

NATIONAL Assessment Centre Services SW09235730002

Date In: 11/05/2023 10:30	Job description	Date & Time Completed	Done by
Ref No: N/A/SW0280048121	SAS e-Milling		
Val No: SW152	E-mail (within 24hrs, A/C 24hrs)		
D.O.A: 10/05/2023 13:30	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (Within 24 hrs, A/C 24hrs)		
TP Insured	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Val No: SW 8986P	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	% (Note: Bst Status (WO): N: 0-30%, F: 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 info of rep/ret.

() 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 Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()	
Damage: ()	

Invoice: Preparation Charge	
1) A/R: Accident Package (\$300)	
2) DA: Damage Assessment (\$1500)	INC (\$50)
3) TP: Towing Fee (\$150)	
4) PE: Follow-Up Survey (\$150)	
5) PE: Follow-Up Survey (\$150)	
6) TR: Towing Fee (\$150)	
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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	11/05/2023 10:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/05/2023 13:30 (SGT)
Exact Location of Accident	71 Jln Chengam, Singapore 578354
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH15Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HENG SONG KWANG
NRIC No	SXXXX171H
Email Address	ivanhengsk@gmail.com
Mobile Phone No	(Phone) +65-97623003
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
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	1591

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01008105

DRIVER

Name of Driver	HENG SONG KWANG
NRIC No	SXXXX171H
Date Of Birth	15/11/1967
Occupation	Indoor

Date Of Driving Pass	19/08/1985
Driving experience	37 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97623003
Alt. Phone Number	-
Email Address	ivanhengsk@gmail.com
Address	BLK 312B ANCHORVALE LANE #14-64
Address complement	-
Postcode	542312
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?	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	SLW8986P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM YONG GUAN
Contact Number	(Phone) +65-96618665

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.
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;

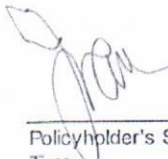
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

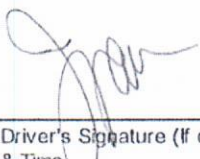
(collectively the "Purposes")

(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

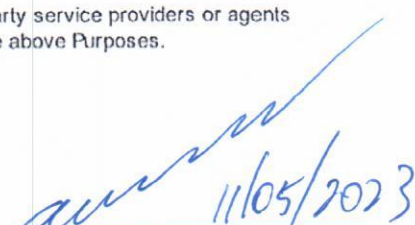
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel

Sketch Plan

71 John Chong
X
A
B

A² SLH 15Z
B² SLW 8986P

On 10.05.2023 about 01:30hrs. My vehicle SLH 157 was stationary at front 71 Jalan Chengam. Suddenly, I heard a source and go out saw my vehicle got hit by SLW 8986P.

We declare the foregoing particulars are true in every respect.

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

11/05/2023

Witnessed by Reporting Centre Personnel

13 May 2022

Our ref 1305220501N078192018

HENG SONG KWANG
APT BLK 312B ANCHORVALE LANE
#14-64
SINGAPORE 542312



Dear MR HENG SONG KWANG

Vehicle With New No. SLH15Z Has Been Successfully Transferred To You

The vehicle, whose previous vehicle registration number was SNE1428B, has been successfully transferred to you. The vehicle registration number has been replaced with SLH15Z with effect from 13 May 2022. The Business Transaction Reference No. is 20220513191720891834.

You can find the full details in the Annex. Please check that they are correct. You can also view these details when you login to onemotoring.lta.gov.sg.

You should change the vehicle number plates to show the new number by 16 May 2022.

Consider subscribing to backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit:

- <https://ezpayreg.ezlink.com.sg>
- <https://vcashcard.nets.com.sg>

If you are already subscribed to a backend payment service, do update your account with the details of the vehicle transferred to you.

Visit onemotoring.lta.gov.sg for more information and to access a wide range of vehicle-related services. If you need a Singpass or Corppass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

What You Need To Do:

- Change the vehicle number plates to show the new number SLH15Z by 16 May 2022.
- Check that the details in the Annex are correct.
- Consider signing up for ERP backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit:
-<https://ezpayreg.ezlink.com.sg>
-<https://vcashcard.nets.com.sg>

5

Date of Accident : 10.05.2023 Accident Time : 01:30pm (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : 71 Jalan Chengam S 578354

Vehicle No (Car Plate No) : SLH 15Z Make/Model: Kia Forte K3 1.6A

Insurance Company : Sompo Policy No: D23MTPV01006305
D22M1P0100800X

Fleet Policy : YES / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Heng Song Kuang (S1795171H)

Owner Contact No : 97623003 Owner's Hp _____ Company Tel _____

Driver Name / IC No : As above

Driver's Date of Birth : 15.11.1967 Driver's License Pass Date: 19.08.1985

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Owner

Driver's Address : Apt Blk 312B Anchorvale Lane #14-64 S 542312

Driver's Contact No : 1) 97623003 2) _____

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : ivanhengsk@gmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 0 person

Was ther any video footage? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

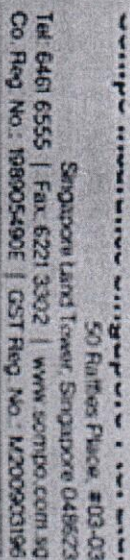
Any injury (If Yes, Pls State) : Nil

Other Party Driver's Particular (if any)

VEH B : <u>SLW 8986P</u>	Name & Contact No: <u>Lim Yong Guan 96618665</u>
VEH C : _____	Name & Contact No: _____
VEH D : _____	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

*NEW - Passenger's Name & Gender:





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. : D22MTPV01008105

Insured : HENG SONG KWANG

Motor Vehicle (Registration No.): SNE1428B

Coverage
: Comprehensive - ExcelDrive GOLD

Policy Commencement Date : 12 MAY 2022 12:58

Policy Expiry Date : 11 MAY 2023 23:59

Maximum Liability (Section I) : Market value at time of loss

Excess* : \$500 - Section I

Voluntary Excess* : N/A

Windscreen Excess* : \$5100.00 for each and every applicable claim.

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

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 encephalometric and electrodermal studies.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

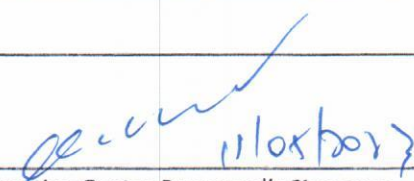
Original Report No : SNO9235B0002 Vehicle Registration No: SLH 15Z
Name (as shown in NRIC) : Heng Song Kwang NRIC/FIN/Passport No : S1795171H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Apt Blk 312B Anchorvale Lane #14-64 Singapore (542312)
Contact (Tel) : _____ Mobile No. : 9762 3003
Email Address : ivanhengsk@gmail.com
Date of Accident : 10.05.2023 Time of Accident : 1330 hrs
Place of Accident : 71 Jln Changam Singapore 578354
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:

Name of owner : Hong Song Kwang
change to
Heng Song Kwang

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: