

NATIONAL Assessment Centre Services

(Call 1-800-451-1234)

SA1092355002

Date In: 05/05/2023 10:07	Job description	Date & Time Completed	Done by
Ref No: N/A/810230045687	SAS e-illing		
Veh No: SMT 75H	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 09/05/2023 16:32	1-Motor Claim Form		
OD: TP: Reporting Only	1-Motor W/O (within 2hrs, A/C 2hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars: Veli No: 205 10185	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note: Bst Status (WO): N: 0-20%, F: 21-70%, F: 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 repair.

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

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

Remarks: ()	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: ()

Other: ()

<p>SA1092305</p> <p>Insurance Particulars:</p> <p>Insured/Owner:</p> <p>Insured No:</p> <p>Insured Portion: ()</p> <p>Checked by (Engr-In-Charge):</p> <p>Customer's Comments:</p> <p>C-L:</p> <p>L-2/3:</p>	Invoice Preparation Checklist	
	1) A/C: Accident Package (\$300)	W
	2) D/A: Damage Assessment (\$1000)	INC (\$50)
	3) T/P: Towing Fee	\$50/\$50
	4) P/C: Follow-Up (5 Days)	\$150
	5) T/P: Follow-Up Survey (Estimate)	\$50
	6) T/P: Follow-Up Survey (Estimate)	\$50
	7) T/P: Follow-Up Survey (Estimate)	\$50
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100) T/P: Follow-Up Survey (Estimate)	\$50	

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	05/05/2023 10:07 (SGT)
Reported by	Actual Driver
Date of Accident	04/05/2023 16:32 (SGT)
Exact Location of Accident	50A Lloyd Rd, Singapore 239128
Additional Location Information	ODYSSEY PRESCHOOL COMPOUND
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT725H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LI ZHUO
Passport No/FIN	GXXXX154U
Email Address	michelle98725@gmail.com
Mobile Phone No	(Phone) +65-88701021
Alternative Phone No	+65-87222198

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Range rover
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	2996

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01001639

DRIVER

Name of Driver	DONG MEIZHUO
NRIC No	SXXXX740J
Date Of Birth	25/07/1989
Occupation	Indoor

Date Of Driving Pass	05/06/2020
Driving experience	2 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87222198
Alt. Phone Number	-
Email Address	michelle98725@gmail.com
Address	BLK 10 CUSCADEN WALK #17-04
Address complement	-
Postcode	249693
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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	SNB1018S
Vehicle Manufacturer	Rolls Royce
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEE WAI KIT DAVID
Contact Number	(Phone) +65-91819639

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

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

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

Sketch Plan

Handwritten sketch plan on a grid background:

- Top left: A) SMF 725H
- Below A): B) SNB 1018S
- Center: A rectangular box with 'A' inside, and 'B' written below it.
- Top right: PARKING
- Bottom center: Lloyd Road

Describe Circumstance of the Accident

In the Odguseg preschool ^{yard} I wasn't aware there is a car behind me, I realised then bump the car.

I am not sure if the car behind me is moving or not. cos we all went to pick up our children. And in the school yard is very crowded, there was a car in front of me, so I have to reverse a bit then come out, I put my son in the safety seat then got on my car. there was no car behind me at that moment. When I realised I bumped his car. ~~his car~~

Declaration

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



Policyholder's Signature / Date & Time

 05.05.2023

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

 05/05/2023

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

ACCIDENT STATEMENT

ACCIDENT DATE: 04 MAY 2025 (DD/MM/YYYY), TIME: 16:32 (HH:MM)

LOCATION: Odysey Preschool, 10A Lolyd Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMT 725H
 b) INSURANCE COMPANY: SOMPO
 c) POLICY NUMBER: 025MTPV01001639
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: RANGE ROVER HSE
 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: LI ZHUO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 613806174 CONTACT: 88722198
 c) ADDRESS: 10 WILCAPEN WALK #11-04
5265697

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DONG MEIZHUO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 613806174 CONTACT: 88722198
 c) ADDRESS: SAME AS ABOVE

* d) DATE OF BIRTH: 25/01/1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06 JUN 2020

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

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: CNB1018S MODEL: ROWE ROUS ROYAL
 b) DRIVER'S NAME: LEE WAI KIT DAVID CONTACT: 91819639
 c) NRIC/FIN/PASSPORT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME: CONTACT:
 f) NRIC/FIN/PASSPORT:

email: michelle98725@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. : D23MTPV01001639
Insured : LI ZHUO
Vehicle Registration No. : SMT725H
Coverage : COMPREHENSIVE - PREFERRED WORKSHOP PLAN
Policy Commencement Date : 06 MARCH 2023 00:00
Policy Expiry Date : 05 MARCH 2024 23:59
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS
Hire Purchase Owner : OCBC
Excess* : S\$700 - SECTION I
Voluntary Excess* : N/A
Waiver of Excess : COVERED
This Waiver of Excess benefit is limited to 1 accident claim per policy year and not applicable to Additional Excess as indicated in the Policy Schedule
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.

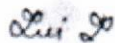
Accident Reporting

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.

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 : 04 JANUARY 2023 16:06

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 : FINEXIS ADVISORY PTE LTD / 11F02709 CI Code: 22A 4ADSS64_RTBLVRAX

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: SNR923550002 Vehicle Registration No: SMT 725H

Name (as shown in NRIC): DENG MEIZHUO NRIC/FIN/Passport No: SXXX740J

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

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 8722198

Email Address: _____

Date of Accident: _____ Time of Accident: _____

Place of Accident: 50A Uyo Road (Odyssey Preschool Compound)

Insurance Company: SMPA

(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:

DRIVER CONTACT NUMBER TO 8722198

Policyholder / Actual Driver's Signature
Date:

05/05/2023

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: