

# NATIONAL Assessment Centre Services (Call 1-800-366-6666) *SLA 3366C*

Date In: <i>19/04/2023 17:04</i>	Job description	Date & Time Completed	Done by
Ref No: <i>X18478MO 23003666</i>	SAS e-illing		
Veh No: <i>SLA 3366C</i>	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: <i>07/04/2023 14:30</i>	1-Motor Claim Form		
QC: TP: Reporting Only	1-Motor W/O (Within 24hrs, A/C 2hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/SV/Rep		

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

TP Particulars: ( ) Veh No: *SLA 3366C* 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%, P: 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 info of repair.

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

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

Remarks: ( ) (INC 100%: 6788, 6615) Date & Time Completed: ( ) Done by: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date: ( ) Action: ( )

( )

( )

( )

( )

*X1A2301037*

Important Particulars: ( )

Owner/Owner: ( )

Contact No: ( )

Assigned Person: ( )

Checked by (Engr-In-Charge): ( )

Customer's Comments: ( )

( )

( )

( )

( )

Invoice Preparation Charge	Amount	Task
1) AR: Accident Reporting (\$300)		
2) DA: Damage Assessment (\$1000)	INC (\$50)	
3) TP: Towing Fee	\$10/\$40	
4) PT: Follow-Through Survey	\$150	
5) PT: Follow-Through Survey (Emergency)	\$200	
6) TR: Roadside Repair	\$75	
7) NR: New DA: COURT Survey	\$140	
8) NTUC Additional Fee		
QW:		
*NR: Courtesy Car / Tel Allowance	\$50	
*NR: Repair Coordination	\$150	
*NR: Post Repair Inspection	\$150	
*NR: DV / Collect Excess Coordination	\$10	
*TP (11) / TP (Non-INC) / Police INC	\$100	
*NR (11) / TP (Non-INC)	\$10	
Invoice Total		
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	10/04/2023 17:04 (SGT)
Reported by	Actual Driver
Date of Accident	07/04/2023 14:30 (SGT)
Exact Location of Accident	Grange Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM668L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YONG OI LING
Passport No/FIN	GXXXX656N
Email Address	mjude@singnet.com.sg
Mobile Phone No	(Phone) +65-96493883
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
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	2487

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01013884

### DRIVER

Name of Driver	MENON JUDE BORROMEO
NRIC No	SXXXX695H
Date Of Birth	17/12/1958
Occupation	Indoor

Date Of Driving Pass .....	10/07/1976
Driving experience .....	46 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98324220
Alt. Phone Number .....	-
Email Address .....	mjude@singnet.com.sg
Address .....	76 GRANGE ROAD #05-01
Address complement .....	-
Postcode .....	249580
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	YONG OI LING
Gender .....	Female

#### 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? .....	No
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLA3366C
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LAUW HUI KIAN
NRIC No .....	SXXXX646H
Contact Number .....	(Phone) +65-96383988
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 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.

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)

### Sketch Plan

Sketch Plan		Sketch Plan	
		A ) SAM 668 L B ) SLA 3366 C	

Describe Circumstance of the Accident

AT ABOUT 1430 I WAS DRIVING ALONG GRANGE RD  
ON THE LEFT LANE FROM THE JUNCTION OF OF  
IRWELL BANK AND GRANGE RD.

THE EXTREME LEFT LANE IS MEANT FOR GOING  
STRAIGHT ONLY TO GRANGE ROAD.

I WAS FILTERING TO THE RIGHT LANE WHEN A  
BLACK MERCEDES SLA3366 HIT ME ON MY DRIVERSIDE  
I BELIEVE THE DRIVER WAS SPEEDING AND COMING  
FROM THE 4TH RIGHT TURNING LANE ONLY BUT  
GOING WITH FAST SPEED.

SHE HIT MY CAR ON THE DRIVER DOOR AND FRONT  
FENDER RESULTING IN PAINT BEING SCRAPPED OFF.

THE DAMAGE TO THE MERCEDES WAS MINIMAL AND  
ONLY PAINT WAS SCRAPPED FROM HER LEFT FENDER.

Declaration

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

\_\_\_\_\_  
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: (07/04/2023) (DD/MM/YYYY), TIME: (14.30) (HH:MM)

LOCATION: GRANGE ROAD

1. DETAILS OF VEHICLE
  - a) VEHICLE NUMBER: SJM 668L
  - b) INSURANCE COMPANY: Sumpo
  - c) POLICY NUMBER: D22MTPV01013884
  - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
  - e) MAKE & MODEL: LEXUS ES250L
  - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
  - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
  - h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
  - 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: YONG YI LING (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: G6113656N CONTACT: 96493883
  - c) ADDRESS: 76 GRANGE ROAD #05-01 MANTATION MANSIONS

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

- WIFE
4. No of passengers (including driver) (2)
- DRIVER
    - a) NAME: MAXON JUNE BORRERO (MALE / FEMALE)
    - b) NRIC/FIN/PASSPORT: S1293695H CONTACT: 98324220
    - c) ADDRESS: AS ABOVE

- \* d) DATE OF BIRTH: (17/12/1978) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: 1976
- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND
- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR
- b) ROAD SURFACE: (DRY / WET / OTHERS) DRY
- 6. WAS ANYBODY INJURED (YES / NO)
- 7. a) REPORTED TO POLICE (YES / NO)
- IF YES, PLEASE STATE WHICH POLICE STATION:

4. No of passengers (including driver) ( )
8. THIRD PARTY VEHICLE
    - a) VEHICLE NUMBER: SLA3366C MODEL: MERCEDES
    - b) DRIVER'S NAME: LAU WUI KIAN
    - c) NRIC/FIN/PASSPORT: S2205646H CONTACT: 96383988
  9. THIRD PARTY VEHICLE
    - a) VEHICLE NUMBER:
    - b) DRIVER'S NAME:
    - c) NRIC/FIN/PASSPORT:
    - d) CONTACT:

email: mjude@singnet.com.sg  
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.** : D22MTPV01013884  
**Insured** : YONG OI LING (NOT DRIVING)  
**Motor Vehicle (Registration No.)** : SJM668L  
**Coverage** : Comprehensive - ExcelDrive PRESTIGE  
**Policy Commencement Date** : 25 AUGUST 2022 00:00  
**Policy Expiry Date** : 24 AUGUST 2023 23:59  
**Maximum Liability (Section I)** : Market value at time of loss  
**Excess\*** : \$700 - 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. Any other person who is driving on the Insured's order or with his permission but excluding the Insured himself.
2. 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**

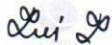
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Private Motor Car Policy Ref: MTP.30

**Sompo Insurance Singapore Pte. Ltd.**



**Authorised Signatory**

Date/Time of Issue : 17 AUGUST 2022 12:50

**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 : 11A28209 & ASSURE INSURANCE AGENCY PTE. LTD. CI Code: 22B DHDLHJ4KNT0TCKAX