

**NATIONAL Assessment Centre Services** (with 1 sheet) **540923600008**

Date In: <b>12/06/2023 16:30</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NRA18MO230059024</b>	SAS e-Jiling		
Val No: <b>8625288A</b>	E-mail (within 24hrs, A/C 2013)		
D.O.A: <b>11/06/2023 14:15</b>	1-Motor Claim Form		
OD <b>TP</b> Reporting Only	1-Motor W/O (Within 24hrs, A/C 2013)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vibran		

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

TP Particulars: Val No: **GBK 463R** INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( )

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

Insured/Driver Liability: ( ) % (Note: Inc Status (W/O): 10: 0-30%, 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 refer of referral.

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

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

Remarks: **INC No: 107830014** Date & Time Completed: ( ) Done by: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date of Injury: ( )

Location: ( )

Witness: ( )

Police Report: ( )

Insurance Company: ( )

Assessment: ( )

Repair: ( )

Payment: ( )

Follow-up: ( )

Comments: ( )

**NIA2301718**

Insurance Particulars: ( )

Owner: ( )

Driver No: ( )

Assigned Portion: ( )

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

Comments: ( )

Signature: ( )

Date: ( )

Time: ( )

Place: ( )

Signature: ( )

Date: ( )

Time: ( )

Place: ( )

Invoice Preparation: ( )

1) All: Accident Payment (\$300) ( )

2) DA: Damage Assessment (\$1000) ( )

3) TP: Towing Fee (\$100) ( )

4) PF: Follow Through Survey (\$100) ( )

5) RT: Follow Through Survey (Post Repair) (\$100) ( )

6) TR: Transport Allowance (\$100) ( )

7) NI: No DA + Short Survey (\$100) ( )

8) NIUC: Additional Towing (\$100) ( )

9) QM: ( )

10) NI: Courtesy Car / Test Allowance (\$100) ( )

11) NI: Repair Coordination (\$100) ( )

12) NI: Post Repair Inspection (\$100) ( )

13) NI: DV / Collect Excess Coordination (\$100) ( )

14) NI: (1) TP (Non-INC) (1) Value INC (\$100) ( )

15) NI: (1) TP (Non-INC) (1) Value INC (\$100) ( )

16) NI: (1) TP (Non-INC) (1) Value INC (\$100) ( )

17) NI: (1) TP (Non-INC) (1) Value INC (\$100) ( )

18) NI: (1) TP (Non-INC) (1) Value INC (\$100) ( )

19) NI: (1) TP (Non-INC) (1) Value INC (\$100) ( )

20) NI: (1) TP (Non-INC) (1) Value INC (\$100) ( )



## 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	12/06/2023 16:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/06/2023 14:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ5248A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SOH YIP YONG
NRIC No	SXXXX989C
Email Address	deansyy@yahoo.com.sg
Mobile Phone No	(Phone) +65-98625183
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01004369

### DRIVER

Name of Driver	SOH YIP YONG
NRIC No	SXXXX989C
Date Of Birth	19/05/1974
Occupation	Outdoor

Date Of Driving Pass	22/08/1995
Driving experience	27 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98625183
Alt. Phone Number	-
Email Address	deansyy@yahoo.com.sg
Address	291B COMPASS STREET #11-244
Address complement	-
Postcode	542291
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	EILEEN CHEN HUA LING
Gender	Female

#### PASSENGER 2

Name	BIG BOY
Gender	Male

#### PASSENGER 3

Name	SMALL BOY
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230612/2022



## 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 GBK463R  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Commercial vehicle  
 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) -

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SNA4976L  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Private car  
 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) -

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person SOH YIP YONG  
 Gender Male  
 Phone No (Phone) +65-98625183  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained SLIGHT INJURY  
 Injured person in which vehicle? SGZ5248A  
 Were seat belts worn? Yes  
 Was this injured conveyed to hospital by ambulance? No

## INJURED 2

Name of injured person EILEEN CHEN HUA LING  
 Gender Female  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -


Approximate Age Years Old .....  
Injuries Sustained .....  
Injured person in which vehicle? .....  
Were seat belts worn? .....  
Was this injured conveyed to hospital by ambulance? .....

-  
SLIGHT INJURY  
SGZ5248A  
Yes  
No

## IMPORTANT NOTICE

- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

above Purposes.

 12/06/2023

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

PIE Towers was

△ A	△ B	△ C
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A = SGZ 5248A  
B = GBK 463R  
C = SNA 4976L




**Describe Circumstances of the Accident**


Please Refer to the police report no. :

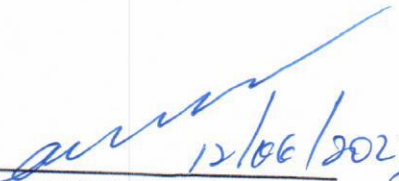
T/20230612/2022

**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

  
12/06/2023  
Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20230612/2022

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20230612/2022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/06/2023 12:08	Vide Report No.:	Station Diary No.: 37
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**Informant's Particulars**

Name of Informant: SOH YIP YONG			Address: APT BLK 291B COMPASSVALE STREET #11-244 SINGAPORE 542291		
ID Type / ID No.: NRIC NO / S7415989C			Contact No.: Home/Office: Mobile: 98625183		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 19/05/1974	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self-employed (Marine Supply)			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/06/2023 14:10	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK463R	Lorry	MITSUBISHI	CANTER FEA01BR2S DEK (CBU)	White	Slightly Damaged	0
SGZ5248A	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR	Silver	Slightly Damaged	3
SNA4976L	Car	MERCEDES BENZ	A200 FL STYLE (R17 HLG)	Black	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20230612/2022

Police Station Of Origin:  
Sengkang N.P.C  
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545025  
Tel No: 1800-343 8999

2 of 3

Report No. T/20230612/2022

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGZ5248A	TENET SOMPO INSURANCE PTE. LTD.	D23MTPV01004369	16/03/2023	15/03/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH YIP YONG	ID No.	S7415989C
Related Vehicle	SGZ5248A (Car)	Contact No.	98625183
Hospital/Clinic	HEALTHMARK FAMILY CLINIC (COMPASSVALE)	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	12/06/2023	Date Discharge	12/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 11/06/2023 at about 1410hrs, I was driving my car (SGZ5248A) along PIE towards Tuas direction, I was on lane 2 due to some roadworks on lane 1. I noticed another vehicle in the front came to a full stop, I applied emergency brakes to my car and managed to stop in time. A few seconds later, I felt an impact coming from the rear. After regaining composure from the impact, I came out of my car and noticed that a lorry (GBK463R) had collided into the rear of my car. I had also realized that another car (SNA4976L) had collided into the lorry's rear.

All drivers discussed about the accident, exchanged contact numbers and drove off as to not cause obstruction to the road. I have a front facing camera installed, however it is faulty and did not record the accident that had taken place.



**SINGAPORE  
POLICE FORCE**



T/20230612/2022

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545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20230612/2022

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

F /  
SGT 2 KANG YONG LER  
JAMESON

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Signature Of Informant:

Date/Time:  
12/06/2023 12:08

Classification Of Case:

NP168



3

Date of Accident : 11.06.2023 Accident Time : 14/0hrs (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : PIE toward Tuas

Vehicle No (Car Plate No) : SGZ 5248A Make/Model: Honda Vezel 1.5X CVT

Insurance Company : Sompo Policy No: D23MTPV01004369

Fleet Policy : YES / NO

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

Name of Owner / IC No : Soh Yip Yang (S7415989C)

Owner Contact No : 98625183 Owner's Hp - Company Tel -

Driver Name / IC No : As above

Driver's Date of Birth : 19.05.1974 Driver's License Pass Date: 22.08.1995

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

Driver's Address : 291B Compassvale St #11-244 S 542291

Driver's Contact No : 1) 98625183 2) -

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

Email Address : Deansyy @ yahoo.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) : 4 person (1 Driver, 3 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) : Yes (1 Driver, 1 Passenger Elieen)

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

VEH B: <u>GBK 463R</u>	Name & Contact No: _____
VEH C: <u>SNA 4976L</u>	Name & Contact No: _____
VEH D: _____	Name & Contact No: _____
VEH E: _____	Name & Contact No: _____

**\*NEW - Passenger's Name & Gender:**

F: Elieen Chen Hua Ling

M: Big Bay

M: Small Bay





Sompo Insurance Singapore Pte. Ltd.  
50 Raffles Place, #03-03  
Singapore Land Tower, Singapore 048623  
Tel: 6461 6555 | www.sompo.com.sg  
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

### 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. : D23MTPV01004369  
Insured : SOH YIP YONG  
Vehicle Registration No. : SGZ5248A  
Coverage : COMPREHENSIVE - AUTHORISED WORKSHOP PLAN  
Policy Commencement Date : 16 MARCH 2023 00:00  
Policy Expiry Date : 15 MARCH 2024 23:59  
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS  
Hire Purchase Owner : MAYBANK  
Excess\* : S\$500 - SECTION I  
Voluntary Excess\* : N.A  
Waiver of Excess : COVERED  
This Waiver of Excess benefit is limited to 1 accident claim per policy year and not applicable to Additional Excess as indicated in the Policy Schedule  
Windscreen Excess\* : S\$100 FOR EACH AND EVERY APPLICABLE CLAIM  
\* 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.

#### Accident Reporting

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

For the list of Accident Reporting Centres, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6226 3323.

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.31

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 07 MARCH 2023 19:37

### SOMPO ASSIST HOTLINE : (65) 6226 3323

In the event of road accident, please call our Sompo Assist Hotline immediately. Our MARS Specialist will arrive at the accident site within 20 minutes anywhere in Singapore. Alternatively, you may approach any of our Accident Reporting Centres for assistance in E-filing your accident report with your vehicle within 24 hours or on the next working days after the accident. Please note that this is compulsory regardless of whether there is any damage to your vehicle or if you are making a claim under your own policy.

Intermediary Name / Code : DAVERIE AGENCY PTE LTD / 11D01900 CI Code: 22A \_CDZLM4P\_JBLM4AJ