

NATIONAL Assessment Centre Services (Call 1-800-451-5555) **SLF 923520006**

Date In: 02/05/2023 17:32	Job Description	Date & Time Completed	Done by
Ref No: NA280/2800000094	SAS e-filing		
Ych No: SLF 24194	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 06/04/2023 18/06	i-Motor Claim Form		
QC: TP: Reporting Only	i-Motor W/O (Within: 24 hrs, 72 hrs)		
	i-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

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

TP Particulars: () Ych No: **SLF 1516A** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Ist 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 referral.

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

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

Remarks: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Other: ()

NA280/282

Invoice Particulars:	Invoice: Preparation Charge	Amount	Inc / Non-Inc
1) All Accident Reports (2800)			
2) DA: Damage Assessment (\$1000)	INC (\$50)		
3) TP: Towing Fee	\$100/\$50		
4) PF: Follow-Through Survey	\$120		
5) PF: Follow-Through Survey (Barter)	\$30		
6) TR: Assessment	\$75		
7) NI: New DA + Short Survey	\$140		
8) NTUC Additional Fee			
9) NI: New DA + Short Survey	\$140		
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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	03/05/2023 17:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/04/2023 08:40 (SGT)
Exact Location of Accident	Ophir Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME2419H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JOHN CHRISTOPHER SIMON
Passport No/FIN	GXXXX155L
Email Address	chrissjohn@gmail.com
Mobile Phone No	(Phone) +65-91476417
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	440i
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	2998

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01012771

DRIVER

Name of Driver	JOHN CHRISTOPHER SIMON
Passport No/FIN	GXXXX155L
Date Of Birth	07/06/1989
Occupation	Indoor



Date Of Driving Pass	23/02/2018
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91476417
Alt. Phone Number	-
Email Address	chrissjohn@gmail.com
Address	109 JALAN KAMPONG CHANTEK
Address complement	-
Postcode	588655
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	No Collision
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	WIFE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20230425/7008

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	SLF1576A
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 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.

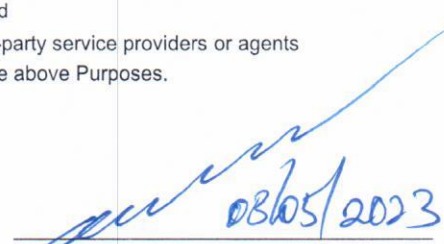
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

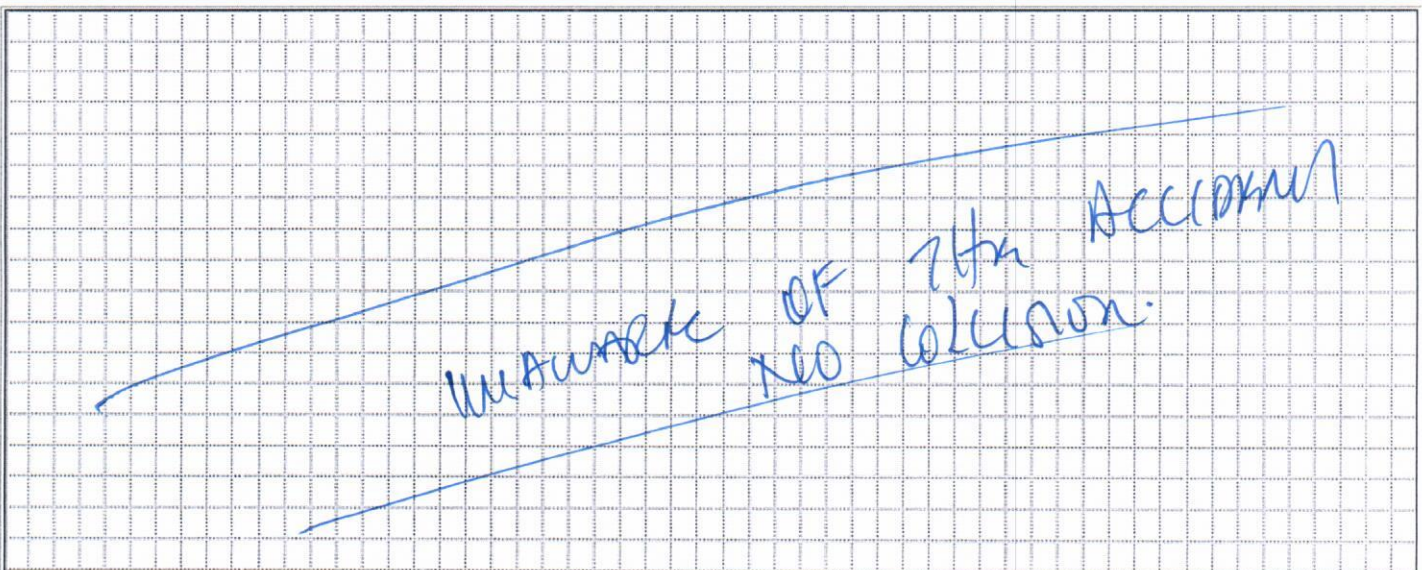
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


03/05/2023
Policyholder's Signature / Date & Time

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


08/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan




Describe Circumstance of the Accident


REFER TO POLICE REPORT A/20230425/7008

Declaration

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

 03/05/2023
Policyholder's Signature / Date & Time

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

 03/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



A/20230425/7008

1 of 1

POLICE REPORT (NP299)

Report No. A/20230425/7008

Police Station Of Origin
Central Division HQ
391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 25/04/2023 09:56		Vide Report No.		Station Diary No.	
Name Of Informant JOHN CHRISTOPHER SIMON		Address 51 COVE DRIVE #4-03 TURQUOISE SINGAPORE 098393			
ID Type / ID No. FIN NO / G3141155L		Contact No. Home/Office: Mobile: 91476417			
Nationality FINNISH		Email Address CHRISSJOHN@GMAIL.COM			
Occupation Unemployed		Sex Male	Age 33	Date of Birth 07/06/1989	Race Caucasian
Institution/School Name		Language English			
Date/Time Of Incident 06/04/2023 08:40 - 06/04/2023 08:40		Location Of Incident OPHIR ROAD			

Brief details.

Police ref TP/IP/10534/2023

I have no knowledge of an accident. Both my wife and I were in the car at the time and neither of us witnessed or experienced any collision, accident or otherwise. I have not been provided any evidence to show that I collided with another vehicle as per the 'hit and run' allegation and there is no damage to my vehicle.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/04/2023 09:56
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**

Our Ref : TP/IP/10534/2023
Date : 13 APRIL 2023

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 6902
www.police.gov.sg

JOHN CHRISTOPHER SIMON
BLK 109 JALAN KAMPONG CHANTEK
SINGAPORE 588655

Dear Sir / Madam

**ALLEGED HIT-AND-RUN ACCIDENT INVOLVING SME2419H & SLF1576A ALONG OPHIR ROAD
ON 06 APRIL 2023 AT 0840 HRS**

Our investigations showed that you are the registered owner / driver of motorcar, SME2419H, allegedly involved in the said accident.

2 You are required to provide the particulars of the driver on the above date and time within 14 days of receipt of this letter. Under the provisions of the Road Traffic Act, it is an offence not to provide the driver's particulars, and the owner can be liable to a fine of up to \$1,000/- or 6 months' imprisonment.

3 In addition, please inform the driver to lodge an online **Traffic Accident Report** using Singpass via <http://www.eservices.police.gov.sg>. Alternatively, the report may be lodged at any Police Post or Neighbourhood Police Centre. Do note that failure to lodge a report may have an adverse effect against the involved party.

4 The information given by the driver in the report will be carefully considered. The driver may not be called upon an interview if the information provided is sufficient for our investigation. If you have video evidence, you can send it to the Investigation Officer (IO) via email Neo_zhi_yuan@spf.gov.sg. If the file size is too big, please make arrangements with the IO contactable at DID: 6547 6079 for a convenient method of retrieval. Alternatively, you may forward the video to IO NEO ZHI YUAN through Whatsapp Messenger at 96318712.

Yours faithfully,

LIM KIAN HENG SAM, SUPT
CHIEF INVESTIGATION OFFICER / TRAFFIC POLICE
This is a computer-generated letter. No signature is required.

Particulars of the driver of SME2419H on 06 APRIL 2023 AT 0840 HRS:-

Name : <u>CHRISTOPHER JOHN</u>	NRIC / FIN / PP No. <u>G3141155L</u>	Address : <u>109 JALAN KAMPONG CHANTEK 588655</u>
Contact No : <u>9147647</u>		

I affirm that the information I gave above is true and correct.

CHRISTOPHER JOHN 9147647

Name / Contact No of Registered owner

[Signature]

Signature of Registered vehicle owner

23/04/23
Date

*Please mail or email a copy of the completed form, addressed to the Investigation Officer.

ACCIDENT STATEMENT

ACCIDENT DATE: 06.04.2023 (DD/MM/YYYY), TIME: 08.40 (HH:MM)

LOCATION: OPHR ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 2419H
 b) INSURANCE COMPANY: Sompo
 c) POLICY NUMBER: D22MTPV
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Bmw 4402
 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: John Christopher Sima (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 91476417
 c) ADDRESS: 109 Jalan Kampong Chantak
RIMBA CRIST 588677

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: AS ABOWH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 91476417
 c) ADDRESS: CONTACT: 588677

* 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) OWNER
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) OWNER
 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: CHARTER

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLK 1576A MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

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

email: chrissjohn@gmail.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. : D22MTPV01012771
Insured : JOHN CHRISTOPHER SIMON
Vehicle Registration No. : SME2419H
Coverage : COMPREHENSIVE - EXCELDRIVE GOLD
Policy Commencement Date : 29 JULY 2022 11:17
Policy Expiry Date : 23 SEPTEMBER 2023 23:59
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS
Hire Purchase Owner : DBS BANK LIMITED
Excess* : S\$900 - SECTION I
Voluntary Excess* : N.A
Waiver of Excess : COVERED
Excess is waived up to S\$1,000 (limit to one claim per policy year) if repair is done at authorised workshops. Additional Excess as indicated in the Policy Schedule will not be applicable for waiver.
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.

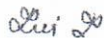
Accident Reporting

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.30

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 29 JULY 2022 11:17

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 RLDZLT4RKBMDWKAN