

**NATIONAL Assessment Centre Services** (Print Name) Shirley 2365 0004

Date In: <u>05/06/2023</u> <u>16:44</u>	Job Description	Date & Time Completed	Done by
Ref No: <u>NBA/8102800</u> <u>56/6/23</u>	SAS e-Milling		
Veh No: <u>Y02 39A</u>	E-mail (include email, A/C 2013)		
D.O.A: <u>01/06/2023</u> <u>16:40</u>	i-Motor Claim Form		
OD: <u>78</u> Reporting Only	i-Motor W/O (Vehicle OD 2013, 2014)		
TP Insured	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

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

TP Particulars: ( ) Veh No: PC 6130S INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

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

Insured/Driver Liability: ( ) % (Note: Hst Status (V/O): N: 0-30%, F: 21-72%, P: 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 refer of repair.

( ) 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 Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Other: ( )

NA2801642

Insurance Particulars: ( )

Owner/Driver: ( )

Contact No: ( )

Assigned Portion: ( )

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

Comments: ( )

Invoice Preparation Checklist:

1) All: Accident Pass Sheet (\$30)	
2) DA: Damage Assessment (\$100)	MAC (\$50)
3) TP: Towing Fee	\$10/\$15
4) PC: Follow-Up Survey (\$10)	\$10
5) PT: Follow-Up Survey (Basic Fee)	\$30
6) TR: Assessment	\$10
7) NI: New DA, e-Survey	\$10
8) NTUC Additional Services	
9) NI: Courtesy Car / Tel Allowance	\$5
10) NI: Repair Coordination	\$10
11) NI: Post Repair Inspection	\$10
12) NI: DV / Collect Excess Coordination	\$5
13) NI: TP (Non-INC) Vehicle INE	\$10
14) NI: Other Items	10

Invoice Filed ( ) Fee 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	05/06/2023 16:44 (SGT)
Reported by	Actual Driver
Date of Accident	01/06/2023 16:40 (SGT)
Exact Location of Accident	Tractor Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM39A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GHEE HOE HARDWARE & ENGINEERING CO PTE LTD
Company Reg No	1XXXXX820M
Email Address	sales@gheehoe.com.sg
Mobile Phone No	(Phone) +65-91283939
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R
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	4009

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPCVE003071

### DRIVER

Name of Driver	CHOK SOON PHENG
NRIC No	SXXXX755F
Date Of Birth	01/12/1968
Occupation	Outdoor

Date Of Driving Pass .....	07/11/1991
Driving experience .....	31 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93823878
Alt. Phone Number .....	-
Email Address .....	sales@gheehoe.com.sg
Address .....	BLK 414B FERNVALE LINK #11-10
Address complement .....	-
Postcode .....	792414
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	YU YOOI TIAM
Gender .....	Male

#### 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 .....	PC6530S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour	-
Vehicle Category	Bus
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)	-



## SKETCH PLAN

### IMPORTANT NOTICE

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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' 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")

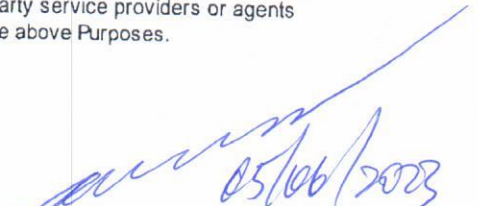
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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



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

  
05/06/2023  
Witnessed by Reporting Centre Personnel

### Sketch Plan

Tractor Rd



A = YM39A

B = PC 6530S

**Describe Circumstances of the Accident**

On 01.06.2023 about 0440pm, I was driving  
YM39A on tractor rd. I switched on my right indicator  
light and slowed down with the intention of turning right  
into 10 Tractor Rd. Suddenly PC6530S tried to overtake  
on my right and hit my vehicle right side rear portion

**Declaration**

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

Witnessed by Reporting Centre  
Personnel

05/06/2023



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Date of Accident : 01.06.2023 Accident Time : 4:40 pm (24-HR-Format)

Who reported the accident? : Owner / Driver ☒ Both

Accident Place : Tractor Road

Vehicle No (Car Plate No) : YM 39 A Make/Model: Hino XZU710R MFT (4009cc)

Insurance Company : Sampo Policy No: D22MTPCUE003071

Fleet Policy : YES ☒ NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : GHEE HOE HARDWARE & ENGINEERING CO Pte Ltd

Owner Contact No : 9128 3939 Owner's Hp (197500820M) Company Tel

Driver Name / IC No : Chok Soon Pheng (S6845755F)

Driver's Date of Birth : 01.12.1968 Driver's License Pass Date: 07.11.1991

Relationship of Driver : Spouse / Parents / Children / Sibling / ☒ Employee / Other:

Driver's Address : Apt Blk 414B Fernvale Link #11-16 Singapore 792014

Driver's Contact No : 1) 9382 3878 2)

Driver's Occupation : INDOOR / ☒ OUTDOOR (e.g. working inside or outside office)

Email Address : sales @ gheehoe.com.sg

Weather & Road Surface : ☒ CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / ☒ Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 2 person (1 Driver, 1 Passenger)

Was ther any video footage? : YES ☒ NO

Exact purpose used at time of accident : Private Use / Private Hire / ☒ Work Purpose

Any injury (If Yes, Pls State) : Nil

**Other Party Driver's Particular (if any)**

VEH B : PC 65305	Name & Contact No:	
VEH C :	Name & Contact No:	
VEH D :	Name & Contact No:	
VEH E :	Name & Contact No:	

\*NEW - Passenger's Name & Gender:

Yu Yovi Tiam (Male)

Chok



## 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. : D22MTPCVE003071
1. Registration No. : YM39A
2. Insured Name : GHEE HOE HARDWARE & ENGINEERING CO PTE LTD
3. Commencement Date : 28 OCTOBER 2022 00:00
4. Expiry Date : 27 OCTOBER 2023 23:59
5. Coverage : Market value at time of loss - Comprehensive
6. Excess : \$750 - 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 within the vehicle's legal seating capacity (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.
  - 3) Illegal or fraudulent activity.

**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.

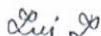
It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

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](http://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 : 12 OCTOBER 2022 16:11

\*Limitation rendered inoperative by section 9 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 : TAN LYE HUAT ALLAN / 11A05206      CI Code: 20D J6DHLB2RKIMDTTAN