

NATIONAL Assessment Centre Services (part 1 of 4) SU0923FU0002

Date In: 30/05/2023 12:48	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NRB/8MO/35054614	E-mail (within 24hrs, AIC 2hrs)		
Val No: G2 4817E	1-Motor Claim Form		
D.O.A: 29/05/2023 18:45	1-Motor W/O (within 24hrs, AIC 2hrs)		
OT: TP: Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'n Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assgn Wksp / QW: ()

TP Particulars: Vch No: GRK 1333B INC () / Non-INC ()

Owner / Driver: () Tel: () Fax: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () (Note: Use Status (VO): 1: 0-30M, 2: 21-79%, 3: 80-140%)

Year of Registration: () Warranty: YES () / NO ()

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

Customer Remarks: ()

() Walk-In Customer / Customer's information strictly Confidential & Strictly NO info of repeller.

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

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

Remarks: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date of Injury: ()

Location: ()

Witness: ()

Police Report: ()

Medical Report: ()

Other: ()

Invoice Preparation Charge

1) A/R: Accident Passwdg (\$300)	
2) D/A: Damage Assessment (\$1000)	INC (\$50)
3) T/P: Towing Fee	\$100/\$40
4) P/C: Follow Through Survey	\$120
5) P/T: Follow Through Survey (Basic Fee)	\$50
6) T/R: Re-inspection	\$70
7) N/A: No A/R, No T/P, No Survey	\$140
8) N/A: Additional Towing Fee	
9) N/A: Additional Towing Fee	
10) N/A: Additional Towing Fee	
11) N/A: Additional Towing Fee	
12) N/A: Additional Towing Fee	
13) N/A: Additional Towing Fee	
14) N/A: Additional Towing Fee	
15) N/A: Additional Towing Fee	
16) N/A: Additional Towing Fee	
17) N/A: Additional Towing Fee	
18) N/A: Additional Towing Fee	
19) N/A: Additional Towing Fee	
20) N/A: Additional Towing Fee	
21) N/A: Additional Towing Fee	
22) N/A: Additional Towing Fee	
23) N/A: Additional Towing Fee	
24) N/A: Additional Towing Fee	
25) N/A: Additional Towing Fee	
26) N/A: Additional Towing Fee	
27) N/A: Additional Towing Fee	
28) N/A: Additional Towing Fee	
29) N/A: Additional Towing Fee	
30) N/A: Additional Towing Fee	

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

Signature: ()

Date: ()

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	30/05/2023 12:43 (SGT)
Reported by	Actual Driver
Date of Accident	29/05/2023 18:45 (SGT)
Exact Location of Accident	Kee Seng St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ4517E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	T.C LEONG AIR CONDITIONING SERVICES
Company Reg No	5XXXX859J
Email Address	snakiekiki@gmail.com
Mobile Phone No	(Phone) +65-97555650
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	L300
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2477

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPCVE001019

DRIVER

Name of Driver	TOH CHOON LEONG
NRIC No	SXXXX743F
Date Of Birth	08/07/1956
Occupation	Outdoor

Date Of Driving Pass	09/03/1976
Driving experience	47 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97555650
Alt. Phone Number	-
Email Address	snakiekiki@gmail.com
Address	BLK 1A CANTONMENT ROAD #41-07
Address complement	-
Postcode	085101
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	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 (COLLISION WHILE DOING REVERSING TO LOADING BAY)

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	GBK1333B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HOSSAIN FARUK
Passport No/FIN	GXXXX931T

Contact Number	(Phone) +65-85486391
▪ Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

T. C. Leong Air-Conditioning Service

1A Cantonment Road

#41-07

Singapore 085101

Tel: 9755 5650

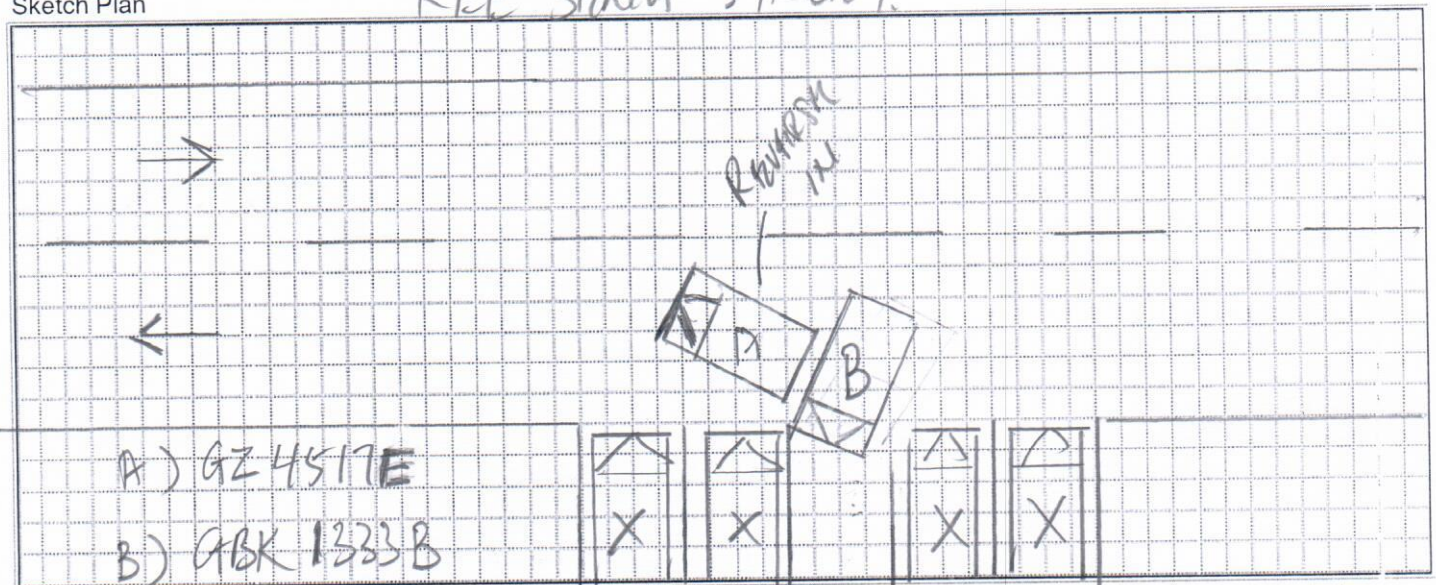
Fax: 6634 7862

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



Describe Circumstance of the Accident

ON 29/05/2023 AT ABOUT 18:45HRS I WAS AT
KEE SENG STREET AND WANTED TO PARK AT THE
LOADING & UNLOADING BAY. WHILE BEING REVERSING
SUDDENLY I HEARD A BONG, STOP & COME DOWN
SAW A VAN WAS TRYING TO PARK HEAD IN.
THE DRIVER SAY THAT HE THINK THAT I WANTED
TO LEAVE THE LOADING BAY, WE PARK AT THE
SIDE & EXCHANGE PARTICULARS. I AM NOT AT FAULT
IN THIS ACCIDENT.

Declaration

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

T. C. Leong Air-Conditioning Service
1A Cantonment Road
#41-07
Singapore 085101
Tel: 9755 5650
Fax: 6854 7862

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)

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 29/05/2023	TIME OF ACCIDENT : 18:45 HRS
VEHICLE NO : GZ 4517E	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : MITSUBISHI L800 (2477)	LOCATION : KEE SEANG ST
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : JemPO	POLICY NO : D23MTPCVE001019
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : T.C. LAMONG AIR CONDITIONING SERVICE	NRIC : URAI 53082859J
ADDRESS :	CONTACT NO :
EMAIL ADDRESS : SNAKIEKIKI @ GMAIL.COM	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO : TOH CHHOM LAMONG	NRIC : S2583743F CONTACT NO : 9755X650
DRIVER OWNER RELATIONSHIP : EMPLOYEE	PASSENGER : MALE () FEMALE ()
DATE OF BIRTH : 08 / 07 / 1956	DRIVING PASSING DATE : / /
OCCUPATION : INDOOR / OUTDOOR	ADDRESS :
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO / IF YES WHERE ?
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : GTRK 1333B	VEHICLE C REG NO :
DRIVER NAME : HOSSAM FARUK	DRIVER NAME :
FIN : G65809317	NRIC :
CONTACT : 85486391	CONTACT :
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME :
NRIC :	CONTACT :
CONTACT :	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO

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)

Cert No./Policy No. : D23MTPCVE001019

1. Registration No. : GZ4517E

2. Insured Name : T.C.LEONG AIR CONDITIONING SERVICES

3. Commencement Date : 17 APRIL 2023 00:00

4. Expiry Date : 16 APRIL 2024 23:59

5. Coverage : Third Party

6. Excess : NIL

7. Persons or Classes of Persons entitled to drive*

b) Any person who is driving on the Insured's order or with their permission.
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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- 1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit www.sompo.com.sg for list of Accident Reporting Centers.

I/We HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 04 APRIL 2023 20:29

*Limitation rendered inoperative by section 8 of the Motor Vehicles(Third-Party Risks and Compensation)Act (Chapter 189 and section 95 of the Road Transport Act,1987(Malaysia), are not to be Included under these headings.

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they 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 (Cap.189).
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Name / Code : ONG YEW TER / 11006008 CI Code: 20D DHDHLW42KBLHPAX

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: SM0923540002 Vehicle Registration No: G2 Y517E
 Name (as shown in NRIC): TOH CHOW LIONG NRIC/FIN/Passport No: Sxxxx743E
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9755 5650
 Email Address: _____
 Date of Accident: 29/05/2023 Time of Accident: 18:45
 Place of Accident: KKE SING SIKHAI
 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:

To Insure Policy NUMBER D23MTPC/E001019

Policyholder / Actual Driver's Signature
Date:

30/05/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: