

NATIONAL Assessment Centre Services (Call 1 800 555 2358) **510923580006**

Date In: <b>08/05/2023 17:46</b>	Job Description	Date & Time Completed	Done by
Ref No: <b>NA2301323</b>	SAS e- filing		
Veh No: <b>SDH 6201H</b>	E-mail (within 2hrs, A/C 2hrs)		
P.O.A: <b>02/05/2023 11:50</b>	1-Motor Claim Form		
OC: <b>TP</b> (Repairing Only)	1-Motor W/O (within 2hrs, A/C 2hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Veh No: **GR4 3013H** INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( )

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

Confirmed by: ( ) Date: ( ) Title: ( )

Insured/Driver Liability: ( ) % (Note: Bsc Status (W/O): N: 0-30%, F: 21-70%, P: 30-100%)

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 Co: ( )

Remarks (INC: 10/10/07/08/0010)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Recovery Photo (Repair Cost > \$3000) ( )		

Injury: ( )

Other Particulars:

**NA2301323**

Customer's Particulars	Invoice Preparation Charge (15)	
Owner/Driver	1) A/R: Accident Reporting (250)	
Contact No:	2) DA: Damage Assessment (1000)	INC (250)
Assigned Portion: ( )	3) TP: Towing Fee (40/50)	
Checked by (Engr-In-Charge):	4) PE: Follow Through Survey (150)	
Comments:	5) PE: Follow Through Survey (Losses > 250)	300
	6) TR: Re-Assignment (30)	
	7) NI: New DA + SMRT Survey (140)	
	8) NTLC Additional Features	
	9) NI: Country Car / Tel Allowance (30)	
	10) NI: Repair Coordination (10)	
	11) NI: Post Repair Inspection (30)	
	12) NI: DV / Collect Excess Coordination (30)	
	13) NI: (11) TP (Non-INC) against INC (10)	
	14) NI: (11) TP (Non-INC) against INC (10)	
	15) NI: (11) TP (Non-INC) against INC (10)	

## 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	08/05/2023 12:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/05/2023 21:50 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDH6201H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GONG GE
NRIC No	SXXXX131C
Email Address	estrpt66@gmail.com
Mobile Phone No	(Phone) +65-98195822
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
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	2487

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01017002

#### DRIVER

Name of Driver	GONG GE
NRIC No	SXXXX131C
Date Of Birth	06/02/1963
Occupation	Indoor

Date Of Driving Pass .....	30/07/2023
Driving experience .....	10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98195822
Alt. Phone Number .....	-
Email Address .....	estrpt66@gmail.com
Address .....	10 WOODLEIGH CLOSE #13-04
Address complement .....	-
Postcode .....	357905
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 .....	Collision - Major/Minor Rd
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? .....	No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number .....	GBG3013H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-

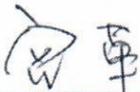
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

Describe Circumstance of the Accident

On 05/05/23, at about 21:50hrs, I was travelling along Braddell Road. My vehicle was stationary conforming to the traffic on the middle lane. As the traffic light turned green and I was about to move off, I felt an impact from my right. I then realised vehicle B had cut into my lane abruptly and collided onto right portion of my vehicle. There were 2 blocked lanes on the right due to road works.

Declaration

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

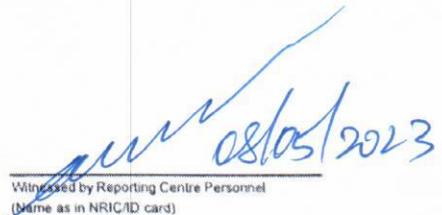


Policyholder's Signature / Date & Time



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

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



08/05/2023

Windy

SINGAPORE ACCIDENT STATEMENT

Accident Date: 5/5/2023	Time: 21:50	(hh:mm) 24 hr format
Location Braddell Road		
Vehicle Number SDH 6201 H		
Insured Name GONG GE		
NRIC /FIN 82651131 C	Contact Number 9819 5822	
Make LEXUS	Model ES 250	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No,Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting		
Insurance Company 8ompo		
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number D22MTPV01017002		
Name of Driver ( <input checked="" type="checkbox"/> ) Same as Insured		
NRIC / FIN Contact Number		
Date of Birth 06/02/1963		
Driving Pass Date 30/07/1996		
Occupation ( <input checked="" type="checkbox"/> ) Indoor ( ) Outdoor		
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female		
Email Address estrpt66@gmail.com ( ) NO EMAIL		
Address of Driver 10 Woodleigh Close #13-04 s (357905)		
No. Passenger : DRIVER ONLY		
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
If No, Relationship of the Driver with the Insured		
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others		
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
If yes, injured detail		
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact
Veh B	GBG 3013 H	
Veh C		
Veh D		
Veh E		
Veh F		

### Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2010 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No. : D22MTPV01017002  
Insured : GONG GE  
Motor Vehicle (Registration No.): SDH6201H  
Coverage : Comprehensive - ExcelDrive PRESTIGE  
Policy Commencement Date : 17 OCTOBER 2022 00 00  
Policy Expiry Date : 16 OCTOBER 2023 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$700 - Section I  
Voluntary Excess\* : N.A  
Windscreen Excess\* : S\$100.00 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.

#### ExcelDrive Workshops and Accident Reporting

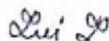
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, 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 169) 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 20

Sompo Insurance Singapore Pte. Ltd.



Authorized Signatory

Date/Time of Issue : 06 OCTOBER 2022 14:38

#### IMPORTANT NOTICE

- 0 Keep the Certificate in your Motor Vehicle.
- 0 Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169), it shall be unlawful for any person to use or cause to permit any other person to use a Motor Vehicle without a valid policy of insurance under the Act.
- 0 On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured 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 (Chapter 169).
- 0 This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name 11J06508 & JIN LI PTE LTD CI Code 22A LLRHDHZQ2410MYRA