

NATIONAL Assessment Centre Services (with 12/2011) **24092352006**

Date In: 02/05/2023 17:28	Job description	Date & Time Completed	Done by
Ref No: NA230/28004/901	SAS e-filing		
Yeh No: Yeh 5033C	E-mail (with full, A/C 201)		
D.O.A: 29/04/2023 17:10	i-Motor Claim Form		
OD TP Reporting Only	i-Motor W/O (with: op 201, 20 201)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/W/ha		

Preferred Wkap / INC Assgn Wkap / GW: () Tel: () Fax: ()

TP Particulars: Yeh No: **STM 9094C** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Hst Status (WO): N: 0-30%, F: 21-79%, P: 80-140%)

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 repair.

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

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

Remarks: (INC Excess: 0188, 0013)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: _____

Date of Injury: _____

Location: _____

Time: _____

Weather: _____

Witness: _____

Police Report No: _____

Insurance Co: _____

Policy No: _____

Vehicle No: _____

Driver License No: _____

Driver Name: _____

Driver Address: _____

Driver Phone: _____

Driver Email: _____

Driver Occupation: _____

Driver Age: _____

Driver Sex: _____

Driver Height: _____

Driver Weight: _____

Driver Blood Pressure: _____

Driver Blood Sugar: _____

Driver Blood Cholesterol: _____

Driver Blood Triglyceride: _____

Driver Blood Uric Acid: _____

Driver Blood Creatinine: _____

Driver Blood Glucose: _____

Driver Blood Hemoglobin: _____

Driver Blood Hematocrit: _____

Driver Blood Hemoglobin A1c: _____

Driver Blood Ferritin: _____

Driver Blood Vitamin D: _____

Driver Blood Vitamin B12: _____

Driver Blood Folate: _____

Driver Blood Magnesium: _____

Driver Blood Potassium: _____

Driver Blood Sodium: _____

Driver Blood Calcium: _____

Driver Blood Phosphorus: _____

Driver Blood Zinc: _____

Driver Blood Selenium: _____

Driver Blood Copper: _____

Driver Blood Manganese: _____

Driver Blood Iodine: _____

Driver Blood Fluoride: _____

Driver Blood Boron: _____

Driver Blood Silicon: _____

Driver Blood Vanadium: _____

Driver Blood Chromium: _____

Driver Blood Cobalt: _____

Driver Blood Nickel: _____

Driver Blood Molybdenum: _____

Driver Blood Tin: _____

Driver Blood Lead: _____

Driver Blood Cadmium: _____

Driver Blood Mercury: _____

Driver Blood Arsenic: _____

Driver Blood Antimony: _____

Driver Blood Bismuth: _____

Driver Blood Tellurium: _____

Driver Blood Thallium: _____

Driver Blood Uranium: _____

Driver Blood Plutonium: _____

Driver Blood Americium: _____

Driver Blood Curium: _____

Driver Blood Californium: _____

Driver Blood Einsteinium: _____

Driver Blood Fermium: _____

Driver Blood Mendelevium: _____

Driver Blood Nihonium: _____

Driver Blood Tennessine: _____

Driver Blood Oganesson: _____

Invoice Preparation Charge	Amount
1) AR: Accident Reporting (\$300)	\$300
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee	\$10/\$50
4) PE: Follow-Through Survey	\$100
5) PT: Follow-Through Survey (Insurance)	\$50
6) TR: Re-inspection	\$75
7) NI: New DA + CRIT Survey	\$140
8) NTLC Additional Fee (extra)	
9) GI: _____	
*ND: Courtesy Car / Tel Allowance	\$5
*NI: Repair Coordination	\$10
*NR: Post Repair Inspection	\$20
*NS: BY / Collect Excess Coordination	\$1
*TP (1): TP (Non-INC) Vehicle INC	\$10
*NS: Other Items	10
Invoice Total	Fee Charged
Amount Paid	Balance Due

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 willful 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 17:38 (SGT)
Reported by Actual Driver
Date of Accident 29/04/2023 12:10 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN5033C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner O BREAD 2 PTE. LTD.
Company Reg No 2XXXXXX081K
Email Address sandy.yksupreme@gmail.com
Mobile Phone No (Phone) +65-96140110
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2998

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D23MTPCVE000057

DRIVER

Name of Driver WANG XIANGJUN
Passport No/FIN GXXXX461K
Date Of Birth 25/08/1976
Occupation Outdoor

Date Of Driving Pass 12/03/2014
 Driving experience 9 YEARS AND 1 MONTH
 Gender Male
 Mobile Number (Phone) +65-96140110
 Alt. Phone Number -
 Email Address sandy.yksupreme@gmail.com
 Address 3015 BEDOK NORTH STREET 5 #04-05
 Address complement -
 Postcode 486350
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Employee
 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 Chain 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 3
 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 COLLEAGUE
 Gender Male

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 SJN9094C
 Vehicle Manufacturer Hyundai
 Vehicle Model Avante
 Vehicle Variant -

Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	PATRICK GILBERT
Contact Number	SXXXX480I
Address	(Phone) +65-90265794
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	PC3119S
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
NRIC No	S RAVINDRAN
Contact Number	SXXXX685C
Address	(Phone) +65-91540806
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

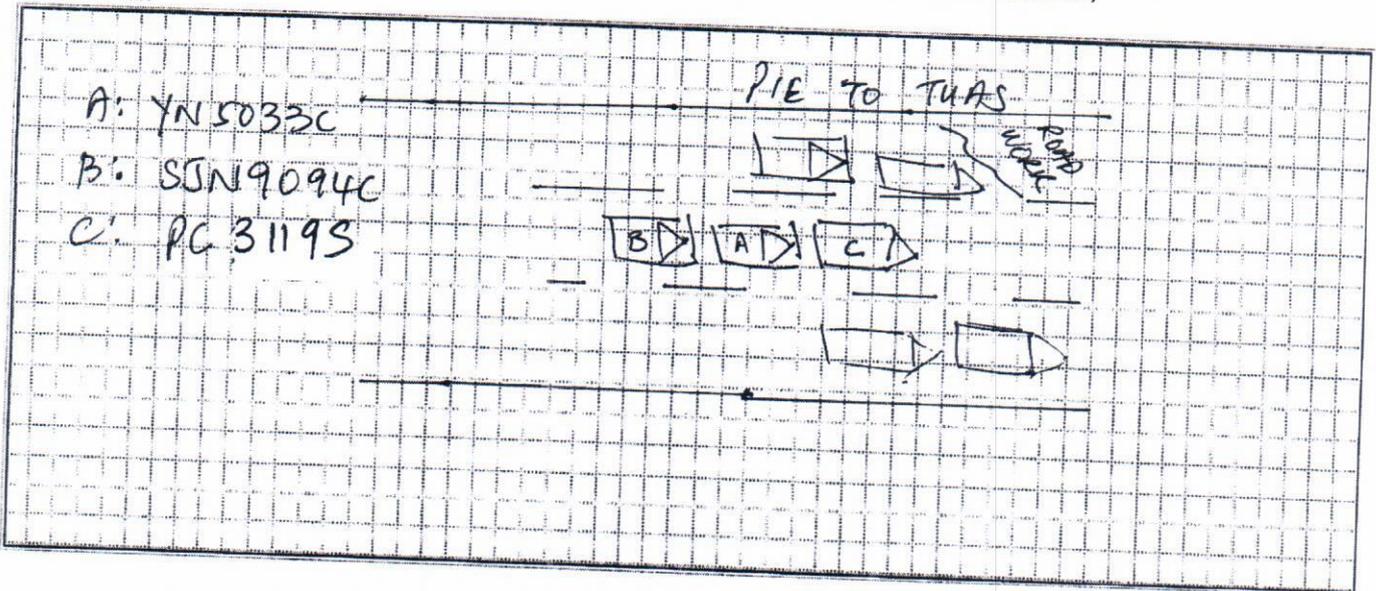


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

On mentioned date and time, I was driving along Tuas PIE in Tuas direction near Bukit Batok. The traffic flow was heavy due to road works on the LEFT lane. As we approaching the road works, those vehicle on the LEFT lane filtering into the centre lane. The front vehicle slow down and I follow suit and the next moment vehicle B crashed against my vehicle. Due to the impact my vehicle surge forward and collided against vehicle C (PC 3119S)

Was there any video captured by Car Camera? Yes No

Has the driver been approached by unknown person(s)? Yes No

Number of Passengers (Including Driver)? 02

Name MALE COLLEAGUE (INDIAN) Gender: MALE

Name Gender:

Name Gender:

Declaration

I/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 (Name as in NRIC/ID card)

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	29-04-2023	Time of Accident:	1210
Exact Location:	PIE TOWARDS TUAS		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	YN 5033c	NRIC / FIN / Passport no:	200707081K
Name of Registered Owner:	O BREAD 2 PTE LTD		
Owner's Email:	Sandy.yksupreme@gmail.com		
Owner's Address:	3015 BEDOK NORTH ST 5 #04-05 (486350)		
Vehicle Make:	mitsubishi	Vehicle Model:	CANTER
Engine Capacity (cc):	2998cc	Transmission:	Auto (Manual)
Type of Claim:	Own Damage / (Third Party) / Reporting Only		
Vehicle Category:	Private (Commercial) Motorcycle / Private Hire		
Name of Insurance Co:	SOMPO INSURANCE		
Type of Policy:	(Comprehensive) Third Party / Third Party, Fire & Theft		
Policy Number:	D23 MTP CVE 000057		

DRIVER			
Name of Driver:	WANG XIANGJUN		
NRIC / FIN / Passport no:	65481461K	Date of Birth:	25-08-1976
Occupation:	(Indoor) Outdoor	Driving Pass Date:	12-03-2014
Contact Number:	96140110	Gender:	(Male) Female
Address:	3015 BEDOK NORTH ST 5 #04-05 (486350)		
Relationship with Owner:	Owner / (Employee) Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	(Chain collision) Side Swipe / Front to Rear / Others:		
Weather Condition:	(Clear) Raining / Others:		
Video available:	Yes / (No)	Road Surface:	(Dry) Wet
Was anybody injured?	Yes / (No)	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	02 MALE : INDIAN COLLEAGUE		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	PC3119S	SJN 9094C	
Vehicle Make / Model:	TOYOTA HACE	DATRICK GILBERT	
Name of Driver:	S RAVINDRAN	HYUNDAI AVANTE	
NRIC / FIN / Passport no:	S1575685C	S1816480 I	
Contact Number:	91540806	90265794	
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
Name / in which vehicle?:	Person 1	Person 2	Person 3

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver _____

Date and time _____

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. : D23MTPCVE000057
1. Registration No. : YN5033C
2. Insured Name : O BREAD 2 PTE. LTD.
3. Commencement Date : 01 JANUARY 2023 00:00
4. Expiry Date : 31 DECEMBER 2023 23:59
5. Coverage : Market value at time of loss - Comprehensive
6. Excess : \$750 - Section I

7. Persons or Classes of Persons entitled to drive*

b) Any person who is driving on the Insured's order or with their permission.
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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- 1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

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

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

I/We HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 08 DECEMBER 2022 02:01

**Limitation rendered inoperative by section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.*

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they 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 (Cap.189)
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Name / Code : ENSURE PTE. LTD. / 11E07804 CI Code: 20D 4XDHBT4KK1DMJRAH

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: S21092352000 G Vehicle Registration No: YM 5033 C

Name (as shown in NRIC): Wong Xianhui NRIC/FIN/Passport No: GXXXX 461K

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 9614 0100

Email Address: _____

Date of Accident: 29/04/2023 Time of Accident: 12:10

Place of Accident: PIR towards road

Insurance Company: Sampo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TIP VEHICLE B) SJM 9094C & VEH C) PC3119S

Policyholder / Actual Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: 04/05/2023