

NATIONAL Assessment Centre Services

Date In: 28/07/2023 10:38	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: X188/SMD28002477	E-mail (initials, first, last)		
Veh No: STAN 6101E	1-Motor Claim Form		
D.O.A: 27/02/2023 12:10	1-Motor W/O (w/late: 02 hrs, 20 mins)		
QC: (79) 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: Vch No: SCS 86614	INC () / Non-INC ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (93) (Note: Hst Status (WO): 10-0-20%, F: 21-70%, 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: N/A

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

Location: ()

Witness: ()

Police: ()

Insurance: ()

Other: ()

X/142300605	Invoice: Preparation Charge	
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$10/\$40	
4) PF: Follow-Through Survey	\$120	
5) PF: Follow-Through Survey (Emergency)	\$30	
6) TR: Re-inspection	\$75	
7) NI: NI/DA + SMRT Survey	\$140	
8) NTUC Additional Services		
9) QP		
10) NI: Courtesy Car / Tot Allowance	\$5	
11) NI: Repair Coordination	\$15	
12) NI: Post Repair Inspection	\$20	
13) NI: DV / Collision Excess Coordination	\$5	
14) TP (NI): TP (Non-INC) against INC	\$20	
15) NI: NI/DA	\$10	
16) NI: NI/DA		
17) NI: NI/DA		
18) NI: NI/DA		
19) NI: NI/DA		
20) NI: NI/DA		

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	28/02/2023 10:35 (SGT)
Reported by	Owner
Date of Accident	27/02/2023 12:10 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AFTER CLEMENTI ROAD BEFORE NUH HOSPITAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM6101E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.
Company Reg No	1XXXXX399N
Email Address	athens.tanly@gmail.com
Mobile Phone No	(Phone) +65-98525898
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01010875

DRIVER

Name of Driver	TAN CHAK YEE
NRIC No	SXXXX090A
Date Of Birth	25/03/1987
Occupation	Indoor

Date Of Driving Pass	28/08/2010
Driving experience	12 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98525898
Alt. Phone Number	-
Email Address	athens.tanly@gmail.com
Address	BLK 57 TEBAN GARDENS ROAD #25-471
Address complement	-
Postcode	600057
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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)	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	SLS8661Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	India International Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN CHAK YEE
Gender	Female
Phone No	(Phone) +65-98525898
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMM6101E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

- ## 8. Consent under the Personal Data Protection Act (PDPA)

(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.

① A SMM 6101 E

② B SLS 8661 Y

Describe Circumstances of the Accident

On 27.12.2023 at about 1210hrs, I was travelling along AYE After Clement Rd before Nuff. The traffic was on moderate move. Ahead of me, there's a vehicle slow down and stop. I follow suit. While waiting, all of a sudden I felt an impact from the rear. Then I realised a vehicle SLS 8661Y had collided onto my rear.

Declaration

We declare the foregoing particulars are true in every respect.

.....
MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

.....
Kelvin Chang (Mr)
Manager
Total Vehicle Solutions Department

Policyholder's Signature / Date & Time

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

.....
Witnessed by Reporting Centre Personnel

28/12/2023

Date of Accident : 27.02.23 Accident Time: 1210hrs (24-HR-Format)
 Accident Place : After Clementi Rd BA Nut Hospital
 Vehicle No. (Car Plate No.) : SMN6101E Make/Model: Honda Shuttle 1.56 CVT
 Insurance Company : Sompo Policy No: D22MTPV010075
 Owner or Company Name / IC No. : mitsubishi hc CAPITAL ASIA PACIFIC Pte Ltd (199400394 N)
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Tan Chak Yee (S8710090A)
 DRIVER'S Date Of Birth : 25.03.1987 DRIVER'S License Pass Date 28.08.2010
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Other
 DRIVER'S Address : 57 Urban Gardens Rd #25-471 (S600057)
 DRIVER'S Contact No. / Alt No. : 1) _____ 2) 98525898
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : athens.tanly@gmail.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): Driver only
 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

Other Party Driver's Particular (if any)

Vehicle No: <u>SLS 8661Y (III)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	399N
Vehicle Details	
Vehicle No.:	SMM6101E
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Apr 2023
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE 1.5G CVT
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	L15B6001354
Chassis No.:	GK82001083
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$19,498.00
Original Registration Date:	05 Jul 2019
First Registration Date:	05 Jul 2019
Transfer Count:	0
Actual ARF Paid:	\$9,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Jul 2029
PARF Rebate Amount:	\$7,123.00
Intended COE Rebate Details	
COE Expiry Date:	04 Jul 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$33,199.00
COE Rebate Amount:	\$20,711.00
Total Rebate Amount:	\$27,834.00

The information contained herein is correct as at 27 Feb 2023

OK