

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 21/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/SM023006265/d4	SAS e-filing		
Veh No: 8JK 6133J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 20/06/2023 16:45	i-Motor Claim Form		
OD / (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLH 8321L	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	)
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 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 repairer.
( ) Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	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/Time	Actions

NA2301823	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add'l
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile \$30		
Cat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	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	21/06/2023 09:54 (SGT)
Reported by	Actual Driver
Date of Accident	20/06/2023 16:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPEN SPACE CARPARK NEXT TO BLK 332 ANG MO KIO
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6133J
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEONG YIN PENG
NRIC No	SXXXX208A
Email Address	chavda.ankur@gmail.com
Mobile Phone No	(Phone) +65-96869874
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1339

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01017854

#### DRIVER

Name of Driver	CHAVDA ANKUR AMBARAMBHAI
NRIC No	SXXXX638A
Date Of Birth	24/08/1986
Occupation	Indoor

Date Of Driving Pass	04/07/2014
Driving experience	8 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97394395
Alt. Phone Number	-
Email Address	chavda.ankur@gmail.com
Address	APT BLK 310B ANG MO KIO AVENUE 1
Address complement	# 10-381
Postcode	562310
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Teck Ghee Neighbourhood Police Post
Police Station Address	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED 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	SLH8321L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



Name of Driver	ZHANG XIUMEI
Passport No/FIN	GXXXX374M
Contact Number	(Phone) +65-90184499
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	CHAVDA ANKUR AMBARAMBHAI
Gender	Male
Phone No	(Phone) +65-97394395
Address	APT BLK 310B ANG MO KIO AVENUE 1
Address Complement	# 10-381
Post Code	562310
Approximate Age Years Old	-
Injuries Sustained	STRAIN ON THE NECK - GIVEN 3 DAYS OF MC
Injured person in which vehicle?	SJK6133J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## 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**.
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.

Be Half

Chavda Ankun. A  
21/06/2023

Chavda Ankun. A. 21/06/2023

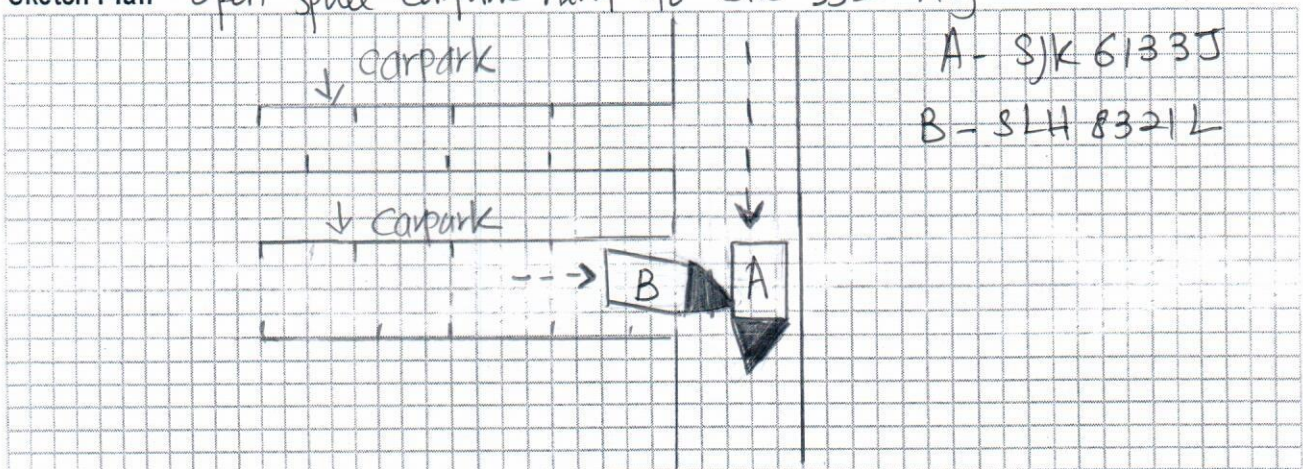
21/06/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan open space carpark next to Blk 332 Ang Mo Kio





**Describe Circumstance of the Accident**

please Refer to the attached  
police Report - T/20230620/2108 -

**Declaration**

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

Be Half

David Chikun. A.  
21/06/2023

Policyholder's Signature / Date & Time

David Chikun. A.  
21/06/2023

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

21/06/2023

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



# SINGAPORE POLICE FORCE



T/20230620/2108

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

1 of 3

Report No. T/20230620/2108

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/06/2023 20:56		Vide Report No.:		Station Diary No.: 35	
<b>Informant's Particulars</b>					
Name of Informant: CHAVDA ANKUR AMBARAMBHAJ			Address: APT BLK 310B ANG MO KIO AVENUE 1 #10-381 SINGAPORE 562310		
ID Type / ID No.: NRIC NO / S8684638A			Contact No.: Home/Office: Mobile: 97394395		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 24/08/1986	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: YOGA TEACHER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/06/2023 16:45	Type of Location: Car Park
Location:  ANG MO KIO AVENUE 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK6133J	Car	HONDA	FIT 1.3G A	Silver	Seriously Damaged	0
SLH8321L	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black	Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20230620/2108

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

2 of 3

Report No. T/20230620/2108

**CONTINUATION OF REPORT**

Driver			
Name	CHAVDA ANKUR AMBARAMBHA	ID No.	S8684638A
Related Vehicle	SJK6133J (Car)	Contact No.	97394395
Hospital/Clinic	ACEHEALTH MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	20/06/2023	Date Discharge	20/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Zhang Xiumei	ID No.	G0431374M
Related Vehicle	SLH8321L (Car)	Contact No.	90184499
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 20/06/2023 at about 1645hrs, I was driving my vehicle bearing registration plate SJK6133J in the open space carpark located next to Blk 332 Ang Mo Kio. I was driving along the main road when suddenly, one vehicle bearing registration plate SLH8321L came out one of the sides exits and collided into the side of my car. At that moment, I did not feel any pain and was shocked from the impact of the collision.

I alighted and observed that the mentioned vehicle front has collided into my car's driver's door. There are dents and scratches to the driver's door and some metal parts broken. The mentioned car has some damages to its front.

I spoke to the driver and managed to gather her particulars with the help of my wife as the driver could only speak Chinese. We agreed to settle the matter via insurance. Traffic police or ambulance was not called.

Subsequently, I decided to see the doctor and I received a three-day MC. I was advised to lodge a traffic police. My vehicle does not have any in-built car camera.





3 of 3

Report No. T/20230620/2108

## CONTINUATION OF REPORT

*Pin*

Signature Of Informant:

double AA

Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

### Classification Of Case:

**MEDICAL CERTIFICATE**

MC No: 16872633018629771

NAME: CHAVDA ANKUR AMBARAMBHAI

NRIC: S8684638A

This is to certify that the above patient name is Unfit for Duty for a period of 3 day from 20-06-2023 to 22-06-2023 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

Dr. Lin Zhi Yong

20-06-2023

Issued By

Signature

Date

DR. LIN ZHIYONG  
MCR: 62131E  
ACEHEALTH MEDICAL CLINIC  
BLK 316B Ang Mo Kio Street 31 #01-10  
Singapore 563316  
Tel: +65 62526772  
Email: acehealthmedical@gmail.com



# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 20/06/2023	TIME OF ACCIDENT : 16:45pm
VEHICLE NO : SJK 6133J	TRANSMISION : <u>AUTO</u> / MANUAL
MAKE & MODEL : Honda Fit 1.3G A	LOCATION : open space carpark next to Bk 332 Ang mo kio
EXACT PURPOSE USE DURING ACCIDENT : <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : <u>OD / THIRD PARTY</u> / REPORTING ONLY
INSURANCE COMPANY : 8ompo	POLICY NO : D22M7Pr01017854
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : <u>(SALOON)</u> / COUPE/MPV/VAN/LORRY/MOTORCYCLE
NAME OF OWNER : Leong Yin Peng	NRIC : 57928208A
ADDRESS :	CONTACT NO : 9686 9874
EMAIL ADDRESS : chavda.ankur@gmail-com	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : <u>AS ABOVE</u> / IF NO : chavda Ankur Ambarambhai	NRIC : <u>88684638A</u> CONTACT NO : <u>97394395</u>
DRIVER OWNER RELATIONSHIP : <u>spouse</u>	PASSENGER : <u>0</u> MALE ( ) FEMALE ( )
DATE OF BIRTH : 24 / 08 / 1986	DRIVING PASSING DATE : 04 / 07 / 2014
OCCUPATION : <u>INDOOR</u> / OUTDOOR	ADDRESS : Apt 81k 310B Ang mo kio Avenue 1 # 10-381, SS62310
ANY INJURIES : NO, IF YES : <u>strain on the neck</u>	POLICE REPORT : NO / IF YES WHERE ? <u>Teck Ghee Npp</u>
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : <u>SLH 8321L</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>zhang Xiumei</u>	DRIVER NAME : _____
NRIC : <u>G0431374M</u>	NRIC : _____
CONTACT : <u>90184499</u>	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / <u>NO</u> ) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / <u>NO</u> WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>



**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.** : D22MTPV01017854  
**Insured** : LEONG YIN PENG  
**Vehicle Registration No.** : SJK6133J  
**Coverage** : COMPREHENSIVE - EXCELDRIVE GOLD  
**Policy Commencement Date** : 28 OCTOBER 2022 00:00  
**Policy Expiry Date** : 27 OCTOBER 2023 23:59  
**Maximum Liability (Section I)** : MARKET VALUE AT TIME OF LOSS  
**Hire Purchase Owner** : N.A  
**Excess\*** : S\$400 - SECTION I  
**Voluntary Excess\*** : N.A  
**Waiver of Excess** : COVERED  
Excess is waived up to S\$1,000 (limit to one claim per policy year) if repair is done at authorised workshops. Additional Excess as indicated in the Policy Schedule will not be applicable for waiver.  
**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.

I/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 : 20 OCTOBER 2022 02:04

**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 : INFINITUM FINANCIAL ADVISORY PTE LTD / 11109509 CI Code: 22A L44DLMO2KY0MTV2A