

NATIONAL Assessment Centre Services (Call 1-800-555-1234) **W0923500005**

Date In: 08/05/2023 13:55	Job description	Date & Time Completed	Done by
Ref No: NIA/87MO28004639/4	SAS e-filing		
Veh No: SC 70397B	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 07/05/2023 H:TD	1-Motor Claim Form		
TP : Reporting Only	1-Motor W/O (within 24hrs, A/C 2hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / OW: ()

TP Particulars: Yeh No: **SC 7.144C** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () (Note: Hst Status (WO): 11-0-2014, F: 21-7230, F: 30-1404)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO 1st of repair.

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

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

REMARKS: (INC Ref No: 0789-0015)

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

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo [Repair Cost > \$3000] ()

Injury: ()

Invoice / Preparation Checklist	AMOUNT	ASST. BY
1) A/L: Accident Package (\$300)		
2) DA: Damage Assessment (\$1000)	INC (250)	
3) TP: Towing Fee	\$100	
4) PE: Follow Through Survey	\$150	
5) PF: Follow Through Survey (Base Fee)	\$50	
6) TR: Re-inspection	\$75	
7) NI: Hst DA + Other Survey	\$100	
8) RTLC Additional Fee		
GR: ()		
*NO: Courtesy Car / Tel Allowance	\$50	
*NO: Repair Coordination	\$100	
*NO: Post Repair Inspection	\$100	
*NO: DV / Collect Excess Coordination	\$1	
*TP (H1): TP (Non-INC) Insurer INC	\$200	
TP: (H1) TP (Non-INC) Insurer INC	10	
TP: (H1) TP (Non-INC) Insurer INC		
Invoiced		
Fee Charged		

NA2801326

Insurance Particulars:

Insured/Owner:

Insured No:

Assigned Portion: ()

Checked by (Engr-In-Charge):

Signature:

Date:

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 13:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/05/2023 11:50 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	TOWARDS DUNEARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS7039B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JOHN CHARLES TAYLOR
NRIC No	SXXXX778F
Email Address	johntaylor88@yahoo.co.uk
Mobile Phone No	(Phone) +65-83009498
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A8
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2995

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01003895

DRIVER

Name of Driver	JOHN CHARLES TAYLOR
NRIC No	SXXXX778F
Date Of Birth	29/02/1960
Occupation	Indoor

Date Of Driving Pass	06/03/2006
Driving experience	17 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83009498
Alt. Phone Number	-
Email Address	johnntaylor88@yahoo.co.uk
Address	16 EWE BOON ROAD #01-07
Address complement	-
Postcode	259324
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 - U-Turn
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 ATTACHMENT AND STATEMENT

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	SLZ7744L
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIONEL HAN
NRIC No	SXXXX574Z

Contact Number	(Phone) +65-97432688
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.

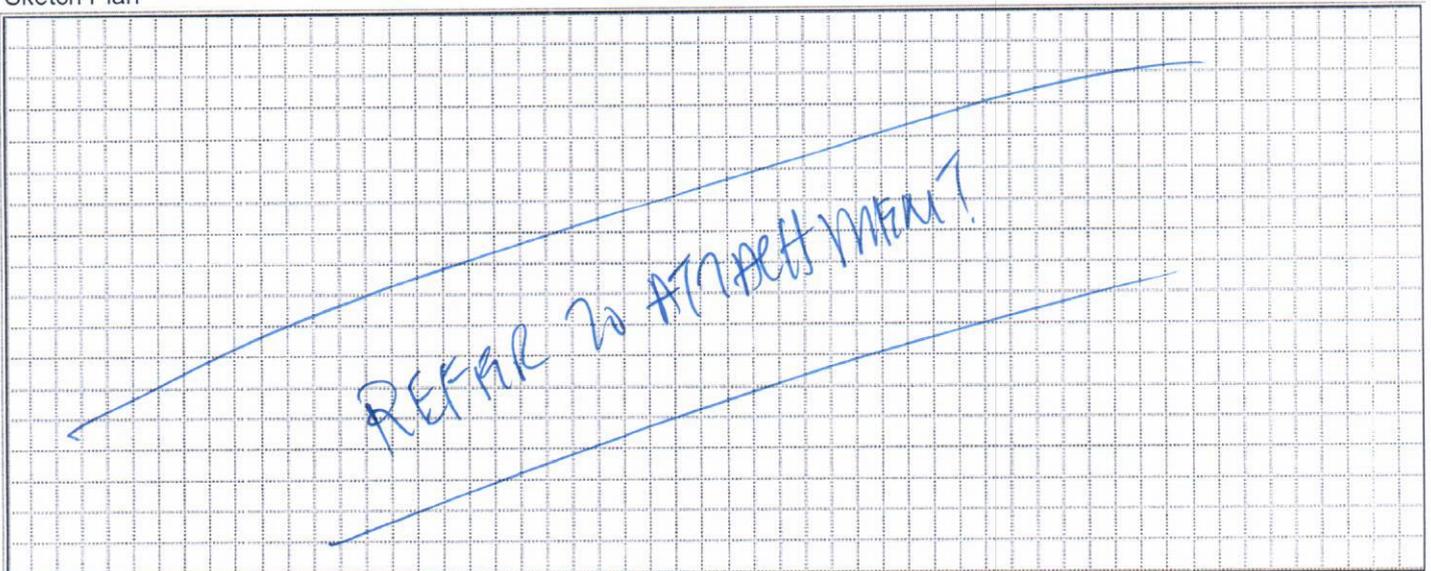
Policyholder's Signature / Date & Time

8 MAY 2023 13:15hrs.

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



Flyover

Wayang Satu Flyover

Bukit Timah Rd

Rochor River

WADI 23 MAY

11:50 AM

The Legend

ROCHOR RIVER

WATERFALL 66 Steps

Madison Residences

Bukit Timah Rd

DIRECTION OF TRAVEL OF ANDI

SUSTOP

Rochor River

Bukit Timah Rd

Dunearn Rd

Swiss Cottage Estate

Keng Chin Rd

Bukit Timah Rd

Swiss Cottage Estate

Dunearn

Gold

B

O

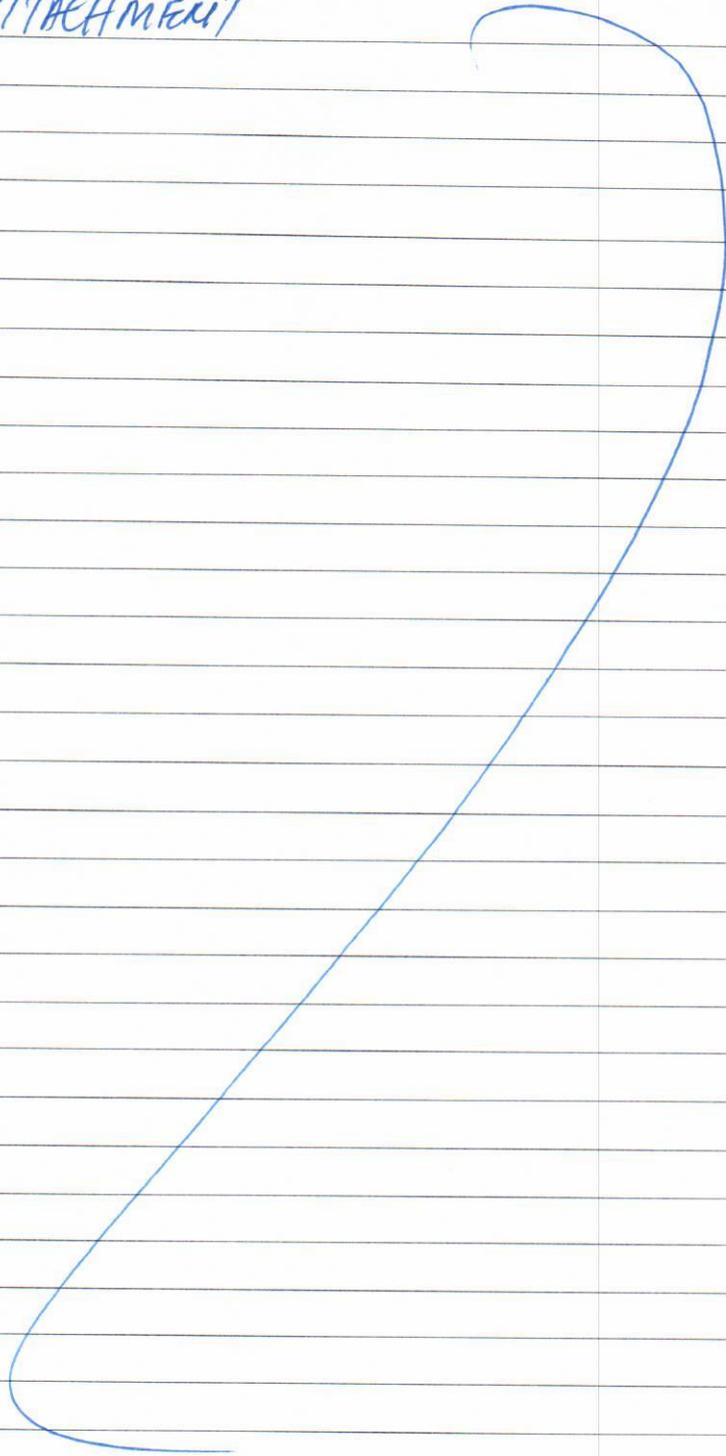
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DIRECTION OF TRAVEL OF MEREDITH

WATERFALL

Describe Circumstance of the Accident

REFER TO ATTACHMENT



Declaration

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

[Handwritten Signature]

Policyholder's Signature / Date & Time

8 MAY 2023 13:15hrs

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

[Handwritten Signature]
08/05/2023

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

Describe Circumstances of the Accident:

I was negotiating a U-turn from Bukit Timah Rd onto Dunearn Rd to travel southeast towards the junction with Chancery La/Balmoral Rd.

I glanced to the left to look for any oncoming traffic on Dunearn Rd and saw none so proceeded to turn onto Dunearn Rd. Next thing I heard a loud bang and realized there had been a collision.

A grey metallic painted Mercedes C18 saloon (car license plate no. **SLZ774L**) was now stationary some 50m down Dunearn Rd in front of my Audi A8L (license plate no. SLS 7039B).

I proceeded to pull-up behind the Mercedes put on my hazard warning lights and placed the warning triangle some 50m behind the vehicles.

Upon reaching the Mercedes I realized that the two cars had collided. The driver a Mr Lionel Han was driving and had his daughter (a child of maybe 7 years of age) in the front passenger seat.

We exchanged details and took photographs of our respective vehicles and the scene:

Mr Lionel Han

H/P 9743 2688

NRIC S8202574Z

There is damage to the Mercedes front wing, both offside door panels and the rear wing and O/S/R wheel.

My Audi has apparent damage to the N/S/F Wing, Bonnet, Headlamp, front valance and wheel.

I have several photos and images of accident scene and location to share electronically when needed.



A handwritten signature in blue ink, followed by the date '06/5/2023' written below it.

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. : D23MTPV01003895
Insured : JOHN CHARLES TAYLOR
Vehicle Registration No. : SLS7039B
Coverage : COMPREHENSIVE - EXCELDRIVE GOLDPLUS
Policy Commencement Date : 01 MARCH 2023 00:00
Policy Expiry Date : 29 FEBRUARY 2024 23:59
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS
Hire Purchase Owner : N.A
Excess* : S\$900 - SECTION I
Voluntary Excess* : N.A
Waiver of Excess : COVERED
Excess is waived up to S\$1,000 each claim if repair is done at authorised workshops 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.

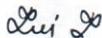
Accident Reporting

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 ASMP.5

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 27 FEBRUARY 2023 11:36

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 : MARSH (SINGAPORE) PTE LTD - AUTO SECURE / 11M08808 CI Code: 22A _ADLZC4JNYBBVKA4

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: S20923580003 Vehicle Registration No: S2S 7029B

Name (as shown in NRIC): John Charles Taylor NRIC/FIN/Passport No: SXXXXX 778F

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

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 83009498

Email Address: _____

Date of Accident: 07/05/2023 Time of Accident: 11:50

Place of Accident: BUKIT TIMAH ROAD TOWARDS DUNABAKI ROAD

Insurance Company: Sompo

(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:

TP VEHICLE NUMBER TO S2Z714YL

Policyholder / Actual Driver's Signature
Date:

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