

NATIONAL Assessment Centre Services (not a dealer)		SA092330000A	
Date In: 12/03/2023 17:30	Job description	Date & Time Completed	Done by
Ref No: X168780023002607M	SAS e-Milling		
Veh No: SMTA 4703U	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 12/03/2023 09:00	1-Motor Clean Form		
OD: TP Reporting Only	1-Motor W/O (within 24hrs, A/C 2hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VLBA		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Vch No: GBS 2865Z 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: 21-72%, F: 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 repairer.

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

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

Remarks: ( ) (Note: Hst Status (WO): 10-0-30%, F: 21-72%, F: 30-140%)	Date & Time Completed	Done by
1) Apply to Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date of Incident: _____	Location: _____
Weather: _____	Time of Day: _____
Witnesses: _____	Police Report: _____
Other: _____	

NA2300736	Invoice Preparation Charge (\$15)	
1) A/R: Accident Processing (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$10/\$40	
4) PE: Follow-Through Survey	\$15	
5) PE: Follow-Through Survey (Emergency)	\$30	
6) TR: Re-inspection	\$75	
7) NI: Hst DA, + GERT Survey	\$140	
8) NTUC Additional Services:		
* NI: Courtesy Car / Test Allowance	\$5	
* NI: Repair Coordination	\$15	
* NI: Post Repair Inspection	\$30	
* NI: EV / Collect Excess Coordination	\$1	
* REPAIR TP (Non-INC) (values INC)	\$30	
* NI: Hst DA	\$10	
Checked by (Engr-In-Charge): _____	Invoice dated _____	Fee Charged _____
Customer's Comments: _____		
Signature: _____		

## 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	13/03/2023 17:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/03/2023 09:00 (SGT)
Exact Location of Accident	Yishun Ave 8, Singapore
Additional Location Information	T-JUNCTION WITH YISHUN AVENUE 9
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA4703U
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE TAI YUN
NRIC No	SXXXX981E
Email Address	ty_lee@live.com.sg
Mobile Phone No	(Phone) +65-96736984
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1318

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01008713

#### DRIVER

Name of Driver	LEE TAI YUN
NRIC No	SXXXX981E
Date Of Birth	03/02/1988
Occupation	Indoor

Date Of Driving Pass .....	16/06/2011
Driving experience .....	11 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96736984
Alt. Phone Number .....	-
Email Address .....	ty_lee@live.com.sg
Address .....	BLK 913 HOUGANG STREET 91 #09-36
Address complement .....	-
Postcode .....	530913
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 STATEMENT AND ATTACHMENT

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBG2365Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	RAVICHANDIRAN NAVEENKUMAR

Passport No/FIN .....	GXXXX638R
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## 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 Authorised 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. The 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.

#### **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.

x

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

- Refer to attached statement. -

**Describe Circumstances of the Accident**

Refer to attached statement. -

**Declaration**


We declare the foregoing particulars are true in every respect.

x



Policyholder's Signature / Date &  
Time

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

  
13/03/2023  
Witnessed by Reporting Centre  
Personnel

Accident Date: 12/03/2023

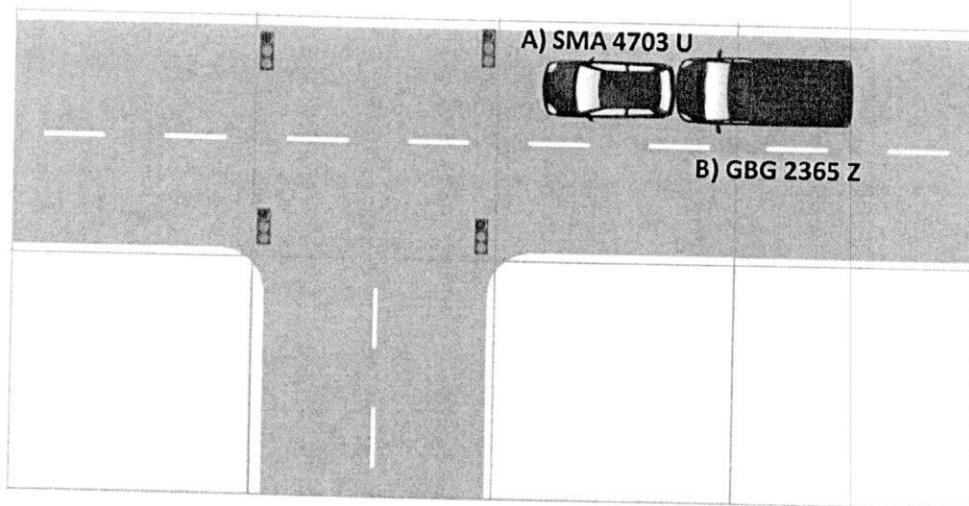
Accident Time: 9.00 AM


Location: T Junction between Yishun Avenue 8 and Yishun Avenue 9


Vehicle No. A) SMA 4703 U

B) GBG 2365 Z

At 12/03/2023, at around 9.00am, I was driving my vehicle A) SMA 4703 U and waiting for traffic light to turn green at Yishun T Junction between Yishun Avenue 8 and Yishun Avenue 9. I was the first vehicle. Suddenly I felt a great impact and I get off from my vehicle. I found that vehicle B) GBG 2365 Z collided my rear side of vehicle. Nobody was injured. I checked the driver contact and left the scene after that. I have CCTV as supporting.



  
Lee Tai Yun

  
13/03/2023

Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

## SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	12/03/2023	Time of Accident:	09:00 Hr
Exact Location:	T Junction between Yishun Ave 8 and Yishun Ave 9		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SMA 4703 U	NRIC / FIN / Passport no:	S8803981 E
Name of Registered Owner:	Lee Tai Yun		
Owner's Email:	ty-lee@live.com.sg		
Owner's Address:	Blk 913 Hougang Street 91 #09-36 Singapore 530913		
Vehicle Make:	Honda	Vehicle Model:	Jazz 1.3 CVT
Engine Capacity (cc):	1318 cc	Transmission:	Auto / Manual
Type of Claim:	Own Damage / <u>Third Party</u> / Reporting Only		
Vehicle Category:	<u>Private</u> / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	Sompo Insurance Singapore Pte Ltd		
Type of Policy:	<u>Comprehensive</u> / Third Party / Third Party, Fire & Theft		
Policy Number:	P22MTPV01008713		

DRIVER			
Name of Driver:	<input checked="" type="checkbox"/> same as owner		
NRIC / FIN / Passport no:	Same as above	Date of Birth:	03/02/1988
Occupation:	<u>Indoor</u> / Outdoor	Driving Pass Date:	16/06/2011
Contact Number:	9673 6984	Gender:	<u>Male</u> / Female
Address:	Same as above		
Relationship with Owner:	<u>Owner</u> / Employee / Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	


GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / <u>Front to Rear</u> / Others:		
Weather Condition:	<u>Clear</u> / Raining / Others:	Road Surface:	<u>Dry</u> / Wet
Video available:	<u>Yes</u> / No		
Was anybody injured?	Yes / <u>No</u>	Police Report Made?	Yes / <u>No</u>
No. of passenger onboard (including driver):	01		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	GBG 2365 Z		
Vehicle Make / Model:	-		
Name of Driver:	Ravichandiran Naveen Kumar		
NRIC / FIN / Passport no:	98947638 R		
Contact Number:	-		
Name of Insurance Co:	-		

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

  
Signature of Driver

\_\_\_\_\_  
Date and time

## Vehicle Registration Details

Vehicle No. <b>SMA4703U</b>	Make/ Model <b>HONDA/JAZZ 1.3 CVT</b>	Vehicle Scheme <b>-</b>
Current Propellant <b>Petrol</b>	Chassis No. <b>JHMGK3850JX223192</b>	Vehicle Type <b>Passenger Motor Car</b>

### Owner's Details

Owner Name:

LEE TAI YUN

Owner ID Type:

Singapore NRIC

NRIC/Passport/Company Cert No.:

S8803981E

Registered Address

APT BLK 913 HOUGANG STREET 91 #09-36  
SINGAPORE 530913

Mailing Address:

-

Birth Date

03 Feb 1988

### Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

08 Jun 2018

Original Registration Date:

08 Jun 2018

Registration Date:

08 Jun 2018

No. of Transfers:

0

IU Label No.:

1128481742

### Vehicle Specifications

Engine No.:

L13B11030848

Chassis No.:

JHMGK3850JX223192

Year of Manufacture:

2018

Primary Colour:

White

Secondary Colour

-

Passenger Capacity:

4

Engine Capacity / Power Rating:

1318 cc / -

Maximum Power Output:

73.0 kW ( 97 bhp )

Max Unladen Weight:

1052 kg

Maximum Laden Weight:

1490 kg

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

#### Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$15,668.00

Additional Registration Fee Rate:

First \$15,668.00 (100%)

Actual ARF Paid:

\$5,668.00

Vehicle Lifespan Expiry Date:

No Lifespan

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$38,510.00

COE No.:

2018050101002356K

COE Expiry Date:

07 Jun 2028

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Registration Category:

A - Car up to 1600cc & 97kW (130bhp)

Quota Premium (QP) / Prevailing Quota Premium :

\$38,510.00 / -

Actual QP Paid

\$38,510.00

QP (Regn Cat):

\$38,510.00

#### PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

07 Jun 2028

Minimum PARF Benefit:

## 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. : D22MTPV01008713  
Insured : LEE TAI YUN  
Motor Vehicle (Registration No.): SMA4703U  
Coverage : Comprehensive - ExcelDrive GOLD  
Policy Commencement Date : 08 JUNE 2022 00:00  
Policy Expiry Date : 07 JUNE 2023 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$400 - Section I  
Voluntary Excess\* : Buy Up : \$400 - Section I  
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

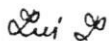
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 : 23 MAY 2022 12:19

### 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 J4NDZZJ42B01BVNA