

NATIONAL Assessment Centre Services (only 1 form)

Job description: SAS e-filing

Date & Time Completed: 17/05/2023 13:59

Done by: SLS 3794E

1. Motor Claim Form

1. Motor W/O (Within 30 days, no 100%)

1. Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Driver

Particulars: Yell No: SLS 3794E

Owner / Driver: ()

Policy No: ()

Period: ()

Cover Type: ()

Confirmed by: ()

Insured/Driver Liability: ()

Year of Registration: ()

Excess: (\$)

Warranty: YES () / NO ()

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

1. Walk-In Customer / Customer's Information strictly Confidential & Subject to 10 days of retention.

2. Total Loss Case: 1. To e-mail Insurer URGENTLY.

Driver-In () / Towed-In ()

Invoice: YES () / NO ()

Towing Co: ()

Apply for Transport Allowance () / Courtesy Car ()

QC Check / Post Repair Inspection

Upload Recovery Photo (Repair Cost > \$3000)

Injury: ()

1. ()

2. ()

3. ()

4. ()

5. ()

6. ()

7. ()

8. ()

9. ()

10. ()

NA2801460

Owner/Driver: ()

Policy No: ()

Insured Portion: ()

Checked by (Engr-In-Charge): ()

1. ()

2. ()

3. ()

4. ()

5. ()

6. ()

7. ()

8. ()

9. ()

10. ()

11. ()

12. ()

13. ()

14. ()

15. ()

16. ()

17. ()

18. ()

19. ()

20. ()

21. ()

22. ()

23. ()

24. ()

25. ()

26. ()

27. ()

28. ()

29. ()

30. ()

31. ()

32. ()

33. ()

34. ()

35. ()

36. ()

37. ()

38. ()

39. ()

40. ()

41. ()

42. ()

43. ()

44. ()

45. ()

46. ()

47. ()

48. ()

49. ()

50. ()

51. ()

52. ()

53. ()

54. ()

55. ()

56. ()

57. ()

58. ()

59. ()

60. ()

61. ()

62. ()

63. ()

64. ()

65. ()

66. ()

67. ()

68. ()

69. ()

70. ()

71. ()

72. ()

73. ()

74. ()

75. ()

76. ()

77. ()

78. ()

79. ()

80. ()

81. ()

82. ()

83. ()

84. ()

85. ()

86. ()

87. ()

88. ()

89. ()

90. ()

91. ()

92. ()

93. ()

94. ()

95. ()

96. ()

97. ()

98. ()

99. ()

100. ()

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	17/05/2023 13:59 (SGT)
Reported by	Actual Driver
Date of Accident	17/05/2023 07:20 (SGT)
Exact Location of Accident	Woodlands Ave 5, Singapore
Additional Location Information	TOWARDS WOODLANDS AVENUE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE7643G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HENG ZIWEI, KENDY (WANG ZIWEI, KENDY)
NRIC No	SXXXX045H
Email Address	kenheng2299@gmail.com
Mobile Phone No	(Phone) +65-96195936
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
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	1586

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01006158

DRIVER

Name of Driver	LOW KIT SIONG
Passport No/FIN	GXXXX320L
Date Of Birth	21/03/1991
Occupation	Indoor

Date Of Driving Pass	09/09/2021
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85185665
Alt. Phone Number	-
Email Address	kitsiong0321@gmail.com
Address	BLK 162B CANBERRA STREET #07-797
Address complement	-
Postcode	752126
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230517/7027

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	SLS3794E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIA TIAM SENG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Liberty Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW KIT SIONG
Gender	Male
Phone No	(Phone) +65-85185665
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNE7643G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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. 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

Wollands
Ave 5
Towards
Wollands
Ave 12



(A) SNE 76438
(B) SLS 3794E

Describe Circumstances of the Accident

Refer to Police report No: T/20230517/7027

Declaration

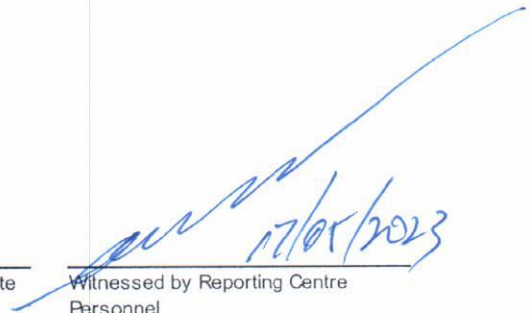
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



12/05/2023

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230517/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230517/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2023 12:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOW KIT SIONG			Address: 787E WOODLANDS CRESCENT #05-04 SINGAPORE 735787		
ID Type / ID No.: FIN NO / G2446320L			Contact No.: Home/Office: Mobile: 85185665		
Nationality: MALAYSIAN			Email: kitsiong0321@gmail.com		
Sex: Male	Age: 32	Date of Birth: 21/03/1991	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: MECHANIC			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/05/2023 07:20	Type of Location: Straight Road
Location: WOODLANDS AVENUE 5				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS3794E	Car					0
SNE7643G	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20230517/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230517/7027

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS3794E	LIBERTY INSURANCE PTE LTD			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW KIT SIONG	ID No.	G2446320L
Related Vehicle	SNE7643G (Car)	Contact No.	85185665
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 17.05.2023 at about 0720hrs, I was travelling along Woodlands Avenue 5 Towards Woodlands Avenue 12. As I was heading straight, all of a sudden I felt an impact on my rear RH side portion. I alighted and realised a vehicle SLS 3794E had collided onto my vehicle. Due to the impact, I consulted doctor and was given 3 days of MC. That's all.



**SINGAPORE
POLICE FORCE**



T/20230517/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230517/7027

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Signature Of Interpreter:
Not applicable

Date/Time:
17/05/2023 12:26

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG LESLIE
Contact No.: 65476151

Classification Of Case:

NP168

6

Date of Accident : 17-05-2023 Accident Time: 0720hrs (24-HR-Format)
 Accident Place : Wetlands Ave 5 towards Wetland Ave 12
 Vehicle No. (Car Plate No.) : SNE 76436 Make/Model: Suzuki Swift 1.6 MT
 Insurance Company : Sompo Policy No: D22MTPV 0100 6159
 Owner or Company Name /IC No. : Heng Ziwei, Kandy (Wang Ziwei, Kandy) 88438045H
 Owner or Company Contact No. : _____ Owner's Hp 9619 5936 Company Tel _____
 DRIVER'S Name / IC No. : LOW KIT STONG (824463 20L)
 DRIVER'S Date Of Birth : 21-3-1991 DRIVER'S License Pass Date 09-09-2021
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: friend
 DRIVER'S Address : 126B Canberra street #07-797 S(752126)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) 8518 5665
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : kenteng2299@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): Driver only
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle No: SLS3794E (Liberty)	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: Sia Tiam seng	Name Driver: _____
IC No. Driver/Contact: 821836928	IC No. Driver/Contact: _____

* NEW - 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. : D22MTPV01006158
Insured : HENG ZIWEI, KENDY (WANG ZIWEI, KENDY)
Motor Vehicle (Registration No.) : SNE7643G
Coverage : Third Party, Fire & Theft
Policy Commencement Date : 08 APRIL 2022 00:00
Policy Expiry Date : 26 MAY 2023 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : NIL
Voluntary Excess* : N.A
Windscreen Excess* : N.A

* 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.

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) 6461 6555.

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.30

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 07 APRIL 2022 18:27

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 : 11S35705 & SSL INSURANCE AGENCY PTE LTD CI Code: 22A_WDB5Q4KJDT0QKAX

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	045H

Vehicle Details

Vehicle No.:	SNE7643G
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Jun 2023
Vehicle Make:	SUZUKI
Vehicle Model:	SWIFT 1.6 MT
Primary Colour:	Yellow
Manufacturing Year:	2008
Engine No.:	M16A1410410
Chassis No.:	JSAEZC31500202696
Maximum Power Output:	92.0 kW (123 bhp)
Open Market Value:	\$14,288.00
Original Registration Date:	27 Nov 2008
First Registration Date:	27 Nov 2008
Transfer Count:	3
Actual ARF Paid:	\$13.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	26 Nov 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$14,835.00
COE Rebate Amount:	\$1,368.00
Total Rebate Amount:	\$1,368.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 17 May 2023

OK

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 : SN09235H0004 Vehicle Registration No: SNE 7643G
Name(as shown in NRIC) : LOW KIT SIONG NRIC/FIN/Passport No : G2446320L
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 126B CANBERRA STREET #07-797 Singapore(752126)
Contact (Tel) : _____ Mobile No. : 85185665
Email Address : KITSIONG0321@GMAIL.COM
Date of Accident : 17.05.2023 Time of Accident : 0720hrs
Place of Accident : WOODLANDS AVENUE 5 TOWARDS WOODLANDS AVENUE 12
Insurance Company: SOMPO INSURANCE SINGAPORE PTE LTD

(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:

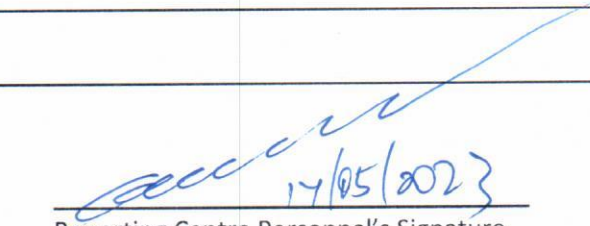
AMEND MAILING ADDRESS TO

126B CANBERRA STREET #07-797 SINGAPORE 752126

LOW KIT SIONG

Policyholder / Driver's Signature

Date: 17.05.2023


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: