

NATIONAL Assessment Centre Services

Date In 08/05/2023	Job description	Date & Time Completed	Done by
Ref No NM/SM023004655/Ad4	SAS e-filing		
Veh No SDT 8888A	E-mail (within 2hrs, A/C 2hrs)		
DOA 07/05/2023 23:00	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHD 6191B.	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. 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 repairer.

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

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

Remarks: (INC hotline: 67886616)	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: _____

Date/Time	Actions

NA2301334 / NA2301335	Invoice Preparation Checklist	Amr (\$)	Amr
Claimant's Particulars	1) AR: Accident Reporting (\$30);	Inc Bill	Add
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Call 1:	6) TR: Re-inspection \$75		
Call 2/3:	7) NI: Idag DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idag Mobile \$10		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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 16:30 (SGT)
Reported by	Actual Driver
Date of Accident	07/05/2023 23:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MULTI-STOREY CARPARK DECK 2A AT BLK 41 MARGARET DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDT8888A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WANG FANGHONG
NRIC No	SXXXX978E
Email Address	ttin88@gmail.com
Mobile Phone No	(Phone) +65-92359468
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	2493

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01012573

DRIVER

Name of Driver	DING TONG TONG
NRIC No	SXXXX732J
Date Of Birth	16/03/1966

Occupation	Indoor
Date Of Driving Pass	18/05/2004
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-91820486
Alt. Phone Number	-
Email Address	ttdin88@gmail.com
Address	APT BLK 39A MARGARET DRIVE
Address complement	# 41-276
Postcode	141039
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	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	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)	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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230508/2039

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	FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6191B
Vehicle Manufacturer	Toyota

Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMK748P
Vehicle Manufacturer	Volvo
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

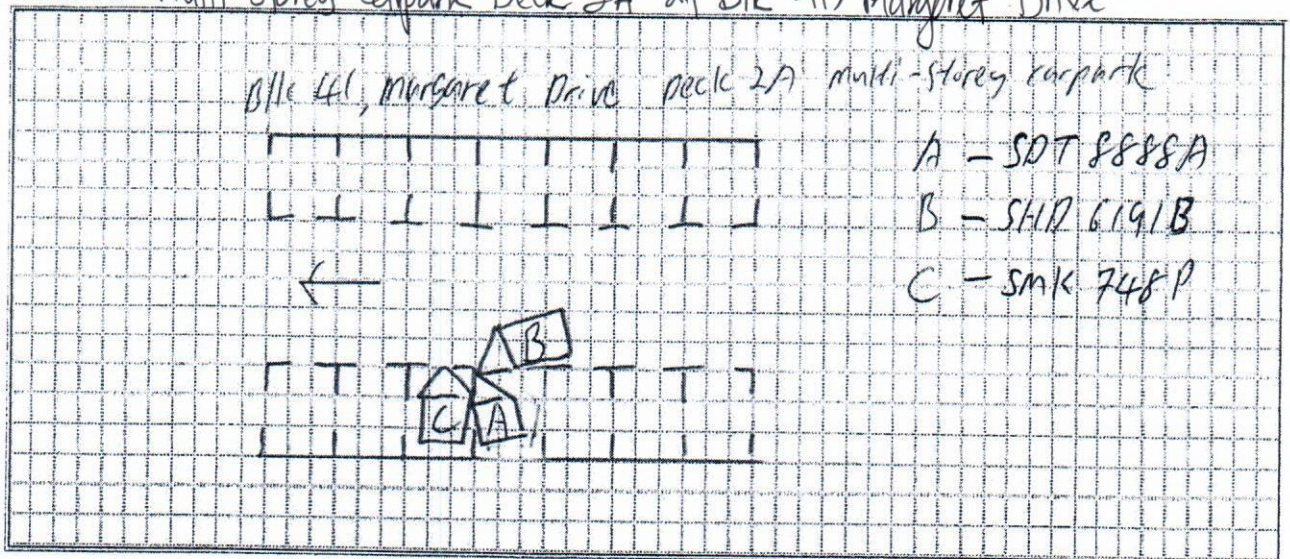
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 Multi-storey Carpark Deck 2A at Blk 41, Margaret Drive



Describe Circumstance of the Accident

please refer to police report T/20230508/2039.

I wish to state that due to the collision by vehicle STD 6191B,
my vehicle swerved to the left and collided to the parked vehicle
SMK 748P, causing the damages.

Declaration

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

张孝红

Policyholder's Signature / Date & Time

J. J. J.

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

8/5/2023

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



SINGAPORE POLICE FORCE



T/20230508/2039

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20230508/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2023 12:42		Vide Report No.: D/20230508/0039		Station Diary No.: 59	
Informant's Particulars					
Name of Informant: DING TONGTONG			Address: APT BLK 39A MARGARET DRIVE #41-276 SINGAPORE 141039		
ID Type / ID No.: NRIC NO / S2723732J			Contact No.: Home/Office: Mobile: 91820486		
Nationality: CHINESE			Email:		
Sex: Male	Age: 57	Date of Birth: 16/03/1966	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/05/2023 07:00	Type of Location: Car Park
Location: MARGARET DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SDT8888A	Car	TOYOTA	Alphard	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230508/2039

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20230508/2039

CONTINUATION OF REPORT

Brief Details.

On the 07/05/2023 at 2300hrs, I parked my car bearing plate number SDT8888A at the carpark of Blk 41 Margaret Drive. I secured my vehicle and left back for home. Everything was intact at that point of time.

On the 08/05/2023 at 0700hrs, I went back to my vehicle and wanted to go out. It was then I discovered that my car was slanted to the left, in a stationary position with my front portion damaged. My registration plate was also being knocked out from my vehicle.

I checked through my in car camera and found out it was a taxi, bearing plate number SHD6191B, collided into my vehicle and left the place thereafter. The vehicle which was parked beside me was also damaged due to the collision.

I then called for the traffic police assistance. This is the first time such incident happened to me and I had already sent the footage to the traffic police for their investigations.



**SINGAPORE
POLICE FORCE**



T/20230508/2039

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20230508/2039

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
D /
SGT 2 CLEMENT CHEE WEI
JUN

OL

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

J. H. H.

Date/Time:
08/05/2023 12:42

Classification Of Case:

NP168

Date of Accident : 07.05.2023 Accident Time: 2300 (24-HR-Format)
 Accident Place : Multi Storey Carpark Deck 2A at Blk 41, Margaret
 Vehicle No. (Car Plate No.) : SPT 8888A Make/Model: Toyota Alphard Drive
 Insurance Company : Sampo Policy No: 022MTPV01012573
 Owner or Company Name / IC No. : WANG RANG HONG S6861978E
 Owner or Company Contact No. : 9235-9468 Owner's Hp _____ Company Tel _____
 DRIVER'S Name/IC No. : DINH TONG TONG S2723732J
 DRIVER'S Date of Birth : 16.03.1966 DRIVER'S License Pass Date: 18.05.2004
 Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: _____
 DRIVER'S Address : Blk 39A, Margaret Drive, #41-276, S(141039)
 DRIVER'S Contact No./ Alt No. : 1) 91820486 2) _____
 DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
 Email Address : ttidin88@gmail.com
 Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
 Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance
 Number of Passengers (Including Driver): n1

Was there any video Captured by car camera YES NO file too large to upload
 Exact purpose for which vehicle was being used at the time of accident: Private Use / Work Purpose
 Any injury (If YES, Please state): n1

Other Party Driver's Particular (If any)

Vehicle No	: SHD 6191B (B)	Vehicle No	: SMK 748P (C)
Vehicle Make/Model	: Toyota Pro	Vehicle Make/Model	: volvo
Name Driver	: unknown	Name Driver	: unknown
IC No. Driver/Contact:	:	IC No. Driver/Contact:	:

Passenger's name & gender:

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. : D22MTPV01012573
 Insured : WANG FANGHONG
 Motor Vehicle (Registration No.): SDT8888A
 Coverage : Comprehensive - ExcelDrive GOLD
 Policy Commencement Date : 11 AUGUST 2022 00:00
 Policy Expiry Date : 10 AUGUST 2023 23:59
 Maximum Liability (Section I) : Market value at time of loss
 Excess* : \$800 - 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 or call our Emergency Hotline: (65) 6226 3323.

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.30

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 28 JULY 2022 14:55

IMPORTANT NOTICE

- o Keep the Certificate in your Motor Vehicle.
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), 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.
- o 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 189).
- o 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 : 11512207 & SUMMIT PLANNERS AGENCY PTE LTD CI Code: 22A_FRWDOLV4R1B0BNA