

**NATIONAL Assessment Centre Services** (call 1-800-441-5800) 81092350006

Date In: 08/05/2023 16:37	Job description	Date & Time Completed	Done by
Ref No: X168/81092350006397	SAS e-filing		
Yeh No: 81092350006397	E-mail (within 24hrs, A/C 24hrs)		
D.O.A: 08/05/2023 19:30	1-Motor Claim Form		
QC - TP: Reporting Only	1-Motor W/O (within 24hrs, A/C 24hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

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

TP Particulars: Yeh No: UNKNOWN CAR INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Policy No: ( ) Period: ( ) Cover Type: ( )

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

Insured/Driver Liability: ( ) % (Note: Inc Status (WO): 10-0-30%, P: 21-79%, 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 info of repair.

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

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

Remarks: ( ) INC ( ) Non-INC ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Other: ( )

**X142301802**

Invoice Preparation Charge	\$150
1) AR: Accident Report (\$300)	\$300
2) DA: Damage Assessment (\$1000)	\$1000
3) TP: Towing Fee (\$100)	\$100
4) PT: Follow-Up Survey (\$150)	\$150
5) PT: Follow-Up Survey (Survey Fee)	\$150
6) TR: Transport Allowance (\$100)	\$100
7) NI: New DA / Survey (\$150)	\$150
8) NI: Additional Services	
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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	04/05/2023 16:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/05/2023 19:30 (SGT)
Exact Location of Accident	Eunos Cres, Singapore
Additional Location Information	CAR PARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU9740Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOW KUM HON
NRIC No	SXXXX500B
Email Address	adamlow67@hotmail.com
Mobile Phone No	(Phone) +65-91288967
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1317

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV1003047

### DRIVER

Name of Driver	LOW KUM HON
NRIC No	SXXXX500B
Date Of Birth	20/12/1967
Occupation	Outdoor

Date Of Driving Pass	14/08/1987
Driving experience	35 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91288967
Alt. Phone Number	-
Email Address	adamlow67@hotmail.com
Address	BLK 9 EUNOS CRESCENT #10-2707
Address complement	-
Postcode	400009
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230504/2053

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
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.

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

BLK 9 EUNDO'S CRESCENT CAR PARK

(A) SMU 97402

(B) UNKNOWN

Describe Circumstance of the Accident

Refer To the Police Report Ref : 7/20230504/2023

Declaration

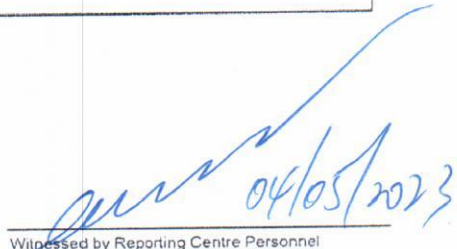
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



04/05/2023

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





**SINGAPORE  
POLICE FORCE**



T/20230504/2053

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 3

Report No. T/20230504/2053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/05/2023 13:05	Vide Report No.:	Station Diary No.: 56
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**Informant's Particulars**

Name of Informant: LOW KUM HON			Address: APT BLK 9 EUNOS CRESCENT #10-2707 SINGAPORE 400009		
ID Type / ID No.: NRIC NO / S1791500B			Contact No.: Home/Office: Mobile: 91288967		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 20/12/1967	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Airport Ramp Officer			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/05/2023 19:30	Type of Location: Car Park
Location:  EUNOS CRESCENT				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMU9740Z	Car	HONDA	FIT BASIC 1.3 CVT	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU9740Z	TENET SOMPO INSURANCE PTE. LTD.	D23MTPV0100304 7	10/03/2023	09/03/2024



**SINGAPORE  
POLICE FORCE**



T/20230504/2053

2 of 3

Report No. T/20230504/2053

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LOW KUM HON	ID No.	S1791500B
Related Vehicle	SMU9740Z (Car)	Contact No.	91288967
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 04/05/2023 at about 0710hrs, I went to my car (SMU9740Z) which parked stationary at Blk 9 Eunos Crescent open carpark. I then noticed that there is a crack, dents and scratches on the front left side of my car. There was no moving vehicle at the point of discovery.

I then made a check to my in-car camera and observed that on 03/05/2023 at about 1932hrs, there was one private hirer car which was trying to reverse in to park next to my car on the left side. Subsequently, the said vehicle's right side hit onto the front left side of my vehicle. However, the in-car camera could not capture the said car plate number.

I then came to Geylang NPC to lodge a traffic accident report.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20230504/2053

3 of 3

Report No. T/20230504/2053

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
G /  
SGT 2 MUHAMMAD AFIQ BIN  
MOHAMED KHAIRANI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
STAFF SGT SUFIYAN BIN KHAIRI  
Contact No.: 65476148

Signature Of Informant:

Date/Time:  
04/05/2023 13:05

Classification Of Case:

NP168

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 03/05/2023 (dd/mm/yy) Time of Accident: 19:30 (24-HR-FORMAT)  
Vehicle No.: SMU 97402 Vehicle Make & Model: HONDA FIT  
\*Transmission: ☐ Manual ☒ Auto \*C.c.: 1300 CC  
Exact location of Accident: EUNOS CRESCENT CAR PARK  
Policyholder's Name: LOW KUM HON NRIC/FIN/REG No.: S1791500B  
\*Policyholder's email address: adamlow67@hotmail.com  
Driver's Name: LOW KUM HON NRIC/FIN/REG No.: S1791500B  
\*Driver's email address: adamlow67@hotmail.com  
Driver's Contact No.: 91288967 Company Contact No (If any): —  
Date of birth: 20/12/1967 Driving Pass Date: 14/08/1987  
Driver's Address: BLK 9 EUNOS CRESCENT #10-0707 (S) 400009  
Insurance Company: SOMPO  
Policy No.: D23MTPV01003047 Type of Coverage: ☒ Comprehensive / ☐ Third Party / ☐ Third Party, Fire & Theft  
Relationship between Owner & Driver: (Please CIRCLE one only)  
☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: \_\_\_\_\_  
What do you wish to claim? (Please TICK one only)  
☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)  
Type of Accident  
☐ Chain Collision ( ☐ Head To Rear ) ☐ Side Swipe ☐ Other HIT AND RUN  
Occupation (nature job) ☐ Indoor / ☒ Outdoor \*No. of Passengers / Including Driver: 0  
\*Passanger Name: \_\_\_\_\_ Gender: Male / Female  
\*Passanger Name: \_\_\_\_\_ Gender: Male / Female  
Weather condition & Road conditions? (On the day of accident)  
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_  
Was there any video captured by your car Car camera? ☒ Yes / ☐ No  
Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_  
Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_  
Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party (S) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_  
Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



**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. : D23MTPV01003047  
Insured : LOW KUM HON  
Vehicle Registration No. : SMU9740Z  
Coverage : COMPREHENSIVE - AUTHORISED WORKSHOP PLAN  
Policy Commencement Date : 10 MARCH 2023 00:00  
Policy Expiry Date : 09 MARCH 2024 23:59  
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS  
Hire Purchase Owner : HONG LEONG FINANCE  
Excess\* : S\$400 - 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](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6226 3323.

I/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 : 07 FEBRUARY 2023 16:20

**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 : RAFFLES PROVIDENT LLP / 11A08902 CI Code: 22A RFQDHM14II\_BMQTA