

# NATIONAL Assessment Centre Services

SA09232Heedy

Date In: 17/01/2023 12:59	Job description	Date & Time Completed	Done by
Ref No: NBN SM023001789	SAS e-filing		
Veh No: SH 9707A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 16/02/2023 13:52	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (within 3hrs, A/C 2hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax: Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (	Tel:	Fax:
TP Particulars: Vch No: 3BN 98008	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel:	
Policy No: ( ) Period: ( ) Cover Type: ( )		
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( % ) (Note: Hst Status (WO): N: 0-30%, 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 repairer.

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

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

Remarks: ( ) INC 601880788:6016

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date	Turn	Action

NA030050Y	Invoice Preparation Checklist	Amount	Ass. BSM
1) AR: Accident Reporting (330)			
2) DA: Damage Assessment (3100)	INC (335)		
3) TF: Towing Fee	\$10/\$45		
4) PT: Follow-Through Survey	\$150		
5) FT: Follow-Through Survey (Repairer)	\$20		
6) TR: Rep/Expense	\$25		
7) NI: New DA, SMPT Survey	\$140		
8) NTUC Additional Services			
9) DM			
*NI: Courtesy Car / Tot Allowance	\$5		
*NI: Repair Coordination	\$15		
*NI: Post Repair Inspection	\$25		
*NI: DV / Collect Excess Coordination	\$5		
*TP (NI): TP (Non-INC) against INC	\$10		
*TP (NI) Move	10		
Invoice dated	Fee Charged		
Invoice total	Outstanding		

## 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	17/02/2023 12:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/02/2023 13:57 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE UPPER SERANGOON ROAD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH9707A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM LAI MENG JENNIFER
NRIC No	SXXXX149D
Email Address	jenllm@hotmail.com
Mobile Phone No	(Phone) +65-96639025
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1318

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01002063

#### DRIVER

Name of Driver	LIM LAI MENG JENNIFER
NRIC No	SXXXX149D
Date Of Birth	02/04/1975
Occupation	Indoor

Date Of Driving Pass .....	07/02/2001
Driving experience .....	22 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-96639025
Alt. Phone Number .....	-
Email Address .....	jenllm@hotmail.com
Address .....	100 ELIAS ROAD #04-67
Address complement .....	-
Postcode .....	519955
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
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) .....	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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230216/0092

#### 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 .....	SBN9800B
Vehicle Manufacturer .....	-
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR9782E
Vehicle Manufacturer	-
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHD6368J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LIM LAI MENG JENNIFER
Gender	Female
Phone No	(Phone) +65-96639025
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	WRIST, NECK, SHOULDER AND BACK PAIN
Injured person in which vehicle?	SJH9707A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that:

(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 &amp; Time

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

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

### Sketch Plan

Pls - Change BEFORE UPPER SHALLOON EXIT

VEH A = SJH9707A

VEH B = SBN9800B

VEH C = SLR9782E

VEH D = SHD6368J

The diagram shows a four-lane highway with dashed center lines and solid outer lines. Vehicles are represented by rectangles with a triangular front. Vehicle C is in the third lane from the left, vehicle B is in the second lane, and vehicles A and D are in the rightmost lane, with A in front of D. Arrows indicate the direction of travel for each lane: right for the leftmost lane, left for the second lane, right for the third lane, and left for the rightmost lane.

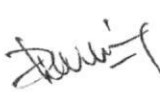


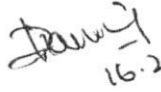
Describe Circumstance of the Accident

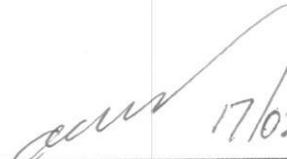
Please refer to Police Report : E/20230216/0092

Declaration

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

 16.2.2023  
Policyholder's Signature / Date & Time

 16.2.2023  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

 17/02/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# SINGAPORE POLICE FORCE



T/20230216/7071

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20230216/7071

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/02/2023 23:15		Vide Report No.: E/20230216/0092		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM LAI MENG JENNIFER			Address: 100 ELIAS ROAD #04-67 SINGAPORE 519955		
ID Type / ID No.: NRIC NO / S7509149D			Contact No.: Home/Office: Mobile: 96639025		
Nationality: SINGAPORE CITIZEN			Email: jenllm@hotmail.com		
Sex: Female	Age: 47	Date of Birth: 02/04/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Manager			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/02/2023 14:00	Type of Location:
Location:  KIM KEAT AVENUE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJH9707A	Car	HONDA	JAZZ 1.3 CVT	Blue		1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH9707A	TENET SOMPO INSURANCE PTE. LTD.	D22MTPV0100206 3	21/02/2022	20/02/2023



**SINGAPORE  
POLICE FORCE**



T/20230216/7071

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 4

Report No. T/20230216/7071

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM LAI MENG JENNIFER	ID No.	S7509149D
Related Vehicle	SJH9707A (Car)	Contact No.	96639025
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	01	Degree of	Serious

Brief Details.

On the stated date and time i vehicle SJH9707A was travelling straight along PIE towards Changi.

I was on the rightmost lane and as i was approaching the exit of Upper Serangoon Road the vehicle in front stopped and i gradually follow suit.

Suddenly i felt a great impact from behind and the impact propelled my vehicle forward and hit onto the vehicle in front of me.

The impact causes my right wrist to be sprained.

i alighted and realised that i was involved in a 4 vehicles chain collision. i am the second vehicle.

Order of the vehicles are as follows:

1. SHD6368J
2. SJH9707A
3. SBN9800B
4. SLR9782E

TP and ambulance came later and someone was conveyed to hospital.  
I was given a case card by TP, E/20230216/0092

After a while my right wrist starts to be painful.

I then proceeded to Farrer Park Hospital to seek treatment and i was given 1 day MC.

After reaching home in the evening i start to develop pain on my neck, shoulders and back areas.

I will be following up with a doctor tomorrow.





**SINGAPORE  
POLICE FORCE**



T/20230216/7071

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20230216/7071

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20230216/7071

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

Report No. T/20230216/7071

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
LEE GUANG HUI  
Contact No.: 65476423

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
16/02/2023 23:15

Classification Of Case:

Date of Accident : 16/02/2023 Accident Time: 1357 (24-HR-Format)  
Accident Place : PIE - CHANGI BEFORE UPPER SERANGOON EXIT  
Vehicle No. (Car Plate No.) : SJH 9707A Make/Model: HONDA JAZZ 1.3  
Insurance Company : SOMPO Policy No: D22MTPY01002063  
Owner or Company Name /IC No. : LIM LAI MENG JENNIFER 57509149D  
Owner or Company Contact No. : 9663 9025 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : \_\_\_\_\_  
DRIVER'S Date Of Birth : 02/04/1975 DRIVER'S License Pass Date 07/02/2001  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER  
DRIVER'S Address : 100 ELIAS ROAD #04-67 S519955  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : JENLLM@HOTMAIL.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): 01  
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): YES. WRIST, NECK, SHOULDER & BACK

**Other Party Driver's Particular (if any)**

(B)	(C)
Vehicle No: <u>SBH 9800B</u>	Vehicle No: <u>SLR 9782E</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

(D) SHD 6368J

\* NEW - Passenger's name & gender:

**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. : D22MTPV01002063  
Insured : LIM LAI MENG JENNIFER  
Motor Vehicle (Registration No.) : SJH9707A  
Coverage : Comprehensive - ExcelDrive GOLD  
Policy Commencement Date : 21 FEBRUARY 2022 00:00  
Policy Expiry Date : 20 FEBRUARY 2023 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$400 - 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 : 20 JANUARY 2022 10:20

**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 : 11P04308 & PROFESSIONAL INVESTMENT ADVISORY SERVICES PTE LTD CI Code: 22A F3KDHLB4P0RYBCYA