

NATIONAL Assessment Centre Services (all 1/2021) **8/10/23 M0006**

Job description: SAS e-Judging

Date & Time Completed: 22/10/2023 16:59

Done by: [Signature]

1-Motor Claim Form

1-Motor W/O (where OD has to pay)

1-Photo Uploaded

Assessment/Survey Report

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

Insured: [Name]

Vehicle: [Type] / Non-INC ()

Yell No: SNE 5874P

Period: ()

Cover Type: ()

Confirmed by: ()

Insured Driver Liability: ()

Year of Registration: ()

Excess: ()

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

Warranty: YES () / NO ()

Walk-In Customer / Customer's Information strictly Confidential & Strictly NO info of repairer.

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

Drive-In () / Towed-In ()

Invoice: YES () / NO ()

Towing Car: ()

Apply for Transport Allowance () / Courtesy Car ()

QC Check / Post Repair Inspection ()

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

Injury: ()

Other: ()

NA280/554

Checked by (Engr-In-Charge): [Signature]

Invoice Preparation Checklist:

1) All Accident Reports	(3300)	INC (550)
2) DA: Damage Assessment	(3100)	510/540
3) TP: Towing Fee		51/20
4) PE: Follow-up Survey (Basic)		530
5) PE: Follow-up Survey (Basic)		530
6) TR: Damage Report		530
7) NC: New DA / QCRT Survey		530
8) NC: Additional Fee		530
9) NC: Quality Control		530
10) NC: Quality Control		530
11) NC: Quality Control		530
12) NC: Quality Control		530
13) NC: Quality Control		530
14) NC: Quality Control		530
15) NC: Quality Control		530
16) NC: Quality Control		530
17) NC: Quality Control		530
18) NC: Quality Control		530
19) NC: Quality Control		530
20) NC: Quality Control		530

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	22/05/2023 16:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/05/2023 18:00 (SGT)
Exact Location of Accident	Stadium PI, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU4A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	FOK KAH HON(HUO JIAHAN)
NRIC No	SXXXX592D
Email Address	jiahan83@hotmail.com
Mobile Phone No	(Phone) +65-85698888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S400l
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	2996

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV1003021

DRIVER

Name of Driver	FOK KAH HON(HUO JIAHAN)
NRIC No	SXXXX592D
Date Of Birth	26/12/1983
Occupation	Indoor

Date Of Driving Pass	23/04/2004
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-85698888
Alt. Phone Number	-
Email Address	jiahan83@hotmail.com
Address	29A HILLVIEW AVENUE #07-07
Address complement	-
Postcode	669562
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?	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/20230522/7041

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF5874P
Vehicle Manufacturer	-
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)	-

WITNESS DETAILS

WITNESS 1

Name	HUI XIN
Phone	-
Email	huixin_lin@hotmail.com

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' law yers/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' law yers/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 law yers/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

Stadium Place
CP




(A) SMU4A

(B) SNF 5874P

Refer to Police Report No: T/20230522/7041

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

22/05/2023

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20230522/7041

1 of 3

Report No. T/20230522/7041

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2023 13:35	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: FOK KAH HON			Address: 29A HILLVIEW AVENUE #07-07 SINGAPORE 669562	
ID Type / ID No.: NRIC NO / S8341592D			Contact No.: Home/Office: Mobile: 85698888	
Nationality: SINGAPORE CITIZEN			Email: JIAHAN83@HOTMAIL.COM	
Sex: Male	Age: 39	Date of Birth: 26/12/1983	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Company director			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: 18/05/2023 18:00	Type of Location: Car Park
Location: STADIUM PLACE				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMU4A	Car	MERCEDES BENZ	S400L (R19 LED)	Black		0
SNF5874P	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU4A	TENET SOMPO INSURANCE PTE. LTD.	D23MTPV0100302 1	16/03/2023	15/03/2024



**SINGAPORE
POLICE FORCE**



T/20230522/7041

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

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Report No. T/20230522/7041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FOK KAH HON	ID No.	S8341592D
Related Vehicle	SMU4A (Car)	Contact No.	85698888
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 18 May 2023, I parked my car SMU 4A at Kallang Wave Mall carpark at around 430pm. Upon returning back to the car, I saw a note on the front windscreen from a lady, Hui Xin, who's an eye-witness to the hit and run accident. She asked me to contact her if I wanted the camera footage of the accident. She sent the footage to me on 19 May 2023 at 412pm via email. I have video and a photo of the incident. My car's front bumper was knocked and scratched. The car that knocked into me has the car plate number SNF 5874P. It is a silver BMW. Thank you



**SINGAPORE
POLICE FORCE**



T/20230522/7041

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

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Report No. T/20230522/7041

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Signature Of Informant:

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

Date/Time:
22/05/2023 13:35

Classification Of Case:

(J)

Date of Accident : 16-05-2023 Accident Time: 18:00hrs (24-HR-Format)
Accident Place : CP @ Stadium Place
Vehicle No. (Car Plate No.) : SMU4A Make/Model: Mercedes Benz S400L (R109C)
Insurance Company : Sompo Policy No: P23MTPV01003021
Owner or Company Name / IC No. : Fok Kait Hon (Huo Jiatan) 83415920
Owner or Company Contact No. : Owner's Hp 85698888 Company Tel
DRIVER'S Name / IC No. : same as above
DRIVER'S Date Of Birth : 26-12-83 DRIVER'S License Pass Date 23-04-2004
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
DRIVER'S Address : 29A Hillview Ave #07-07 S(669562)
DRIVER'S Contact No./ Alt No. : 1) 2) 85698888
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : JIATAN83@hotmail.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): NIL
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): NIL

Other Party Driver's Particular (if any)

Vehicle No: SNF 5874P	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	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. : D23MTPV01003021
Insured : FOK KAH HON (HUO JIAHAN)
Vehicle Registration No. : SMU4A
Coverage : COMPREHENSIVE - AUTHORISED WORKSHOP PLAN
Policy Commencement Date : 16 MARCH 2023 00:00
Policy Expiry Date : 15 MARCH 2024 23:59
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS
Hire Purchase Owner : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
Excess* : S\$900 - SECTION I
Voluntary Excess* : N.A
Waiver of Excess : NOT COVERED
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.

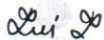
Accident Reporting

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 MTP.31

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 08 FEBRUARY 2023 09:07

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 : ASSURE INSURANCE AGENCY PTE. LTD. / 11A28209 CI Code: 22A RJ4DHPH4NY0BDKRA

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	592D

Vehicle Details

Vehicle No.:	SMU4A
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Jul 2023
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	S400L (R19 LED)
Primary Colour:	Black
Manufacturing Year:	2014
Engine No.:	27682430097991
Chassis No.:	WDD2221652A103855
Maximum Power Output:	245.0 kW (328 bhp)
Open Market Value:	\$97,715.00
Original Registration Date:	16 Sep 2014
First Registration Date:	16 Sep 2014
Transfer Count:	2
Actual ARF Paid:	\$147,887.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Sep 2024
PARF Rebate Amount:	\$81,337.00

Intended COE Rebate Details

COE Expiry Date:	15 Sep 2024
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$72,990.00
COE Rebate Amount:	\$8,657.00
Total Rebate Amount:	\$89,994.00

The information contained herein is correct as at 22 May 2023

OK