

NATIONAL Assessment Centre Services (011 234) **SW09234R0006**

Date In: 27/04/2023 15:49	Job description	Date & Time Completed	Done by
Ref No: NBA/010280043287	SAS e-filing		
Veh No: FEAL 8531M	E-mail (with in 24hrs, 48hrs)		
D.O.A: 26/04/2023 15:30	1-Motor Claim Form		
OC: TP Reporting Only	1-Motor W/O (with in 24hrs, 48hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Yeh No: SDZ 6685A INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: () Date: () Time: ()		
Insured/Driver Liability: () (Note: Use Status (WO): 1: 0-30%, 2: 21-70%, 3: 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 refer of repairer.		
() Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()		

Remarks: (INC No: 010280043287) 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:

NA280/222	Invoice Preparation Checklist	
Insurance Particulars:	1) A/R: Accident Particulars (\$30)	
Owner/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)
Contact No:	3) TP: Towing Fee	\$10/\$45
Damaged Portion: FWD	4) PE: Follow-Through Survey	\$125
Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Basic Fee)	\$30
	6) TR: Re-inspection	\$75
	7) NT: New DA + SMRT Survey	\$145
	8) NTUC Additional Fee (with)	
	GR:	
	* No: Courtesy Car / Tel Allowance	\$5
	* No: Repair Coordination	\$10
	* No: Post Repair Inspection	\$25
	* No: DV / Collect Excess Coordination	\$1
	* TP (H1): TP (Non-INC) Insurer INC	\$20
	* No: 24hrs Service	\$0
	In-plate dated	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	27/04/2023 15:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/04/2023 15:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS MCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR8531M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SEE YANHENG
NRIC No	SXXXX677C
Email Address	silly-loved@hotmail.com
Mobile Phone No	(Phone) +65-96262468
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	R15
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	Motorcycle
Transmission	Manual
CC	155

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTMC01005781

DRIVER

Name of Driver	SEE YANHENG
NRIC No	SXXXX677C
Date Of Birth	31/12/1990
Occupation	Indoor

Date Of Driving Pass	24/08/2020
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96262468
Alt. Phone Number	-
Email Address	silly-loved@hotmail.com
Address	BLK 290A BUKIT BATOK STREET 24 #17-83
Address complement	-
Postcode	652290
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230427/2071

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	SDZ6685A
Vehicle Manufacturer	Porsche
Vehicle Model	Panamera
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PEH SIT GUAN
NRIC No	SXXXX117J
Contact Number	(Phone) +65-92707427
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNC819Z
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MANNARSAMY SENIVASAN
NRIC No	SXXXX308B
Contact Number	(Phone) +65-82221444
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SEE YANHENG
Gender	Male
Phone No	(Phone) +65-96262468
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBR8531M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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.

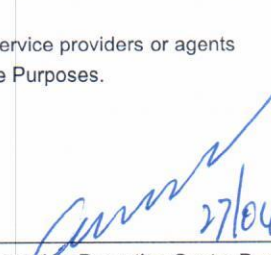
(collectively the "**Purposes**")

(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 1:20pm

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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) 27/04/2023

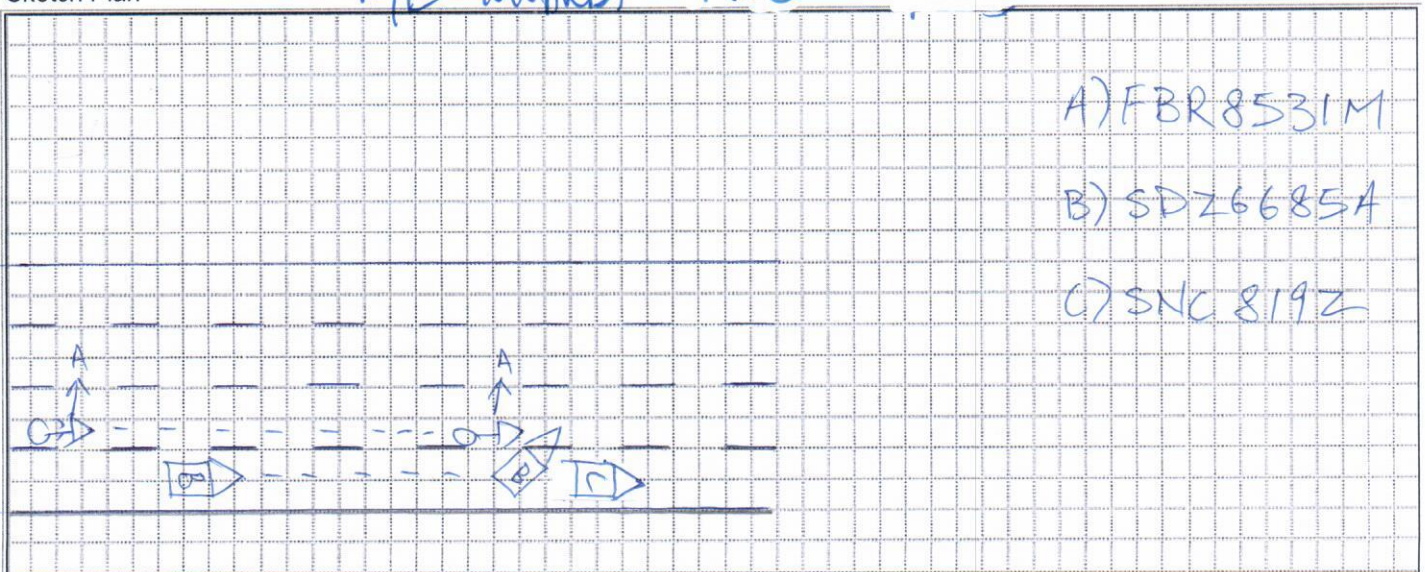
Sketch Plan

AYE TOWARDS MCE

A) FBR 8531M

B) SDZ 6685A

C) SNC 819Z



Describe Circumstance of the Accident

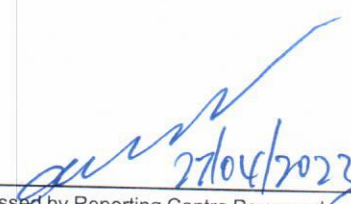
REFER TO POLICE REPORT T/20230427/2071

Declaration

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

 1.20pm
Policyholder's Signature / Date & Time

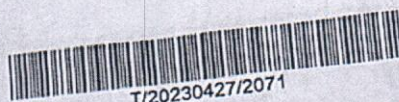
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

 27/04/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20230427/2071

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Report No. T/20230427/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
27/04/2023 14:42

Vide Report No.:
T/20230427/2052

Station Diary No.:
38

Informant's Particulars

Name of Informant:
SEE YANHENG

Address:
APT BLK 290A BUKIT BATOK STREET 24 #17-83
SINGAPORE 652290

ID Type / ID No.:
NRIC NO / S9050677C

Contact No.:
Home/Office:

Mobile: 96262468

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 32 Date of Birth: 31/12/1990

Type of Informant:
Driver

Race:
Chinese

Language:

Occupation:
KTV

Driving Licence Information:
Class: 2B,2A

Date of Expiry:

General Information of the Accident

Type of
Accident:

Non-Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
26/04/2023 15:30

Type of Location:
Straight Road

Location:

AYER RAJAH EXPRESSWAY

Weather:
Sunny

Road Surface:
Dry

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR8531M	Motorcycle	YAMAHA	R15 ABS MANUAL	Black	Slightly Damaged	0
SDZ6685A	Car	PORSCHE	PANAMERA V6		Slightly Damaged	0
SNC819Z	Car	TOYOTA	NOAH		Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20230427/2071

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Report No. T/20230427/2071

CONTINUATION OF REPORT

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	D22MTMC0100578	12/11/2022	11/11/2023
FBR8531M	TENET SOMPO INSURANCE PTE. LTD.	1		

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Name	PEH SIT GUAN	ID No.	S6938117J
Related Vehicle	NIL	Contact No.	92707427
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Rider			
Name	SEE YANHENG	ID No.	S9050677C
Related Vehicle	NIL	Contact No.	96262468
Hospital/Clinic	ACUMED MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	26/04/2023	Date Discharge	26/04/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Driver			
Name	MANNARSAMY SENIVASAN	ID No.	S1443308B
Related Vehicle	NIL	Contact No.	82221444
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20230427/2071

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Report No. T/20230427/2071

CONTINUATION OF REPORT

Brief Details.

On 26/04/23, at about 1532hrs, along AYE towards MCE before Alexandra Rd exit, I was riding my motorcycle bearing FBR8531M on lane 2 when suddenly vehicle bearing SDZ6685A lane change abruptly from lane 1 to lane 2 and I am unable to stop in time. My front tyre hit onto the said vehicle's rear left exhaust, which caused me to fell to the right. I wish to state I do not know what happened after the crash as I was stunned by the accident. The driver of SDZ6685A alighted from his vehicle after moving his vehicle to the side and attended to me. We exchanged our particulars and the driver assist to drop me off to the clinic for my injuries.

Another driver of vehicle bearing SNC819Z approached to me and claimed that my motorcycle hit onto his left side of the vehicle's bumper after the collision with SDZ6685A, which caused my motorcycle to flunk and hit onto his vehicle. I wish to state I do not see my motorbike hit his vehicle, nor I do not have any camera attached to my motorbike. I saw there is a rear camera on the vehicle SNC819Z and told the driver to provide the footage, but he is unable to do so as his reasoning was "recording of the video is overwrite". We exchanged particulars too.

I wish to state that I went to seek medical at AcuMed Medical Group at Blk 64 Yung Kuang Rd, and the doctor told me my injuries were abrasion of both knees and compression of my spine (after 2 days to go for review on the same clinic).



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20230427/2071

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Report No. T/20230427/2071

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

D /
SGT 2 MOHAMAD FARHAN BIN
MOHAMED

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/04/2023 14:42

Officer In Charge Of Case:
TP / GIA /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 04 / 2023) (DD/MM/YYYY), TIME: (15 : 30) (HH:MM)

LOCATION: AYE towards OUTRAM ROAD

1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: FR 8531M
 - b) INSURANCE COMPANY: SOAMP
 - c) POLICY NUMBER:
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: Yamaha R15
 - 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: SHR. VAN HEM (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S90506774 CONTACT: 9626
 - c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- No of passengers (including driver) (1)
- DRIVER
 - a) NAME: DR. ABUJY (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: CONTACT:
 - c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) CURRENT
- 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: QUEENSTOWN

8. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: 5026685 A MODEL: PORCHE

- No of passengers (including driver) ()
- b) DRIVER'S NAME:
 - c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: SNC 819Z MODEL: TOYOTA KOACH

- No of passengers (including driver) ()
- b) DRIVER'S NAME:
 - c) NRIC/FIN/PASSPORT: CONTACT:

Email: Silly-loved@hotmail.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)

Cert No./Policy No. : D22MTMC01005781
Insured : SEE YANHENG
Motor Vehicle (Regn No.) : FBR8531M
Cover : Third Party, Fire & Theft
Policy Commencement Date : 12 NOVEMBER 2022 00:00
Policy Expiry Date : 11 NOVEMBER 2023 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : S\$300 - Section I
Named Driver 1 : SEE YANHENG
Named Driver 2 : LIM SWEE MING (LIN XIUMIN)
HIRE PURCHASE OWNER : NIL

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
SEE YANHENG, LIM SWEE MING (LIN XIUMIN)

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 purposes and
(a) by the Insured in person in connection with his business or profession or
(b) in connection with the Insured's business or profession

The Policy does not cover

- (i) Use for hire or reward
- (ii) Use for racing pacemaking, reliability trial or speed-testing
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business
- (iv) Use for any purpose 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 Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For list of Accident Reporting Centres, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6461 6555.

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 Motorcycle Policy (Ref:MCY-MTMC.04)

Sompo Insurance Singapore Pte. Ltd.

See Yanheng

Authorised Signatory

Date/Time of Issue : 11 OCTOBER 2022 11:30

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 Name / Code : ENSURE PTE. LTD. (MOTORCYCLE) / 11E07901 CI Code: MY3 FX3IDZLL2KB_DDYA