

**NATIONAL Assessment Centre Services** (Call 1300 222 222) **24092340002**

Date In: <b>12/04/2023 10:20</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/CM023003752</b>	SAS e-Milling		
Veh No: <b>SUW 977K</b>	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: <b>12/04/2023 08:10</b>	1-Motor Claim Form		
QC: <b>TP</b> (Reporting Only)	1-Motor W/O (within 2hrs, A/C 2hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: ( ) Veh No: **YN 8984M** 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%, P: 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 refer of repeller.

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

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

Remarks: ( ) (Note: Hst Status (WO): 10-0-30%, P: 21-72%, P: 30-140%) 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: ( )

Location: ( )

Time: ( )

Weather: ( )

Other: ( )

**24092301060**

Invoice Preparation Charge List	
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$1000) INC (\$50)	
3) TP: Towing Fee (\$10/540)	
4) PT: Follow-Through Survey (\$120)	
5) PT: Follow-Through Survey (Barney) (\$30)	
6) TR: Repairs (\$20)	
7) NI: New DA + Shift Survey (\$140)	
8) NIUC Additional Services	
QC	
*NI: Courtesy Car / Tel Allowance (\$5)	
*NI: Repair Coordination (\$15)	
*NI: Post Repair Inspection (\$20)	
*NI: BY / Collect Excess Coordination (\$1)	
*NI: (11) TP (INC INC) against INC (\$20)	
*NI: (11) Move (\$10)	
Invoice Total	
Net Charged	

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

Comments: ( )

L2/L3: ( )





## 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	12/04/2023 10:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/04/2023 08:10 (SGT)
Exact Location of Accident	Clementi Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH9721K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	VETKAZOVA NATALIA
Passport No/FIN	GXXXX993N
Email Address	vetkazov@gmail.com
Mobile Phone No	(Phone) +65-82008801
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Infiniti
Model	Q30
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	1595

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01003507

### DRIVER

Name of Driver	VETKAZOV MAXIM
Passport No/FIN	GXXXX587T
Date Of Birth	19/02/1982
Occupation	Indoor



Date Of Driving Pass .....	07/12/2006
Driving experience .....	16 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97843562
Alt. Phone Number .....	-
Email Address .....	vetkazov@gmail.com
Address .....	27 WEST COAST RISE #04-09
Address complement .....	-
Postcode .....	127470
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 .....	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 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 .....	YN8984M
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Canter
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MANDIP SINGH
Passport No/FIN .....	GXXXX122W

Contact Number .....	(Phone) +65-90820776
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:

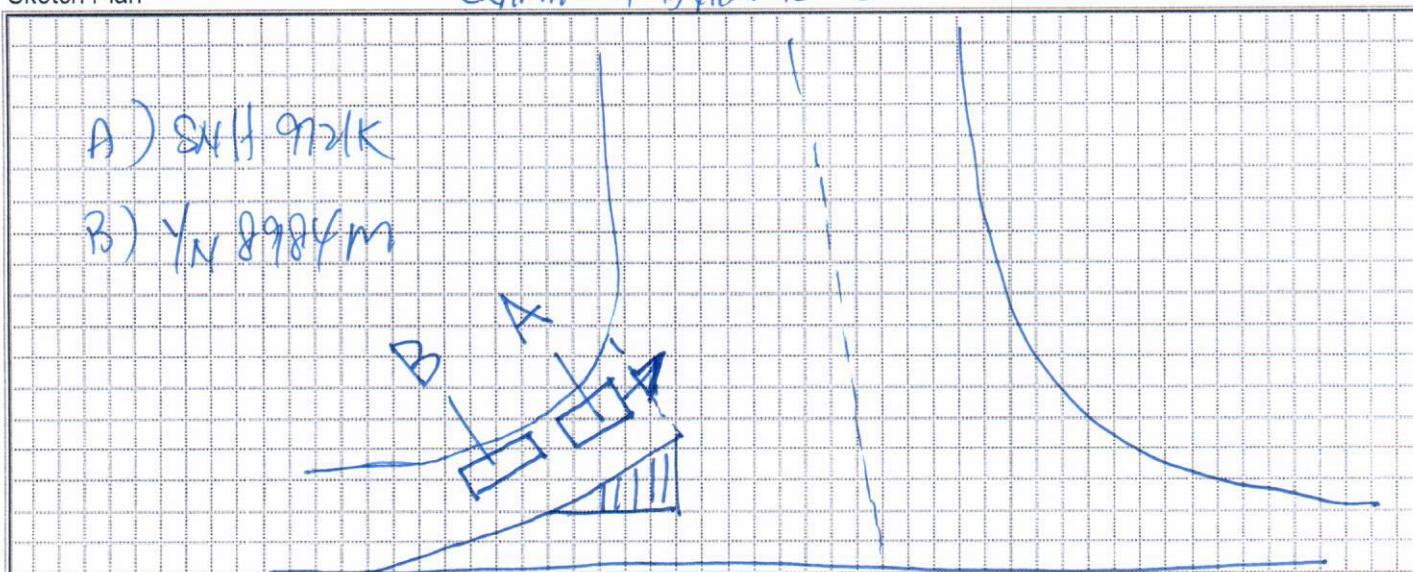
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

24.04.2023  
09:26am  
Policyholder's Signature / Date & Time

12.04.2023  
09:26 AM  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

12/04/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan





Describe Circumstance of the Accident

While turning from a side road into the main road (Clementi Ave) got hit by a car from behind. My car was moving at the time of the accident. As a result my car was pushed forward by the car behind. My head was hit by my head rest behind when my car came to a stop.

Declaration

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

12.04.23  
09:31am

Policyholder's Signature / Date & Time

12.04.2023  
09:31 AM

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

12/04/2023

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (2/04/2023) (DD/MM/YYYY), TIME: (08:10) (HH:MM)

LOCATION: Clementi Ave 2

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNH9721K  
 b) INSURANCE COMPANY: SOMPO  
 c) POLICY NUMBER: D23MTPV01003507  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: INFINITI Q30  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
 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: VETKAZOVA NATALIA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G5914993N CONTACT: 82006801  
 c) ADDRESS: 27 West Coast Drive 04-09 (S) 124470

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

# No of passengers  
 (including driver)  
 (1)

- DRIVER  
 a) NAME: Vetkazon Maxim (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G5500587T CONTACT: 97843652  
 c) ADDRESS: 27 West Coast Drive 04-09 (S) 124470

d) DATE OF BIRTH: (19/01/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07.12.2006

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

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

a) VEHICLE NUMBER: YN8984M MODEL: Mitsubishi Canter

# No of passengers  
 (including driver)  
 (2)

b) DRIVER'S NAME: Mandip Singh

c) NRIC/FIN/PASSPORT: G6011121W CONTACT: 90820776

## 9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:

# No of passengers  
 (including driver)  
 ( )

b) DRIVER'S NAME: CONTACT:

c) NRIC/FIN/PASSPORT: CONTACT:

email: z

VINOD



## 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. : D23MTPV01003507  
 Insured : VETKAZOVA NATALIA  
 Vehicle Registration No. : SNH9721K  
 Coverage : THIRD PARTY  
 Policy Commencement Date : 17 FEBRUARY 2023 09:35  
 Policy Expiry Date : 16 FEBRUARY 2024 23:59  
 Maximum Liability (Section I) : THIRD PARTY  
 Hire Purchase Owner : N/A  
 Excess\* : N/A  
 Voluntary Excess\* : N/A  
 Waiver of Excess : NOT COVERED  
 Windscreen Excess\* : N/A

\* 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.

Accident Reporting

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

For the list of Accident Reporting Centres, 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 31

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 17 FEBRUARY 2023 09:35

**SOMPO ASSIST HOTLINE : (65) 6226 3323**

In the event of road accident, please call our Sompo Assist Hotline immediately. Our MAX5 Specialists will arrive at the accident site within 30 minutes anywhere in Singapore. Alternatively, you may approach any of our Accident Reporting Centres for assistance in filing your accident report with your vehicle within 24 hours or on the next working days after the accident. Please note that this is compulsory regardless of whether there is any damage to your vehicle or if you are making a claim under your own policy.

Intermediary Name / Code : JIN LI PTE. LTD / 11J06508 CI Code: 22A RJWD05K44T1YMQKA