....	22/04/1974
Driving experience .....	48 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97410062
Alt. Phone Number .....	-
Email Address .....	ktfong88@hotmail.com
Address .....	BLK 363 CLEMENTI AVENUE 2 #10-435
Address complement .....	-
Postcode .....	120363
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 - Head to Rear
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) .....	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 .....	SCF5487D
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

**IMPORTANT NOTICE**

- I understand, acknowledge, agree and consent that:

(collectively the “Purposes”)

(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.


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

[illegible]

Describe Circumstance of the Accident

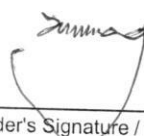
On 12.12.2023 (Sunday) around 1.45pm, I stopped my vehicle before the traffic light at Commonwealth West (toward Boon Lay direction) / Clements Av 2 waited for the traffic light turn green, unintentional my vehicle rolling ahead and hit (touched) the front vehicle (SCF 5487D) back (rear) bumper; Both driver (SCF 5487D) and me went out the car to investigate and found no damages on her rear bumper and my car; She was then drove off.

I lodge this minor (light) incident report just for purpose of records.

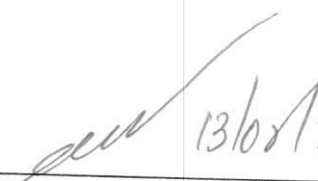
 Fong Kum Thong  
S0136348D

Declaration

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

 12.12.2023  
1045 hrs  
Policyholder's Signature / Date & Time

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

 13/01/2024  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 2 / 2023) (DD/MM/YYYY), TIME: (13.45) (HH:MM)  
 LOCATION: Junction at Commonwealth Ave West / Clementi Ave 2 toward Boon Lay Way (Clementi Mall)

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SDU 8662 D  
 b) INSURANCE COMPANY: SOMPO Insurance S.p.A. Ltd  
 c) POLICY NUMBER: D22MTPV 01619243  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Hyundai AVANTE  
 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: FONG KUM THONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S0136348D CONTACT: 9741 0062  
 c) ADDRESS: Clementi Ave 2 #10-435, BIK 363 (120363)

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

No of passenger  
 (including driver)  
 (ONE)

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

d) DATE OF BIRTH: (18 / 10 / 1957) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) - Retiree

f) DATE OF DRIVING PASS 1974

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: NA

## 8. THIRD PARTY VEHICLE

No of passenger  
 (including driver)

a) VEHICLE NUMBER: SCF 5487 D MODEL: NISSAN

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: =

VINAD

**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. : D22MTPV01019243  
Insured : FONG KUM THONG  
Motor Vehicle (Registration No.) : SDU8662D  
Coverage : Comprehensive - ExcelDrive GOLD  
Policy Commencement Date : 16 DECEMBER 2022 00:00  
Policy Expiry Date : 15 DECEMBER 2023 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$500 - 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**

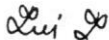
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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](http://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 : 11 NOVEMBER 2022 16:42

**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 : 11F02709 & FINEXIS ADVISORY PTE LTD CI Code: 22A 4FLDPLK2ITYYBHNA