

NATIONAL Assessment Centre Services (tel: 2424) **2109265002**

Date In:	Job Description	Date & Time Completed	Done by
05/06/2023 11:58	SAS e-filing		
Ref No: NPA/8mo220056054	E-mail (within 24hrs, A/C 24hrs)		
Val No: 816 9699K	i-Motor Claim Form		
D.O.A: 05/06/2023 18:26	i-Motor W/O (within 24hrs, 24 hrs)		
QC TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / CW: () Tel: () Fax: ()

TP Particulars: Val No: **YP 24054** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Types: ()

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

Insured/Driver Liability: () % (Note: Inc Status (W/O): N: 0-30%, P: 21-79%, F: 30-100%)

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

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

General Remarks:

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

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

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

Remarks	DATE	Time	Completed by	Done by
1) Apply for Transport Allowance () / Courtesy Car ()				
2) QC Check / Post Repair Inspection ()				
3) Upload Recovery Photo [Repair Cost > \$3000] ()				

Injury: ()

Other: ()

Insurance Particulars	Invoice / Repair Allowance	Ass't
NA2301637	1) A/R: Accident Payment (\$300)	
Insured/Owner	2) DA: Damage Assessment (\$1000) INC (55)	
Insurer No:	3) TP: Towing Fee \$100	
Assigned Portion: \$400	4) PE: Follow-through Survey \$100	
	5) TP: Follow-through Survey (Basic Fee) \$50	
	6) TR: Toll/Speeder \$75	
	7) N/A: No DA, + SM: Survey \$100	
	8) N/A: Additional Services	
Checked by (Engr-In-Charge):	9) NB: Courtesy Car / Tel Allowance \$50	
	* No Repair Coordination \$100	
	* No Post Repair Inspection \$100	
	* TP: DV / Collect Excess Coordination \$1	
	* TP (1) / TP (Non-INC) / Valves INC \$200	
	* N/A: Other Items \$0	
	Invoice dated	File Charged
		Use Received

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	05/06/2023 11:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/06/2023 18:20 (SGT)
Exact Location of Accident	205 Bukit Batok Street 21, Block 205, Singapore 650205
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBC9699K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LUR BEE TIN
NRIC No	SXXXX201E
Email Address	i_meizhen@hotmail.com
Mobile Phone No	(Phone) +65-91796082
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Yaris
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	1497

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01010652

DRIVER

Name of Driver	LUR BEE TIN
NRIC No	SXXXX201E
Date Of Birth	22/12/1966
Occupation	Indoor

Date Of Driving Pass	18/11/1993
Driving experience	29 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91796082
Alt. Phone Number	-
Email Address	i_meizhen@hotmail.com
Address	BLK 205 BUKIT BATOK STREET 21 #11-52
Address complement	-
Postcode	650205
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	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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO STATEMENT

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	YP2405Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SURJIT SINGH
Passport No/FIN	GXXXX419L

Contact Number (Phone) +65-93709179
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 DERRICK
Phone (Phone) +65-98487297
Email -

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.

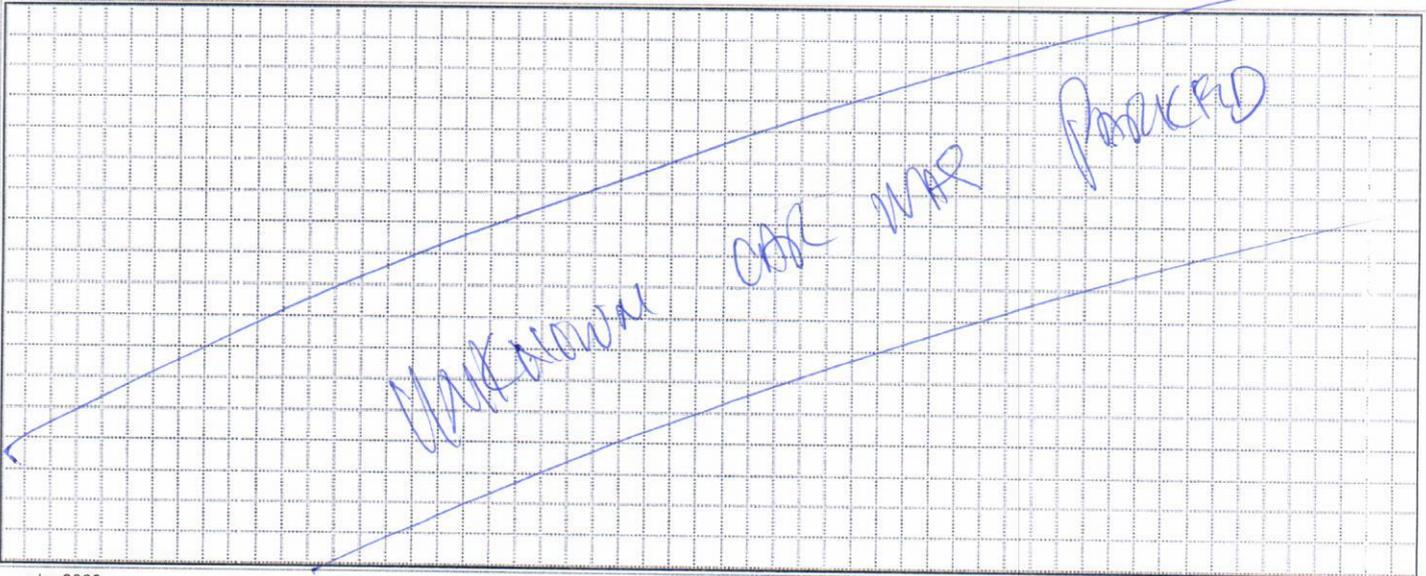
[Signature] 5/6/23 10:51am.

Policyholder's Signature / Date & Time

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

[Signature] 05/06/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

ON 04/06/2023 AT ABOUT 09:00HRS I PARKED MY CAR AT BIK 205 BUKIT DATOK ST 21. AT 18:20HRS I RECEIVED A CALL FROM MY WITNESSES SAYING THAT A LORRY VP 2605 Y DAMAGED MY CAR. I CAME DOWN AND TOOK PICTURE OF THE LORRY & EXCHANGE PARTICULARS THAT ALL.

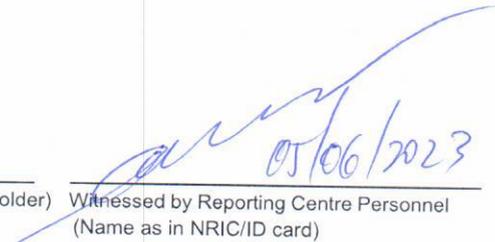
Declaration

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

 05/06/23 10:51.

Policyholder's Signature / Date & Time

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

 05/06/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 04. 06. 2023	TIME OF ACCIDENT : 18:20
VEHICLE NO : SBC 9699K	TRANSMISION : AUTO / MANUAL
MAKE & MODEL : TOYOTA YARIS	LOCATION : Bukit Batok St 21 B1C 205 Carpark
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : SOMPO INSURANCE	POLICY NO : D33MTPV01010652
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : SALOON (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : LUR BEE TIN	NRIC : S1766201E
ADDRESS : B1C 205, Bt. Batok St 21 # 11-52 Singapore 650205	CONTACT NO : 91796082
EMAIL ADDRESS : j-meizhen@hotmail.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : _____ CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : _____	PASSENGER : MALE () FEMALE ()
DATE OF BIRTH : 22 / 12 / 1966	DRIVING PASSING DATE : 18 / 11 / 1993
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 : 4P 2405 Y	VEHICLE C REG NO : _____
DRIVER NAME : SURJIT SINGH	DRIVER NAME : _____
NRIC : G2900419L	NRIC : _____
CONTACT : 9370 9179	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES ;
DRIVER NAME : _____	NAME : DEERICK
NRIC : _____	CONTACT : 9888 7297
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)

Certificate/Policy No. : D22MTPV01010652
Insured : LUR BEE TIN
Motor Vehicle (Registration No.): SBC9699K
Coverage : Third Party, Fire & Theft
Policy Commencement Date : 03 JULY 2022 00:00
Policy Expiry Date : 02 JULY 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.

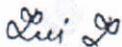
ExcelDrive Workshops and Accident Reporting

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.

^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 : 22 JUNE 2022 16:30

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.