

NATIONAL Assessment Centre Services. (with branch) **NA2801287**

Date In: 03/05/2023 12:22	Job description	Date & Time Completed	Done by
Ref No: NA2801287	SAS e-filing		
Yeh No: SNL600P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/04/2023 20:26	1-Motor Claim Form		
OD: (7) Reporting Only	1-Motor Y/O (Within: OD 2hrs, 20:00 hrs)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WRing		

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

TP Particulars: Yeh No: **SNL 2088B** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Use Status (WO): N: 0-30%, F: 21-70%, P: 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 Cot ()

Remarks: ()

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

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Other: ()

Invoice Preparation Checklist	Ass't
1) AIC: Accident Package (330)	✓
2) DA: Damage Assessment (\$1000)	INC (55)
3) TP: Towing Fee	\$20/\$45
4) PE: Follow-Up Survey	\$120
5) F: Follow-Up Survey (Barangay)	\$30
6) TR: Acknowledgment	\$75
7) NI: New DA + SMRT Survey	\$145
8) NTUC Additional Services	
9) Other	
*No: Courtesy Car / Tot Allowance	\$50
*No: Repair Coordination	\$15
*No: Post Repair Inspection	\$20
*TP: BY / Collect Unass Coordination	\$1
*TP (N1): TP (Non-INC) applies INC	\$20
*TP: Multi-Day Invoice	10
Invoice dated	File Charges

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	03/05/2023 12:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/04/2023 20:26 (SGT)
Exact Location of Accident	Pasir Ris Drive 3, Singapore
Additional Location Information	TOWARDS LOYANG AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNL600P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WU GUOWEI
NRIC No	SXXXX470H
Email Address	wuandyproperty@gmail.com
Mobile Phone No	(Phone) +65-82827887
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	1998

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01004412

DRIVER

Name of Driver	WU GUOWEI
NRIC No	SXXXX470H
Date Of Birth	07/12/1981
Occupation	Outdoor

Date Of Driving Pass	06/03/2007
Driving experience	16 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82827887
Alt. Phone Number	-
Email Address	wuandyproperty@gmail.com
Address	9 ROSEWOOD DRIVE #13-19
Address complement	-
Postcode	737938
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	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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF2048B
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 -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

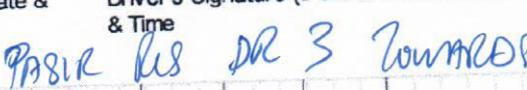
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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)

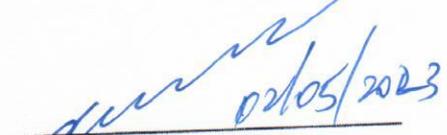
I understand, acknowledge, agree and consent that :

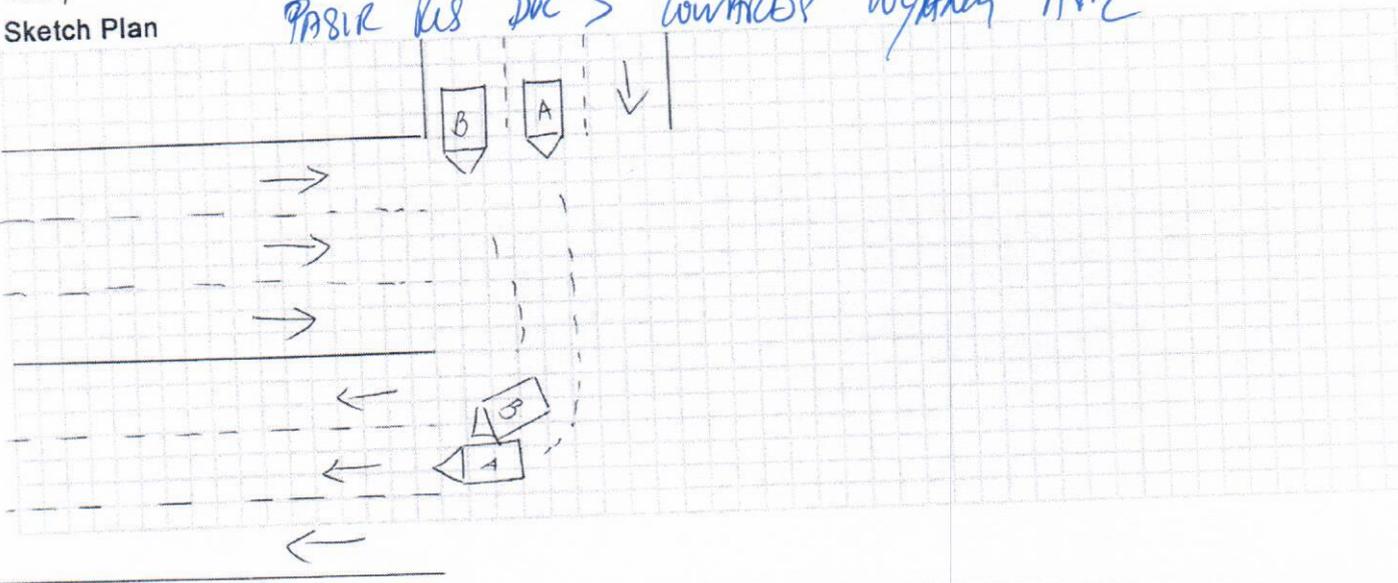
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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


Witnessed by Reporting Centre Personnel

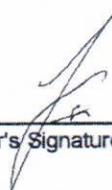


Describe Circumstances of the Accident

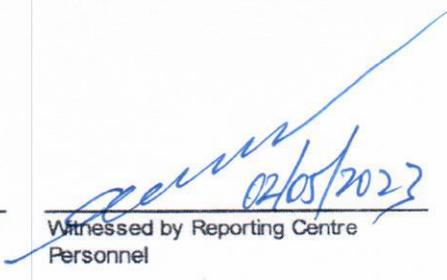
On 30 4 2023 at about 8.26pm, i am travelling along PASIR RIS DRIVE 3 toward loyang ave. I move off from traffic light turning right in my lane, vehicle B collided into my rear right portion. I have video recording and it clearly showed that he cut into my lane.

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

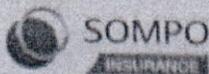

Witnessed by Reporting Centre Personnel

VEHICLE NO: SNE 600D

MAKE & MODEL : MERC E200

AUTO / MANUAL

DATE OF ACCIDENT	<u>30 / 04 / 2023</u>	*CC. <u>2.0</u>
TIME OF ACCIDENT	<u>8.26</u> AM / <u>PM</u>	
LOCATION OF ACCIDENT	<u>PASIR RIS DRIVE 3</u> toward <u>loyang AVE</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	<u>WU EWEI</u>	
EMAIL	<u>WUANDYPROPERTY@GMAIL.COM</u> Office.	MOBILE: <u>8382 7887</u>
NRIC	<u>S81374704</u>	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u>	
INSURANCE CO.	<u>SOMPO</u>	
TYPE OF COVERAGE	<u>Comprehensive</u> Third Party / Third Party Fire & Theft	
POLICY NO.	<u>223M7PVO1004412</u>	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:	
NRIC	<u>S81374704</u>	
DATE OF BIRTH	<u>07 / 12 / 1981</u>	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	<u>06 / 03 / 2007</u>	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile. Office. Home.	
EMAIL	<u>9 ROSEWOOD DRIVE #13-19</u>	<u>5737938</u>
ADDRESS		
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.	INSURER.
RELATIONSHIP	Employee / If No.	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes, Who?	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	<u>SIF2048B</u> Any Passenger: <u>(1)</u> <u>(F)</u>	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
**WORKSHOP:	<u>GLOCKEWERKE</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03
Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | www.sompo.com.sg
Co. Reg. No.: 199905490E | GST Reg. No.: M200903196

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.	D23MTPV01004412
Insured	WU GUOWEI
Vehicle Registration No.	SNJ5054T
Coverage	COMPREHENSIVE - AUTHORISED WORKSHOP PLAN
Policy Commencement Date	09 MARCH 2023 00.00
Policy Expiry Date	08 MARCH 2024 23.59
Maximum Liability (Section I)	MARKET VALUE AT TIME OF LOSS
Hire Purchase Owner	HONG LEONG FINANCE LIMITED
Excess*	S\$700 - SECTION I
Voluntary Excess*	N.A
Waiver of Excess	NOT COVERED
Windscreen Excess*	S\$100 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.

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 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 31A

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 08 MARCH 2023 14:30

SOMPO ASSIST HOTLINE : (65) 6226 3323

In the event of road accident, please call our Sompo Assist Hotline immediately. Our MARS Specialist will arrive at the accident site within 20 minutes anywhere in Singapore. Alternatively, you may approach any of our Accident Reporting Centres for assistance in E-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 : D&S AUTO AGENCY / 11D09106 CI Code: 22A J3CD5OM42TRBYW2A

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

12 Apr 2023

Our ref 1204230203N061190924

WU GUOWEI ANDY
9 ROSEWOOD DRIVE
#13-19
SINGAPORE 737938

Dear Sir/Madam

**You Have Successfully Replaced Vehicle Registration No. SNJ5054T
With SNL600P**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SNJ5054T, now has the number SNL600P.

The vehicle details after the transaction are:

Transaction No. : 20230412190735628683
Vehicle Registration No. : SNL600P (Previously SNJ5054T)
Vehicle Make : MERCEDES BENZ
Vehicle Model : E200 AVG (R18 LED)
Chassis No. : WDD2130422A078598
Engine No./ Motor No. : 27492030776772 / -

What You Need To Do:

- You must show the new number SNL600P on your vehicle by 15 Apr 2023.

Please change the number plates on this vehicle to show SNL600P by 15 Apr 2023. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

Visit onemotoring.lta.gov.sg for more information and to access a wide range of vehicle-related services. If you need a Singpass or Corppass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

Yours sincerely

Assistant Registrar of Vehicles
Vehicle Quota & Registration Division
Land Transport Authority

[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Digital enforcement cameras are deployed island-wide to deter and detect traffic offences. A safer commute starts with you. Join the Community Watch Scheme at <https://go.gov.sg/spf-cws>. Let's keep everyone safe on our roads!