

NATIONAL Assessment Centre Services (part 1 of 2) **210923SM000**

Date In: <b>22/09/2023 16:25</b>	Job Description	Date & Time Completed	Done by
Ref No: <b>NIA2300845</b>	SAS e-Mailing		
Veh No: <b>SME 1049T</b>	E-mail (within 24hrs, AIC 2hrs)		
D.O.A: <b>22/09/2023 08:28</b>	1-Motor Claim Form		
<input checked="" type="radio"/> TP - Reporting Only TP Insurer:	1-Motor W/O (within 24hrs, TP 1hour)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Visor		

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

TP Particulars: ( ) Veh No: **SUM 45165** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

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

Insured/Driver Liability: ( ) % (Note-List Status (WO): N: 0-30%, F: 21-70%, 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 info of repair.

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

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

Remarks: ( ) (INC: 10/11/12/13/14/15/16/17/18/19/20) Date of Comp: ( ) Done by ( )

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

Injury: ( )

Date of Injury: ( )

Location of Injury: ( )

Witness: ( )

Police Report: ( )

Medical Report: ( )

Other: ( )

NIA2300845 Checked by (Engr-In-Charge): Date of Completion:	Invoice Preparation Only (1hr)	
	1) AR: Accident Reporting (300)	
	2) DA: Damage Assessment (500) INC (55)	
	3) TP: Towing Fee \$10/\$25	
	4) PT: Follow-Through Survey \$135	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Resurveys \$75	
	7) NI: NI/DA + SMRT Survey \$140	
	8) NIUC Additional Services:	
	9) NIUC:	
	*NI: Courtesy Car / Tel Allowance \$5	
	*NI: Repair Coordination \$15	
	*NI: Post Repair Inspection \$15	
	*NI: DV / Collier Excess Coordination \$1	
	TP (N11): TP (Non-INC) against INC \$20	
	TP (N12): TP (Non-INC) against INC \$10	
	Accepted Date: ( ) Fee 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	22/03/2023 16:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/03/2023 08:29 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE EXIT 36 (JALAN BAHAR)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF1049T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUA MAN JING
NRIC No	SXXXX308F
Email Address	manjing.89@gmail.com
Mobile Phone No	(Phone) +65-91722515
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

## INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01017086

## DRIVER

Name of Driver	CHUA MAN JING
NRIC No	SXXXX308F
Date Of Birth	17/08/1989
Occupation	Outdoor

Date Of Driving Pass .....	26/01/2010
Driving experience .....	13 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91722515
Alt. Phone Number .....	-
Email Address .....	manjing.89@gmail.com
Address .....	BLK 202C SENGKANG EAST ROAD #05-62
Address complement .....	-
Postcode .....	543202
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 .....	3
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLM4516S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LOOI JUN
NRIC No .....	SXXXX863I

Contact Number .....	(Phone) +65-94246693
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMS8215R
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHUAN TIN WU
NRIC No .....	SXXXX596I
Contact Number .....	(Phone) +65-96554555
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

**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.

*C. [Signature]*  
22.03.2023

Policyholder's Signature / Date & Time

*C. [Signature]*  
22.03.2023

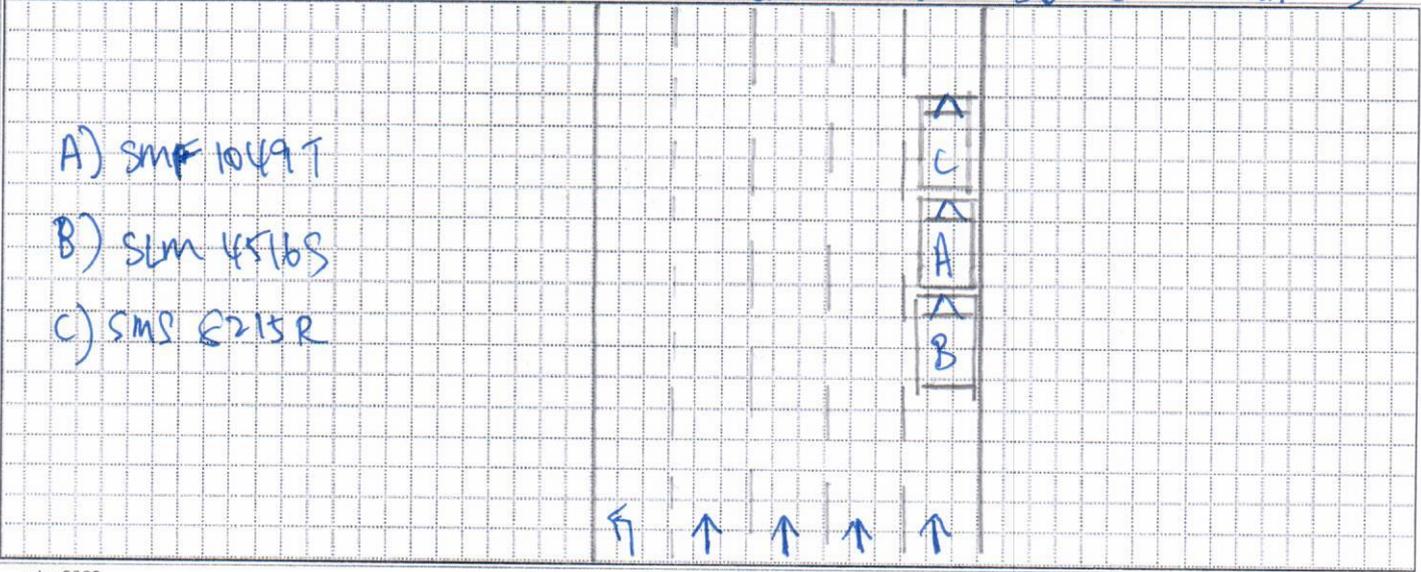
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*  
22/03/2023

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

Sketch Plan

*PIE TOWARDS MAS BEFORE EX17 86 (JALAN BAHAR)*



Describe Circumstance of the Accident

TRAFFIC JAM. FRONT CAR STOPPED. MY CAR STOPPED WITH DISTANCE. SLM4516S ~~RER~~ REAR END MY CAR (SMF1049T). MY CAR MOVED AND HIT SMS8215R SLIGHTLY AS A RESULT OF BEING REAR ENDED.

Declaration

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

  
22.03.2023

Policyholder's Signature / Date & Time

  
22.03.2023

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

  
22/03/2023

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 03 / 2023) (DD/MM/YYYY), TIME: (08 : 29) (HH:MM)

LOCATION: BEFORE PIE EXIT TOWARDS TUAS / AYE (ON # PIE) BEFORE EXIT 36

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP 1049T
- b) INSURANCE COMPANY: COMPO INSURANCE
- c) POLICY NUMBER: D22MTPV01017000
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: KIA CERATO
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: 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: CHUA MAN JING (MALE / FEMALE) 9772515
- b) NRIC/FIN/PASSPORT: S8928309F CONTACT: \_\_\_\_\_
- c) ADDRESS: BLK 202C, SENGKANG EAST RD, #05-62

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger  
(including driver)  
(1)

- DRIVER
- a) NAME: AS ABOVE (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (17 / 08 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12

- 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: \_\_\_\_\_

## PERPETRATOR

No of passenger  
(including driver)  
(2)

- 8. THIRD PARTY VEHICLE
- a) VEHICLE NUMBER: SLM 4516S MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: LOOI JUN
- c) NRIC/FIN/PASSPORT: S9012863I CONTACT: 9424 6693

- 9. THIRD PARTY VEHICLE
- a) VEHICLE NUMBER: SMS 8215R MODEL: BMW
- e) DRIVER'S NAME: CHUAN TIN HU
- f) NRIC/FIN/PASSPORT: S9772596I CONTACT: 9655 4555

VICTIM No of passenger  
(including driver)  
(2)

email = manjing.89@gmail.com  
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.** : D22MTPV01017086  
**Insured** : CHUA MAN JING  
**Motor Vehicle (Registration No.)** : SMF1049T  
**Coverage** : Comprehensive - ExcelDrive PRESTIGE  
**Policy Commencement Date** : 29 OCTOBER 2022 00:00  
**Policy Expiry Date** : 28 OCTOBER 2023 23:59  
**Maximum Liability (Section I)** : Market value at time of loss - Excl. COE  
**Excess\*** : \$500 - Section I  
**Voluntary Excess\*** : Buy Up : \$100 - 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.

!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 : 07 OCTOBER 2022 15:32

**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 : 11A14006 & ACCORD INSURANCE AGENCY CI Code: 22A LJJDHOO2KTMM1WPA

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SX109233M0009 Vehicle Registration No: SME 10497

Name (as shown in NRIC): CHUA MAN JIM NRIC/FIN/Passport No: SXXXXX30FF

(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 91722515

Email Address: \_\_\_\_\_

Date of Accident: 22/03/2023 Time of Accident: 08:29

Place of Accident: Pike towards MAS BEFORE EXIT 36 (JALAN BAHAR)

Insurance Company: \_\_\_\_\_

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

From T/P to o/p CLAIM

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Policyholder / Actual Driver's Signature  
Date:

[Signature]  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: 22/03/2023

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SME9233M0009 Vehicle Registration No: SMF 1049T  
 Name (as shown in NRIC): CHUA MAW JING NRIC/FIN/Passport No: SXXXXX308F  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 91722515  
 Email Address: \_\_\_\_\_  
 Date of Accident: 22/03/2023 Time of Accident: 08:29  
 Place of Accident: PIE TOWARDS JAWA BEFORE EXIT 36 (JAWA BAHAR)  
 Insurance Company: Sampo

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

INSURED WANTED TO CHANGE BACK TO THIRD PARTY CLAIM

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Actual Driver's Signature  
 Date:

[Signature] 22/03/2023  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date: