

NATIONAL Assessment Centre Services (Call 1-800-726-1000) **SN0922610007**

Date In: 01/06/2023 18:07	Job description	Date & Time Completed	Done by
Ref No: NH28023005564	SAS e-filing		
Van No: Q26 9621M	E-mail (within 24hrs, A/C 24hrs)		
D.O.A: 01/06/2023 10:30	1-Motor Claim Form		
OD TP Reporting Only	1-Motor W/O (within 24hrs, A/C 24hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ()

TP Particulars: () Yes/No: **SMD 4/207M** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Hst Status (WO): 11: 0-30%, F: 21-79%, F: 80-140%)

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

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

General Remarks: ()

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

() Total Loss Cost : 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: ()

Other: ()

NH2801632

Insurance Certificate: ()

Owner/Driver: ()

Insured Portion: ()

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

Invoice Preparation Charge	Amount
1) A/C: Accident Package (\$300)	
2) DA: Damage Assessment (\$1600)	INC (\$50)
3) TP: Towing Fee	\$10/\$10
4) PC: Follow-Through Survey	\$100
5) PT: Follow-Through Survey (Hourly)	\$50
6) TR: Re-Survey	\$100
7) NI: New DA & SMT Survey	\$100
8) NTUC Additional Services	
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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	01/06/2023 18:50 (SGT)
Reported by	Actual Driver
Date of Accident	01/06/2023 10:30 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9621M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MEGA TECH M&E PTE. LTD.
Company Reg No	2XXXXX191W
Email Address	megatech.ong@gmail.com
Mobile Phone No	(Phone) +65-84884292
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2754

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPCVE003404

DRIVER

Name of Driver	KUAN YIK LOONG
Passport No/FIN	GXXXX528P
Date Of Birth	07/07/1981
Occupation	Outdoor

Date Of Driving Pass	30/03/2017
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83859935
Alt. Phone Number	-
Email Address	kuanyl1819@gmail.com
Address	319B ANCHORVALE DRIVE #04-100
Address complement	-
Postcode	542319
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	Collision - Head on collision
Weather Conditions	DRIZZLING
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?	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/20230601/7028

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD4201K
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	ONG ENG GUAN
Contact Number	SXXXX292H
Address	(Phone) +65-96353552
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.
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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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



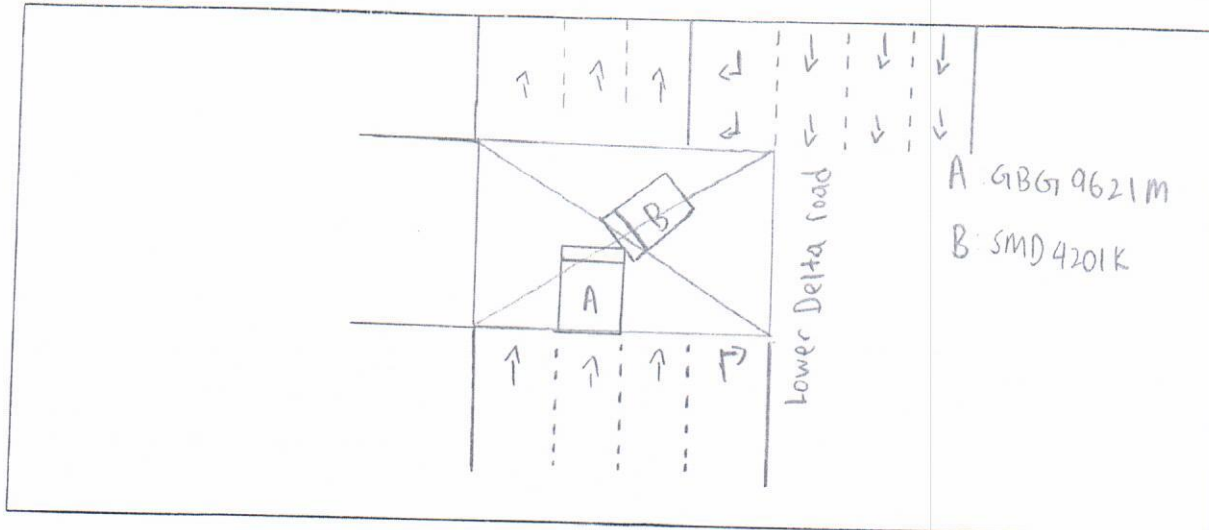
Policyholder's Signature
Date & Time:

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

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

Date of accident: 1 June 2023 Time: 10 30 Location: Lower Delta road
 My Vehicle A: 9BG 9621M Vehicle B: SMD 4201 K Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report 7/20230601/2028

- ☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address :

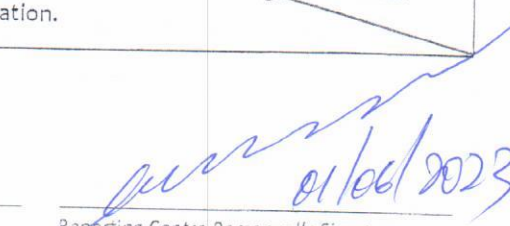
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature 
 Date & Time: 01/06/2023

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

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



SINGAPORE POLICE FORCE



T/20230601/7028

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

1 of 3

Report No. T/20230601/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2023 14:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KUAN YIK LOONG			Address:		
ID Type / ID No.: FIN NO / G2813528P			Contact No.: Home/Office: Mobile: 83859935		
Nationality: MALAYSIAN			Email: KUANYL1819@GMAIL.COM		
Sex: Male	Age: 41	Date of Birth: 07/07/1981	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Technician			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident					
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/06/2023 10:30	Type of Location:	
Location: Lower Delta X Alexander road					
Weather:		Road Surface:			
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG9621M	Van					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230601/7028

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

2 of 3

Report No. T/20230601/7028

CONTINUATION OF REPORT

Driver				
Name	KUAN YIK LOONG		ID No.	G2813528P
Related Vehicle	GBG9621M (Van)		Contact No.	83859935
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious	

Brief Details.

On the stated date and time I vehicle GBG9621M was travelling straight along Lower Delta Road towards Delta road.

As I reached the X-junction of Alexandra Road, the traffic lights were green in my favor.

As such I proceeded straight ahead.

Suddenly vehicle SMD4201K who was on my opposite direction made a discretionary right turn without stopping to let me pass 1st.

The said vehicle turn abruptly and encroached into my line of path.

When I saw the said vehicle I brake immediately and swerved to my left to avoid collision but to no avail, the said vehicle hit onto my vehicle's front right portion.

The impact was great and causes both my knees to hit onto the dashboard.
I was lunged forward and pulled back by my seatbelt and that causes injury to my left rib.

TP and ambulance came later.

After a while I felt pain on my neck and shoulder areas.

I then proceeded to LifePlus medical group hougang to seek treatment and I was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20230601/7028

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

3 of 3

Report No. T/20230601/7028

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:
01/06/2023 14:29

Officer In Charge Of Case:
TP / TPIB /
YAN MINGSHENG DANIEL
Contact No.: 65476252

Classification Of Case:

NP168

JWLK

PLEASE WRITE CLEARLY, LEGIBLY

AH LIM MOTOR COMPANY – Data Collection

Accident Reporting For Vehicle No : 6BG 9621 M (AUTO/MANUAL)

Insurance Company SOMPO Insurance Make / Model - Toyota Hiace

Policy No: D22MTKVE003404 Cov: Compre / TP / TPFT

Policy Holder Name - Mega Tech M&E Pte Ltd

IC. 201131191W HP - 8488 4292

Email Address - Javierx48@yahoo.com.sg / mega.tech.org@gmail.com

Home Address - BLK 5037 Ang mo kio Ind Park 2 #01-395 Singapore 564540

Driver Name - Kuan Yik Loong (Female / Male)

Driver NRIC / Fin - 62813528P Occupation - Indoor / Outdoor

Date Of Birth - 07 July 1981 Driving Licence Pass date 30 March 2017

HP - 8385 9935 Email Address - KuanY1819@gmail.com

Relationship to Policy Holder (If not owner) - Employee

Home Address - 319B Anchorvale Drive, #04-100, Singapore 542319

Weather - Clear / Dry / Raining / Drizzling / After Rain / Wet / Others - _____

No. Of Pax In Own Car - 1 Names / Gender Kuan Yik Loong (M/F)

(include driver)

(M/F)

M/F)

(M/F)

Video In Car - Yes / No Injury - Yes / No → If Yes, Conveyance to Hosp? Y / N

Any Witness - Yes / No → If Yes, Witness details _____

Third Party's Particulars: Vehicle No. SMD4201K HP# 9635 3552

Name: Ong Eng Guan Nric/Fin 5701 2292 H

Third Party's Particulars: Vehicle No. _____ HP# _____

Name: _____ Nric/Fin _____

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. : D22MTPCVE003404
1. Registration No. : GBG9621M
2. Insured Name : MEGA TECH M&E PTE. LTD.
3. Commencement Date : 08 DECEMBER 2022 00:00
4. Expiry Date : 07 DECEMBER 2023 23:59
5. Coverage : Market value at time of loss - Comprehensive
6. Excess : \$500 - Section I
 : \$500 - Section I

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.

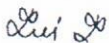
It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

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 ExcelDrive Workshops and 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 : 18 NOVEMBER 2022 02:00

*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