

NATIONAL Assessment Centre Services (part 1 of 2)			
Date In: 05/04/2023 13:24	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A / DM 230035571			
Veh No: SMO 9024H	E-mail (with full A/C No):		
D.O.A: 05/04/2023 17:55	1-Motor Claim Form		
OD: TP: Reporting Only	1-Motor W/O (with: OD form, TP form)		
	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: 8HA 8631A	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	95) (Note: Inc Status (WO): 10-0-2014, F: 21-79%, F: 80-1100%)	
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) (0183:0014)	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: _____

Date: _____

Action: _____

NA2300989	Invoice Preparation Charge:	
1) A/L: Accident Processing (\$300)		
2) DA: Damage Assessment (\$1000)	INC (\$55)	
3) TP: Towing Fee	\$10/\$45	
4) PT: Follow-Through Survey	\$132	
5) PT: Follow-Through Survey (Barriers)	\$50	
6) TR: Re-Inspection	\$75	
7) NI: New DA + SMPT Survey	\$140	
8) NTUC Additional Fee:		
9) NI: Courtesy Car / Tel Allowance	\$5	
10) NI: Repair Coordination	\$10	
11) NI: Post Repair Inspection	\$33	
12) NI: DV / Collect Excess Coordination	\$1	
13) TP (NI) / TP (Non-INC) / Insurer INC	\$20	
14) NI: Other Mobile	\$0	
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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	05/04/2023 13:25 (SGT)
Reported by	Actual Driver
Date of Accident	04/04/2023 17:55 (SGT)
Exact Location of Accident	113 Depot Rd, Block 113, Singapore 100113
Additional Location Information	OPEN CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ9424H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PANG SU LI
NRIC No	SXXXX792A
Email Address	pangtk@outlook.com
Mobile Phone No	(Phone) +65-96638243
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1318

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01019695

DRIVER

Name of Driver	PANG TAO KUAN
NRIC No	SXXXX317G
Date Of Birth	27/10/1949
Occupation	Indoor

Date Of Driving Pass	09/04/1973
Driving experience	50 YEARS
Gender	Male
Mobile Number	(Phone) +65-96638243
Alt. Phone Number	-
Email Address	pangtk@outlook.com
Address	BLK 113 DEPOT ROAD #22-1029
Address complement	-
Postcode	100113
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Side Swipe
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 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	SHA8631B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ANUAR BIN ALI
NRIC No	SXXXX169D

Contact Number (Phone) +65-97203901
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 accurately the details of the Accident to speed up the claims process.
2. This Form must be completed by the Policyholder and the Motorist.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation is withholding of material facts, truly when insurance companies to cancel the policy.
4. The terms and conditions of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false repetition may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to the CMA 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 completion of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of this report being made available elsewhere.

E. 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 be 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 processed by my Insurer collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurers who have insured vehicles involved in this accident (all Insurers) who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers". The Insurers' lawyers/law firms, the Ministry of Law of Singapore and any relevant government agency/authority (such as the police) for the purposes 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;

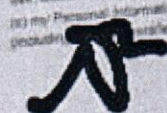
(iv) addressing my claims (including the making of correspondence, statements, reviews, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the sums as well as on the external cover of envelopes/personal packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

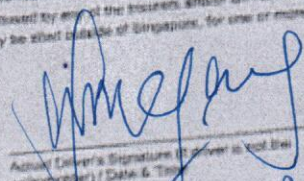
(collectively the "Purposes").

(a) all Insurers who have insured vehicles involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

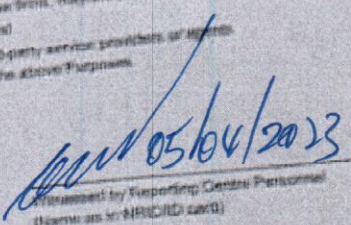
(b) my Personal Information may also be disclosed by any of the Insurers, either directly to their third-party service providers or agents (such as their lawyers/law firms), which may be used outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



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

 05/04/2023

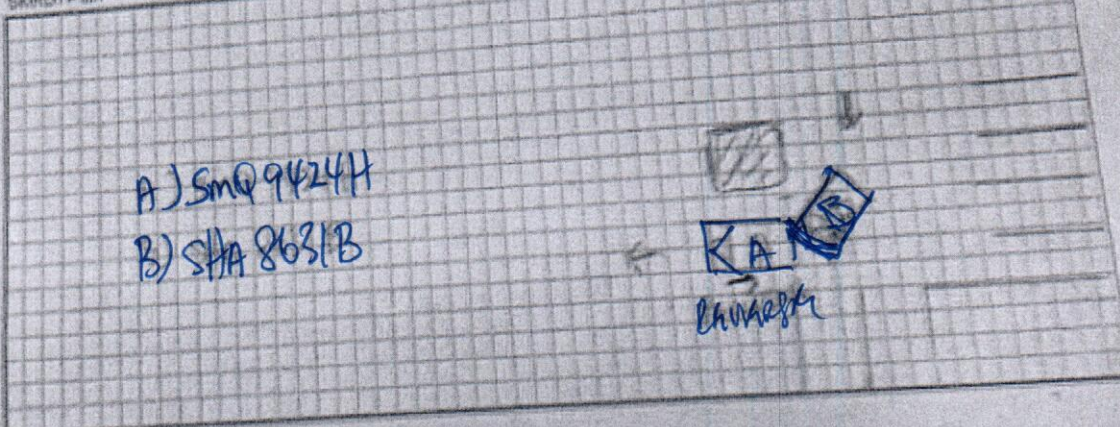
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

BLK 113 DEPOT ROAD OPEN CARPARK

Sketch Plan

A) SmQ 9424H

B) SHA 8681B



Describe Circumstance of the Accident

ON 04/04/2023 AT ABOUT 17:55HRS I WAS AT BIK
113 DEPOT ROAD I WAS REVERSING TO PARK MY
VEHICLE TO A CAR PARK I JUST A SLIDE BRUSH &
HAS A SMALL SCRATCH ON THE FRONT RIGHT SIDE OF
A TAXI SHAB631B. THE TAXI WAS TOO CLOSE TO ME
WHEN I WAS ABOUT TO REVERSE INTO A PARKING
LOT.

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

x

Policyholder's Signature / Date & Time

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (04/04/2023) (DD/MM/YYYY), TIME: (17:55) (HH:MM)

LOCATION: BIK 113 DEPOT ROAD CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMQ 9424H
 b) INSURANCE COMPANY: SOMMO
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA FIT 2.0
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PENANG USM
 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: PANG TAO KUAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S05433176 CONTACT: 96638243
 c) ADDRESS: BIK 113 DEPOT ROAD #22-1029 100113

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

- DRIVER
 a) NAME: PANG TAO KUAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7910792A CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (27/10/1999) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 09/04/1973

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FATHER

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:

8. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: SH48631B MODEL: TAXI
 b) DRIVER'S NAME: ANWAR BIN ALI CONTACT: 97203901
 c) NRIC/FIN/PASSPORT:

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- a) VEHICLE NUMBER:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT:

email: PANGT@outlook.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. : D22MTPV01019695
Insured : PANG SU LI
Motor Vehicle (Registration No.): SMQ9424H
Coverage : Comprehensive - ExcelDrive PRESTIGE
Policy Commencement Date : 11 DECEMBER 2022 00:00
Policy Expiry Date : 10 DECEMBER 2023 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$400 - Section I
Voluntary Excess* : N.A
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

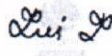
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 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 : 20 NOVEMBER 2022 16:01

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.