

NATIONAL Assessment Centre Services (part 1 of 2) **SMK 83006L**

Date In: 27/07/2023 13:19	Job description	Date & Time Completed	Done by
Ref No: NPA/8MO23002107A	SAS e-filing		
Vali No: StW 2498C	E-mail (withn 3hrs, A/C 2hrs)		
D.O.A: 24/07/2023 23:16	i-Motor Claim Form		
QC: TP: Repeating Only	i-Motor W/O (withn: 02 hrs, 07 mins)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Vali No: **SMK 83006L** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Hst Status (WO): 10-0-30%, F: 21-70%, P: 30-100%)

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: ()

Rentals: () (INC 10/11/12/13/14/15/16/17/18/19)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date Through: ()

Actions: ()

XIA2800593	Invoice/Preparation Charge/Job	Ass't
Insurer's Particulars:	1) ALT: Accident Paperwork (\$300)	0%
Owner/Owner:	2) DA: Damage Assessment (\$1000)	INC (\$56)
Contact No:	3) TP: Towing Fee (\$10/\$25)	
Assigned Portion: \$0.00	4) PE: Follow-Through Survey (\$150)	
	5) PT: Follow-Through Survey (Resurvey) (\$30)	
	6) TR: Rep/Smedsn (\$75)	
	7) NI: New DA, SMART Survey (\$100)	
	8) NTUC Additional Services	
Checked by (Engr-In-Charge):	GR:	
	*NI: Courtesy Car / Tot Allowance	\$51
	*NI: Repair Coordination	\$15
	*NI: Post Repair Inspection	\$34
	*NI: BY / Collect Excess Coordination	\$1
	*TP: BY / Collect Excess Coordination	\$15
	*TP: (N1): TP (Non-INC) against INC	\$20
	*TP: (N2): TP (Non-INC)	100
	Invoice Date	Fis Charged

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	27/02/2023 13:19 (SGT)
Reported by	Driver
Date of Accident	24/02/2023 23:16 (SGT)
Exact Location of Accident	Bras Basah Rd, Singapore
Additional Location Information	JUNCTION WITH BEACH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2498C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHIANG HOWE
NRIC No	SXXXX675J
Email Address	jasmine1gc@hotmail.com
Mobile Phone No	(Phone) +65-64239747
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Elgrand
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	2488

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPCVE001719

DRIVER

Name of Driver	LEE GUAN CHENG
NRIC No	SXXXX446I
Date Of Birth	23/04/1990
Occupation	Outdoor

Date Of Driving Pass	19/11/2012
Driving experience	10 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91281431
Alt. Phone Number	-
Email Address	jasminelgc@hotmail.com
Address	27 SIMON PLACE
Address complement	-
Postcode	545967
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER (FILE TOO BIG)

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK3306L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MAXIMILIAN CHNG SHI JIE

NRIC No	SXXXX600A
Contact Number	(Phone) +65-96280973
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

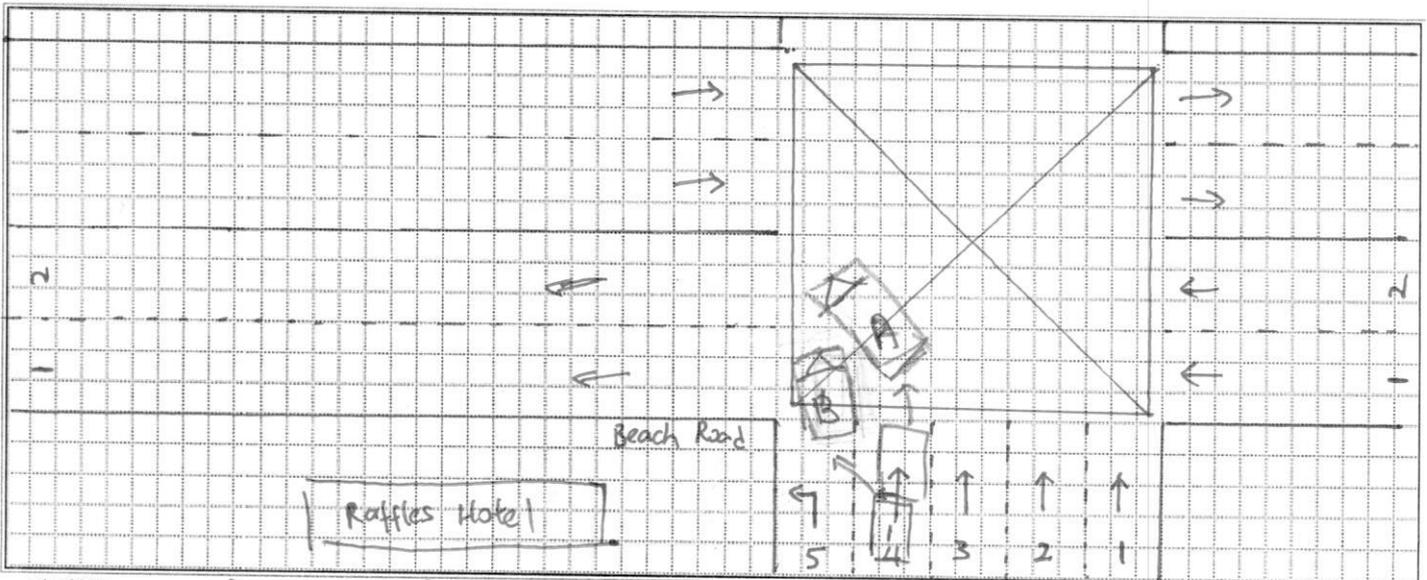
JA. 27/2 12:59

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

[Signature] 27/02/2023

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

Sketch Plan



vJun2022

A) SLV 2698C
B) SMK 3306L

Bras Basah Rd.

Describe Circumstance of the Accident

① Accident happened at junction of Bras ^{Basah} road and Beach Road.
Fifth lane (bus lane) → left turn only (other party car in this lane)
Forth lane → left turn and straight lane (I was turning left into Beach Road).

② Other party was behind me on Bras Basah Road before the traffic light. I signalled to turn left at the junction.

③ I initiated left turn into lane 2 of Beach Road after checking for pedestrians and ^{traffic} light was in my favor.

④ Midway through turn, there was a collision.

⑤ other party appeared to be going straight instead of turning left.

* From rear camera view, other party was behind me and ~~tried~~ ^{tried} to overtake on the left-most lane (lane 5).

* On Saturday 9.31 am, called insurance company and explained incident over phone.

* On Saturday 6.13 pm, received whatsapp message for offer of private settlement from other party.

Declaration

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



Policyholder's Signature / Date & Time

 27/2 12:59

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

 27/02/2023

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

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 2 / 2023) (DD/MM/YYYY), TIME: (11:16) (HH:MM)

LOCATION: Junction between Bras Basah Road and Beach Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLQ 2498 C
- b) INSURANCE COMPANY: Sompo
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Nissan Elgrand
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Working PRIVATE USE
- 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: Teo Chew Restaurant Hui Kee (1998) P L (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 199805183D CONTACT: 6423 9747
- c) ADDRESS: Lee Chana Houe S1600675 J

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (1)

- DRIVER
- a) NAME: Lee Guan Cheng (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S9013446 I CONTACT: 928 7421
- c) ADDRESS: 27 Simon PL S'pore S45967

d) DATE OF BIRTH: (23 / 04 / 1990) (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: _____

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

No of passenger (including driver) ()

- a) VEHICLE NUMBER: SMK 3306 L MODEL: _____
- b) DRIVER'S NAME: Maximilian Chng Shi Jie CONTACT: 99 9628 0973
- c) NRIC/FIN/PASSPORT: S8910600A

9. THIRD PARTY VEHICLE

No of passenger (including driver) ()

- a) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____ CONTACT: _____
- f) NRIC/FIN/PASSPORT: _____

email = 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. : D22MTPV01010169
Insured : LEE CHIANG HOWE
Motor Vehicle (Registration No.) : SLQ2498C
Coverage : Comprehensive - ExcelDrive PRESTIGE .
Policy Commencement Date : 30 JUNE 2022 00:00
Policy Expiry Date : 29 JUNE 2023 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$800 - 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 : 14 JUNE 2022 17:04

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 : 11W00902 & WILLY INSURANCE BROKERS PTE LTD CI Code: 22A D32DBB54PDD1LKZA