

# SME MOTOR PTE LTD

1 Kaki Bukit Ave 6, #02-15@ Kaki Bukit, Singapore 417883

TEL: 6747 6106 (6 lines) Fax: 6744 2368 Email: service@smemotor.com.sg

GST:201119451E RCB NO:201119451E

M/S : Somp Insurance Singapore Pte Ltd  
50 Raffles Place #03-03  
Singapore Land Towe  
Singapore 048623

TEL: FAX:  
ATTN: Motor Claim Department  
Your Ref No : 23/SP/OD-151 (03)  
Claim Type : OD CLAIM  
Accident Date : 21/03/2023

Claim No :  
No :  
Date : 22/03/2023  
Policy No : D22MTPV01008791  
Veh Reg No : SKT5575P  
Make / Model : Honda Mobilio  
Chasis No :  
Engine No :  
Reg. No :

## ESTIMATE FOR VEHICLE NO: SKT5575P

Discription	Quantity	List Price	Amount
<b>Cost Price</b>			S\$ S\$
1 FRT LH FENDER	1 PC	\$195.00	
2 FRT LH FENDER INNER COWLING	1 PC	\$75.00	
3 INNER COWLING CLIP	10PCS	\$20.00	
		\$290.00	
	Add 10%	\$29.00	\$319.00
<b>Labour</b>			
1 WIRE CHECKING			\$30.00
2 WHEEL ALIGNMENT			\$80.00
7 LABOUR CHARGE			\$450.00
8 SPRAY PAINTING (PEARL)			\$500.00
			<b>\$1,060.00</b>

Amount Before Excess	\$1,379.00
Less Excess	\$0.00
Amount Before GST	\$1,379.00
Add GST @8%	\$110.32
Total Amount Payable	<b>\$1,489.32</b>

For SME MOTOR PTE LTD



## 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	21/03/2023 16:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/03/2023 11:20 (SGT)
Exact Location of Accident	Tampines, Singapore
Additional Location Information	TAMPINES MARKET CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5575P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE HOCK CHUP
NRIC No	SXXXX750H
Email Address	slhc6666@yahoo.com.sg
Mobile Phone No	(Phone) +65-97685132
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Mobilio
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01008791

#### DRIVER

Name of Driver	LEE HOCK CHUP
NRIC No	SXXXX750H
Date Of Birth	14/01/1958
Occupation	Indoor



Date Of Driving Pass	14/07/2006
Driving experience	16 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97685132
Alt. Phone Number	-
Email Address	slhc6666@yahoo.com.sg
Address	67 JALAN TUA KONG #01-03
Address complement	-
Postcode	457263
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

I STOPPED MY VEHICLE A AT THE STOP LINE. I SIGNAL RIGHT. VEHICLE B REVERSED HIS CAR AND HIT THE FRONT LEFT SIDE OF MY CAR.

#### 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	SMH1174D
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	VEHICLE B
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

### IMPORTANT NOTICE

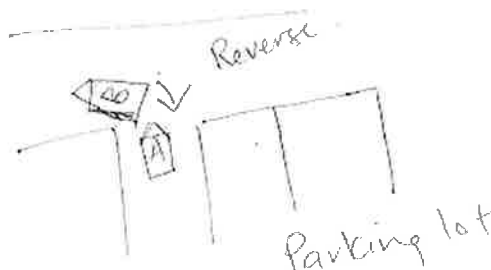
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission 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 making 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



TIME

Describe Circumstances of the Accident

(A)  
I stoppoad my vehicle at the white stop line.  
I signal right.  
Vehicle (B) reversed his car and hit my left side  
front of the car.

Declaration

We declare the foregoing particulars are true in every respect

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S1290750H**

Name: **LEE HOCK CHUP**

Birth Date: **14 Jan 1958**

Issue Date: **14 Jul 2006**

001432423H



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S1290750H**



Name

**LEE HOCK CHUP**

Race

**CHINESE**

Date of birth

**14-01-1958**

Sex

**M**

Country/Place of birth

**SINGAPORE**

S1290750H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **14 Jul 2006**



NP 428A

6596852



NRIC No **S1290750H**



Date of issue

**02-03-2021**

Address

**67 JALAN TUA KONG**

**#01-03**

**SINGAPORE 457263**

## PRIVATE CAR POLICY SCHEDULE

Intermediary Code : 11P14005

Policy No. : D22MTPV01008791

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE CAR Policy wordings, ref. MTP.30

Insured : LEE HOCK CHUP  
Address : 67 JALAN TUA KONG  
#01-03  
SINGAPORE 457263

Business/Profession : INDOOR OTHERS

### INSURED DETAILS

Date of Birth & Age : 14 JAN 1958 & 64 years old  
Driving Experience in Singapore : 10 years  
Identification Type : NRIC(Singaporean)  
Marital Status : MARRIED  
Gender : Male  
Identification No. : S1290750H

Period of Insurance : 15 JUNE 2022 00:00 TO 14 JUNE 2023 23:59

Persons or Classes of Persons entitled to drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

### VEHICLE DETAILS

Vehicle Registration No. : SKT5575P  
Chassis No. : MRHDD4870FP000133  
Engine No. : L15Z12100533  
Vehicle Make & Model : HONDA MOBILIO 1.5  
Engine Capacity : 1500  
NCD Entitlement : 50%  
Year of Registration : 2015  
NCD Protection : Yes  
Estimated value of Vehicle : Market value at time of loss  
Hire Purchase Owner : NIL

### PREMIUM DETAILS

Premium after applicable discount(s)	S\$ 770.11
GST	S\$ 53.91
<b>Premium (incl. GST)</b>	<b>S\$ 824.02</b>

Coverage : Comprehensive - ExcelDrive PRESTIGE

Excess : \$ 500 - Section I

Voluntary Excess : N.A

Additional Excess :  
Named Young and/or Inexperienced Drivers S\$1,500  
Un-named Young and/or Inexperienced Drivers S\$3,000  
Un-named All Other Drivers S\$500

'Young Drivers' shall be defined as drivers (including the Insured) who are below 27 years old.  
'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 1 year of driving experience in Singapore roads.

Windscreen Excess : S\$100.00 for each and every applicable claim.

Endorsements Applicable :  
Endorsement AA1 - ExcelDrive Prestige Plan  
Endorsement D1 - Young and/or Inexperienced Drivers  
Endorsement E - Excess Clause  
Endorsement H - Total Loss  
Endorsement M - Inclusion Of Special Perils  
Endorsement P6 - Riot And Strike Endorsement  
Endorsement V - No Claim Discount Protection  
Endorsement Z - Loss of Use Benefit

Additional Cover : NIL



## Motor Loss of Use Benefits Claim Form

## Important Notice:

1. The acceptance of this form is NOT an admission of liability on the part of the Company.

## Procedure for submitting a Loss of Use Claim

- 1) Check your policy to ascertain whether you are entitled to Loss of Use (LOU) Benefits. If you are claiming or have already claimed against a third party for LOU benefits you will not be entitled to claim under the policy.
- 2) LOU benefits will be paid based on the number of days of repair as recommended by the Company's authorised surveyors, where repair period exceeds 3 days and is subject to a maximum of days stated in the Policy.

Agency \_\_\_\_\_

Policy / Certificate No \_\_\_\_\_

## A. INSURED'S DETAILS

a. Name Dr/Mr/Ms/Ms LEE HOCK CHUP  
 b. Address 67, Jalan Tua Kong, #01-03, S 457263  
 c. NRIC / Passport Number S 1290750/H Date of Birth 14/JAN/1958  
 Business / Occupation \_\_\_\_\_ Contact Number 97685132

## B. VEHICLE &amp; ACCIDENT DETAILS

a. Vehicle number SKT 557SP Accident Date 21/MAR/23 Time 11.15 a.m.  
 b. Name of workshop repairing your vehicle \_\_\_\_\_  
 c. Date vehicle collected \_\_\_\_\_ Was replacement car provided? ☐ Yes ☐ No

## C. PAYMENT DETAILS (if claim falls within terms and conditions of the policy)

Please confirm payee name if claim is payable \_\_\_\_\_

Note: If payee is different from claimant or is not listed in the policy please provide a Letter of Authorisation.

## Declaration

We/I hereby declare that the above statements are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused. We/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

I acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at [www.sompo.com.sg](http://www.sompo.com.sg)

X

Insured's Signature \_\_\_\_\_

22/MAR/23

Date