

NATIONAL Assessment Centre Services

(part 1 of 2)

SNW9.2339000

Date In: 09/03/2023 15:37

Ref No: N/A/SNW.23002504/Y

Veh No: CB 7167K

D.O.A: 09/03/2023 09:10

QC: TP: Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (with 3rd, A/C 2nd)

I-Motor Claim Form

I-Motor W/O (with: OD 2nd, 3rd, 4th)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Preferred Wksp / INC Assgn Wksp / QW: (

Tel:

Fax:

TP Particulars: Veh No: SUK6255

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

95)

(Note: Hst Status (WO): 10-0-30%, P: 21-70%, P: 90-100%)

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/SNW.23002504/Y

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

2) QC Check / Post Repair Inspection ()

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

Injury: (

Date: 09/03/2023

Time: 15:37

Location: (

Address: (

City: (

State: (

Zip: (

Country: (

Phone: (

Fax: (

Email: (

Website: (

Other: (

Notes: (

Comments: (

Signature: (

Date: (

Time: (

Location: (

Address: (

City: (

State: (

Zip: (

Country: (

Phone: (

Fax: (

Invoice Preparation Checklist

1) AR: Accident Passbook (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) IF: Towing Fee	\$10/\$45
4) PT: Follow-Through Survey	\$150
5) FT: Follow-Through Survey (Barony)	\$50
6) TR: Resurvey Fee	\$75
7) NI: NI/DA + SMIT Survey	\$140
8) NI/DA Additional Services	
9) NI/DA Additional Services	
10) NI/DA Additional Services	
11) NI/DA Additional Services	
12) NI/DA Additional Services	
13) NI/DA Additional Services	
14) NI/DA Additional Services	
15) NI/DA Additional Services	
16) NI/DA Additional Services	
17) NI/DA Additional Services	
18) NI/DA Additional Services	
19) NI/DA Additional Services	
20) NI/DA Additional Services	
21) NI/DA Additional Services	
22) NI/DA Additional Services	
23) NI/DA Additional Services	
24) NI/DA Additional Services	
25) NI/DA Additional Services	
26) NI/DA Additional Services	
27) NI/DA Additional Services	
28) NI/DA Additional Services	
29) NI/DA Additional Services	
30) NI/DA Additional Services	
31) NI/DA Additional Services	
32) NI/DA Additional Services	
33) NI/DA Additional Services	
34) NI/DA Additional Services	
35) NI/DA Additional Services	
36) NI/DA Additional Services	
37) NI/DA Additional Services	
38) NI/DA Additional Services	
39) NI/DA Additional Services	
40) NI/DA Additional Services	
41) NI/DA Additional Services	
42) NI/DA Additional Services	
43) NI/DA Additional Services	
44) NI/DA Additional Services	
45) NI/DA Additional Services	
46) NI/DA Additional Services	
47) NI/DA Additional Services	
48) NI/DA Additional Services	
49) NI/DA Additional Services	
50) NI/DA Additional Services	
51) NI/DA Additional Services	
52) NI/DA Additional Services	
53) NI/DA Additional Services	
54) NI/DA Additional Services	
55) NI/DA Additional Services	
56) NI/DA Additional Services	
57) NI/DA Additional Services	
58) NI/DA Additional Services	
59) NI/DA Additional Services	
60) NI/DA Additional Services	
61) NI/DA Additional Services	
62) NI/DA Additional Services	
63) NI/DA Additional Services	
64) NI/DA Additional Services	
65) NI/DA Additional Services	
66) NI/DA Additional Services	
67) NI/DA Additional Services	
68) NI/DA Additional Services	
69) NI/DA Additional Services	
70) NI/DA Additional Services	
71) NI/DA Additional Services	
72) NI/DA Additional Services	
73) NI/DA Additional Services	
74) NI/DA Additional Services	
75) NI/DA Additional Services	
76) NI/DA Additional Services	
77) NI/DA Additional Services	
78) NI/DA Additional Services	
79) NI/DA Additional Services	
80) NI/DA Additional Services	
81) NI/DA Additional Services	
82) NI/DA Additional Services	
83) NI/DA Additional Services	
84) NI/DA Additional Services	
85) NI/DA Additional Services	
86) NI/DA Additional Services	
87) NI/DA Additional Services	
88) NI/DA Additional Services	
89) NI/DA Additional Services	
90) NI/DA Additional Services	
91) NI/DA Additional Services	
92) NI/DA Additional Services	
93) NI/DA Additional Services	
94) NI/DA Additional Services	
95) NI/DA Additional Services	
96) NI/DA Additional Services	
97) NI/DA Additional Services	
98) NI/DA Additional Services	
99) NI/DA Additional Services	
100) NI/DA Additional Services	

Invoice Date

Fee Charged

Fee Received

NA2300703

Invoice: Preparation Checklist

Owner/Owner

Contact No:

Assigned Portion: 100%

Checked by (Engr-In-Charge):

Signature: (

Date: (

Time: (

Location: (

Address: (

City: (

State: (

Zip: (

Country: (

Phone: (

Fax: (

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	09/03/2023 15:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/03/2023 09:10 (SGT)
Exact Location of Accident	Tampines Ave 11, Singapore
Additional Location Information	TOWARDS TAMPINES NORTH DRIVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7167K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOW FONG MUI
NRIC No	SXXXX298H
Email Address	hobaoniap5671@gmail.com
Mobile Phone No	(Phone) +65-97000168
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6770J18
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	Bus
Transmission	Manual
CC	3759

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTSBU000098

DRIVER

Name of Driver	HO BAO NIAP
NRIC No	SXXXX671A
Date Of Birth	31/03/1954
Occupation	Outdoor

Date Of Driving Pass	23/02/1977
Driving experience	46 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97000168
Alt. Phone Number	-
Email Address	hobaoniap5671@gmail.com
Address	BLK 403 TAMPINES STREET 41 #04-83
Address complement	-
Postcode	520403
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 on 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	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	SLK6255S
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HO BAO NIAP
Gender	Male
Phone No	(Phone) +65-97000168
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	CB7167K
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 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 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.

11:24pm
09/mar/23
Low Jony Mui

Policyholder's Signature / Date & Time

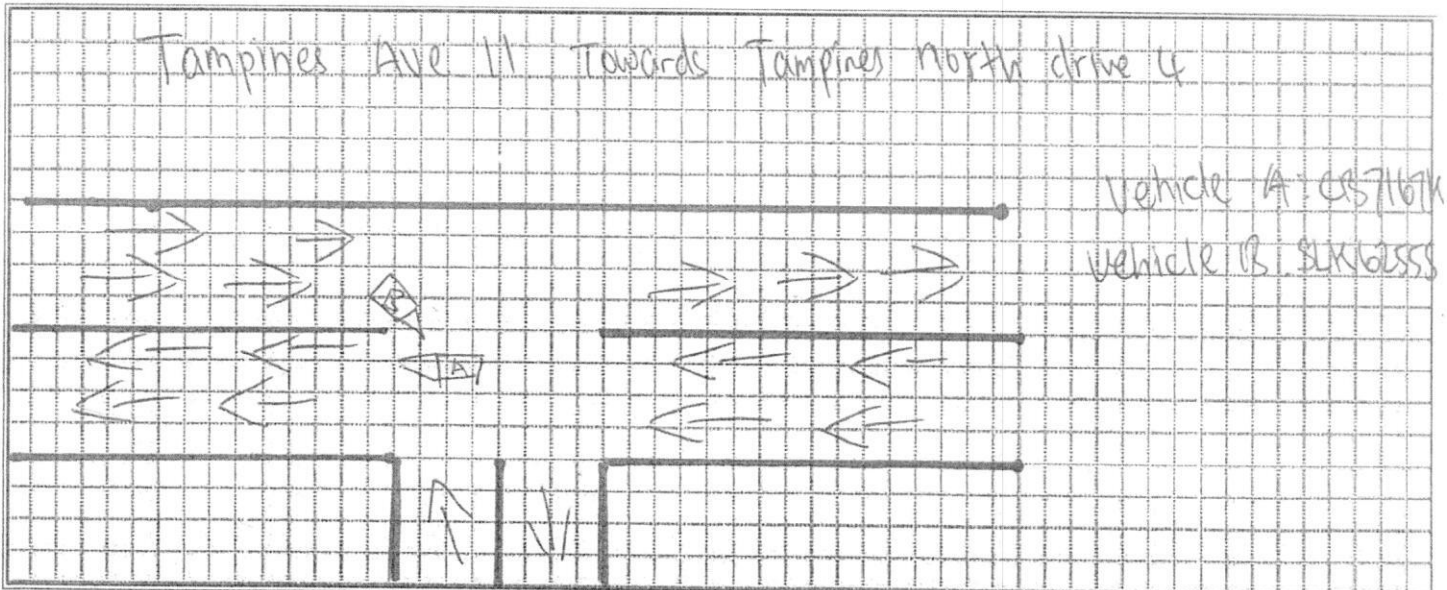
11:24pm
09/mar/23

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

09/03/2023

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

Sketch Plan



Describe Circumstance of the Accident

On the stated date & time, I was driving along Tampines Ave 11 towards tampines north drive 4. I was at the junction, as the green light is on, I begin to cross the green light when vehicle B turn right and bang me on my right side of my vehicle. my right side of the vehicle is badly damaged & we proceed to do thru claim. Even notice my water tank is leaking.

Declaration

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

11:24pm
09/mar/23

Low Jony Mui

Policyholder's Signature / Date & Time

11:24pm

09/mar/23

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

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

VEHICLE NO: CB7167K

MAKE & MODEL: Golden dragon XML6770J12 AUTO / MANUAL

DATE OF ACCIDENT	9 / mar / 2023	*C.C. 3759
TIME OF ACCIDENT	9:10 AM / PM	
LOCATION OF ACCIDENT	Tampines Ave 11 Junction towards Tampines north drive 4	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	LOW Fong Mui	
EMAIL	Hobaoniap5671@gmail.com	Office: MOBILE: 97000168
NRIC	S1674298H	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	SompO	
TYPE OF COVERAGE	Comprehensive / Third Party / <u>Third Party Fire & Theft</u>	
POLICY NO	D22MTSCBU000098	
NAME OF DRIVER	AS ABOVE / <u>END</u> HO BAO NIAP	
NRIC	S2005671A	
DATE OF BIRTH	31 / 03 / 1954	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	23 / feb / 1977	
GENDER	Male / Female	
CONTACT NO	Mobile: 97000168 Office: Home:	
EMAIL	Hobaoniap5671@gmail.com	
ADDRESS	Blk 403 Tampines Street 41	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / Yes : Reg No. SGN95208	INSURER:
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes: Who? Back pain	
CONVEYED BY AMBULANCE	<u>No</u> / If yes: Who?	
POLICE REPORT	No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	SLK6255S	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / NO	

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)

- Cert No./Policy No. : D22MTSCBU000098
1. Registration No. : CB7167K
2. Insured Name : LOW FONG MUI
3. Commencement Date : 11 JUNE 2022 00:00
4. Expiry Date : 10 JUNE 2023 23:59
5. Coverage : Market value at time of loss - Third Party, Fire & Theft
6. Excess : \$2000 - Section II
7. Persons or Classes of Persons entitled to drive*
b) Any person provided he is in the Insured's employ and is driving on their order or with their permission.

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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use*
a) Use only for the carriage of passengers or goods in connection with the Insured's business.
b) Use only in the Republic of Singapore.

The Policy does not cover

- 1) Use for racing, pacemaking, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

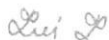
It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6226 3323

Visit www.sompo.com.sg for list of Accident Reporting Centers.

WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 07 JUNE 2022 11:43

*Limitation rendered inoperative by section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

IMPORTANT NOTICE

- Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
- Insureds are further warned that on the sale of a motor vehicle or if for any reason the insurance is terminated during its currency, they 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 (Cap. 189).
- The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy.