

**NATIONAL Assessment Centre Services** (all 1 items) **510923500008**

Date In: 26/05/2023 16:08	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: XLR/810023005388	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SLB 2208V	1-Motor Claim Form		
D.O.A: 26/05/2023 08:31	1-Motor W/O (within 2hrs, A/C 2hrs)		
OD: (P) Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / GW: ( ) Tel: Fax: ( )

TP Particulars: Yeh No: 87C 88504 INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( )

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

Confirmed by: ( ) Date: Time: ( )

Insured/Driver Liability: ( ) % (Note: Hst Status (WO): 10: 0-20%, 11: 21-70%, 12: 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 re-use of repairer.

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

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

Remarks: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date of Loss: ( )

Location: ( )

Time: ( )

Weather: ( )

Other: ( )

**NA23015BY**

Invoice Preparation Charge:

1) AR: Accident Report (2300)	INC (550)
2) DA: Damage Assessment (5100)	INC (550)
3) TP: Towing Fee	\$150
4) PT: Follow-Through Survey	\$150
5) PT: Follow-Through Survey (Emergency)	\$300
6) TR: Re-insurance	\$75
7) NI: New DA + SMRT Survey	\$140
8) NUC Additional Services	
9) NI: Courtesy Car / Tel Allowance	\$150
10) NI: Repair Coordination	\$30
11) NI: Post Repair Inspection	\$15
12) NI: DV / Collect Excess Coordination	\$30
13) NI: TP (Non-INC) Analysis INC	10
14) NI: 24hr Mgmt	
15) NI: 24hr Mgmt	

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

Comments: ( )

Date: ( )

Time: ( )

Place: ( )

File 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	26/05/2023 16:48 (SGT)
Reported by	Actual Driver
Date of Accident	26/05/2023 08:31 (SGT)
Exact Location of Accident	Tanglin, Singapore
Additional Location Information	TOWARDS ALEXANDRA ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB2308Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOY PENG MELVIN
NRIC No	SXXXX627F
Email Address	nathanielloycj@gmail.com
Mobile Phone No	(Phone) +65-81632305
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Previa
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	Manual
CC	2362

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01005161

#### DRIVER

Name of Driver	LOY CHUAN JUN, NATHANIEL (LI CHUANJUN)
NRIC No	SXXXX583A
Date Of Birth	20/09/1992
Occupation	Indoor

Date Of Driving Pass	07/02/2012
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81632305
Alt. Phone Number	-
Email Address	nathanielloycj@gmail.com
Address	96 COMMONWEALTH CRESCENT #04-16
Address complement	-
Postcode	140096
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

#### 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 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	SHC8852U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHEONG CHOON HAN
NRIC No	SXXXX762G

Contact Number .....	(Phone) +65-97931815
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.

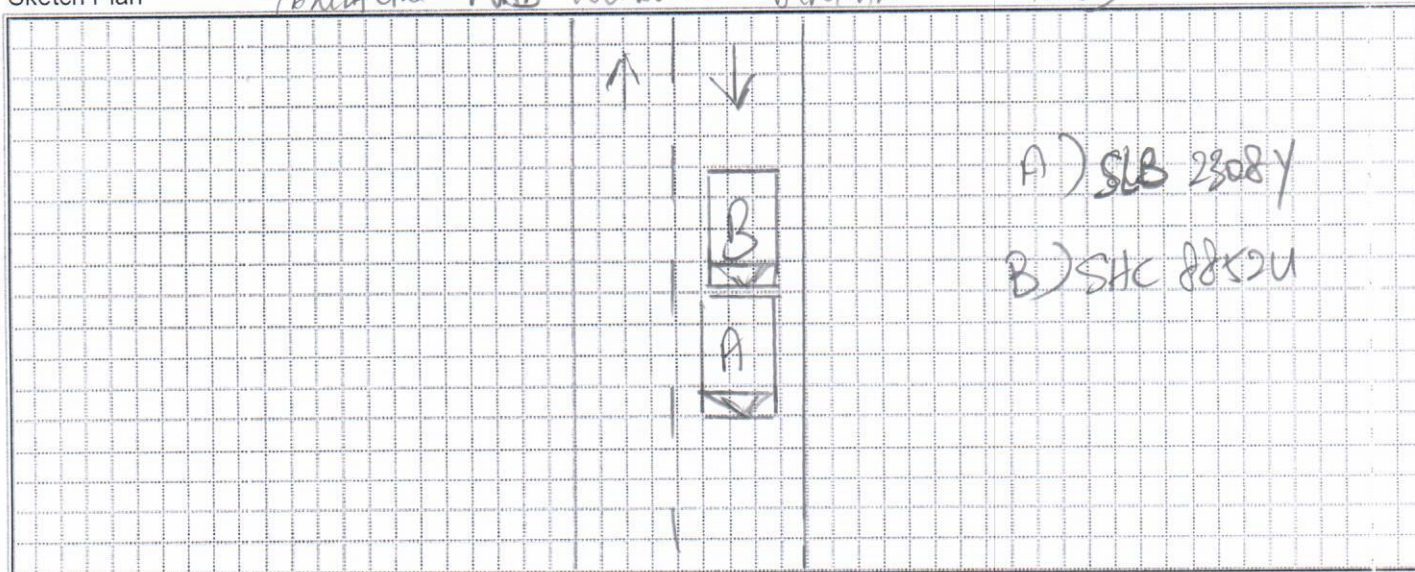
Policyholder's Signature / Date & Time

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

Tanjong Road towards ALYNDRA ROAD



Describe Circumstance of the Accident

on the morning of 26<sup>th</sup> May, I was hit by car plate no. SHC 8852 U on the rear of my vehicle. The ~~acc~~ accident took place along Tanglin Road. There were 2 cars ahead of me that stopped because there was a car that took a left turn. I followed to put my vehicle to a <sup>gradual</sup> halt and ~~so~~ shortly after, I felt an impact from the rear.

Conditions @ the point of accident : Drizzling but clear, road was damp but there was no reason for a skid.

Declaration

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

Policyholder's Signature / Date & Time

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

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



26/5/23 1610



26/05/2023



# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 26/5/2023	TIME OF ACCIDENT : 0831
VEHICLE NO : SLB 2308Y	TRANSMISSION : <u>AUTO</u> / MANUAL
MAKE & MODEL : TOYOTA PREVIA 2.4	LOCATION : TANGLIN ROAD <u>OUTSIDE</u>
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <u>PRIVATE</u> USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / <u>REPORTING ONLY</u>
INSURANCE COMPANY : SOMPO	POLICY NO : 022MTPV01005161
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : ( SALOON / <u>COUPE</u> / MPV / VAN / LORRY / MOTORCYCLE )
NAME OF OWNER : LOY PENG MELVIN	NRIC : S1288627F
ADDRESS : 96 COMMONWEALTH CRESCENT #04-16 S(140096)	CONTACT NO : 81632305
EMAIL ADDRESS : nathanielloycj@gmail.com	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : LOY CHUAN JUN NATHANIEL	NRIC : <u>S9234583A</u> CONTACT NO : <u>81632305</u>
DRIVER OWNER RELATIONSHIP : SON	PASSENGER : <u>NIL</u> MALE ( ) FEMALE ( )
DATE OF BIRTH : 20 / 09 / 1992	DRIVING PASSING DATE : / /
OCCUPATION : <u>INDOOR</u> / OUTDOOR	ADDRESS : 96 COMMONWEALTH CRESCENT #04-16 S(140096)
ANY INJURIES : <u>NO</u> , IF YES : _____	POLICE REPORT : <u>NO</u> / IF YES WHERE ? _____
WEATHER CONDITION : CLEAR / <u>RAINING</u> / OTHERS	ROAD SURFACE : DRY / <u>WET</u> / OTHERS
VEHICLE B REG NO : <u>SHC 8852U</u> DRIVER NAME : <u>CHEONG CHOON HAN</u> NRIC : <u>S7227762G</u> CONTACT : <u>97931815</u>	VEHICLE C REG NO : _____ DRIVER NAME : _____ NRIC : _____ CONTACT : _____
VEHICLE D REG NO : _____ DRIVER NAME : _____ NRIC : _____ CONTACT : _____	ANY WITNESS ? NO, IF YES : NAME : _____ CONTACT : _____
WAS NOTICE OF PROSECUTION GIVEN ? ( YES / <u>NO</u> ) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? <u>YES</u> / NO WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>

**PRIVATE CAR RENEWAL NOTICE**

Expiring Policy No. : D22MTPV01005161

Date: 26 January 2023

**LOY PENG MELVIN**  
**96 COMMONWEALTH CRESCENT**  
**#04-16**  
**SINGAPORE 140096**
**Dear Insured,**

We wish to inform you that your policy is expiring on **30 March 2023** and is due for renewal. Kindly indicate your renewal instruction below and return this duly signed together with your payment.

Please renew your policy 15 days before expiry to ensure your policy record is electronically transmitted to LTA for road tax renewal, failure of which you may be issued with notices/penalty by LTA.

RENEWAL TERMS			
RENEWAL PERIOD	31 March 2023 TO 30 March 2024 (Both Dates Inclusive)		
Coverage:	Comprehensive - Preferred Workshop Plan	Excess: S\$ 600.00 - Section I	Windscreen Excess: S\$100.00 for each and every applicable claim.
Estimated Value of Vehicle	Market value at time of loss	Voluntary Excess: NIL (Additional Voluntary Excess will not be waived)	
NCD on Renewal (subject to no new claims being made up to expiry date):	50 %		
RENEWAL PREMIUM:	S\$ 1,110.25 Premium is computed after 50 % NCD discount and inclusive of GST. For policy with 30% NCD and above, renewal premium is inclusive of 5% OFD (not applicable to company registered vehicle). <b>Terms remain valid for 7 days from expiry date subject to there being no claims prior to renewal of the policy and no material change in the risk.</b>		
REMARKS:	Kindly note that any payment received after 31 Dec 2022 will be subject to additional 1% GST. If you pay the premium on or after 1 Jan 2023, the premium is S\$1,110.25. It is mandated by IRAS to revise all Tax Invoices to reflect 8% GST starting 1 Jan 2023.		

**DRIVER DETAILS**
**Named Drivers** : 1. LOY PENG MELVIN  
2. LOY CHUN TENG BRANDON  
3. LOY CHUAN JUN NATHANIEL

**VEHICLE DETAILS**

Vehicle Registration No. : SLB2308Y Vehicle Make &amp; Model : TOYOTA PREVIA 2.4

Additional Cover : NIL

**IMPORTANT NOTES:**

- Renewal terms may be altered/revised if a claim arises during the interim period while this renewal notice is dispatched prior to the expiration of the Policy or if there are any changes material to the risk as advised by you.
- The Policy will be renewed from the date of receipt of instruction if renewal instruction is received after the expiry of this Policy.
- Premium Payment Warranty**  
Premium is to be paid and received in full by the Company or the intermediary through whom this Policy was effected (a) before the inception date where the Policy is issued to an individual, or (b) within the period specified in the Premium Payment Warranty applied to the policy in all other instances, failing which there will be no cover under this Policy.
- Duty of Disclosure**  
You must disclose to us, fully and faithfully, all the facts that you know or ought to know, otherwise you may not receive any benefits from this Policy.
- Policy Owners' Protection Scheme**  
This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your Policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Us or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Intermediary Name/Code : TAN LYE HUAT ALLAN / 11A05206

Producer Name/Code : TAN LYE HUAT ALLAN / ATI05205



REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: S9234583A

Name: LOY CHUAN JUN, NATHANIEL  
(LI CHUANJUN)

Birth Date: 20 Sep 1992

Issue Date: 07 Feb 2012

002040540F



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars= $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver, and other motor vehicles  $\leq$  2500kg 07 Feb 2012

NP 428A

Licence No: S9234583A

**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: SN0923500003 Vehicle Registration No: SCB2308Y  
 Name (as shown in NRIC): Loy Chuan Jun, NATHANIEL NRIC/FIN/Passport No: SXXXX583A  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 81632305  
 Email Address: \_\_\_\_\_  
 Date of Accident: 26/05/2013 Time of Accident: 08:31  
 Place of Accident: Tongklim Road between Alexandra Road  
 Insurance Company: Sampul

### (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:

#A DRIVER HP NUMBER to 81632305

Policyholder / Actual Driver's Signature  
Date:

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