

NATIONAL Assessment Centre Services

(wef 1 Jan'06)

SN0928680005

Date In: 28/06/2023 12:06	Job description	Date & Time Completed	Done by
Ref No: 2168/SMO289065764	SAS e-filing		
Veh No: SLW880/P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/06/2023 17:00	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: SUB 7735R	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% 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 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

MA280/912	Invoice Preparation Checklist		Am't (\$)	Am't
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		1st Bill	Add
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			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile \$30			
	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	28/06/2023 12:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/06/2023 17:30 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	AFTER EXIT 5 BEFORE EXITING TAMPINES AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW8801P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	VINCENT LEE CHI SIANG
NRIC No	SXXXX357F
Email Address	leevincecs@gmail.com
Mobile Phone No	(Phone) +65-92225857
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216i
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	1499

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01003564

DRIVER

Name of Driver	VINCENT LEE CHI SIANG
NRIC No	SXXXX357F
Date Of Birth	23/05/1988
Occupation	Indoor

Date Of Driving Pass	08/07/2009
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92225857
Alt. Phone Number	-
Email Address	leevinccs@gmail.com
Address	17 YISHUN STREET 51 #08-32
Address complement	-
Postcode	767974
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	6
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?	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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB7735R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEW WEE KHEE, BRENDAN
NRIC No	SXXXX725H

Contact Number	(Phone) +65-81398515
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	SJN3009P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FONG CHEE HOE
NRIC No	SXXXX726Z
Contact Number	(Phone) +65-90112818
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	VINCENT LEE CHI SIANG
Gender	Male
Phone No	(Phone) +65-92225857
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLW8801P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

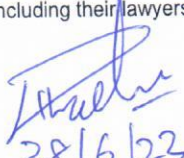
IMPORTANT NOTICE


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 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 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.

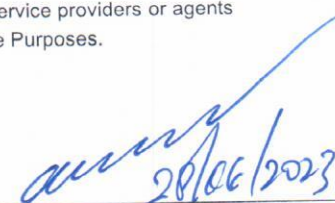
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

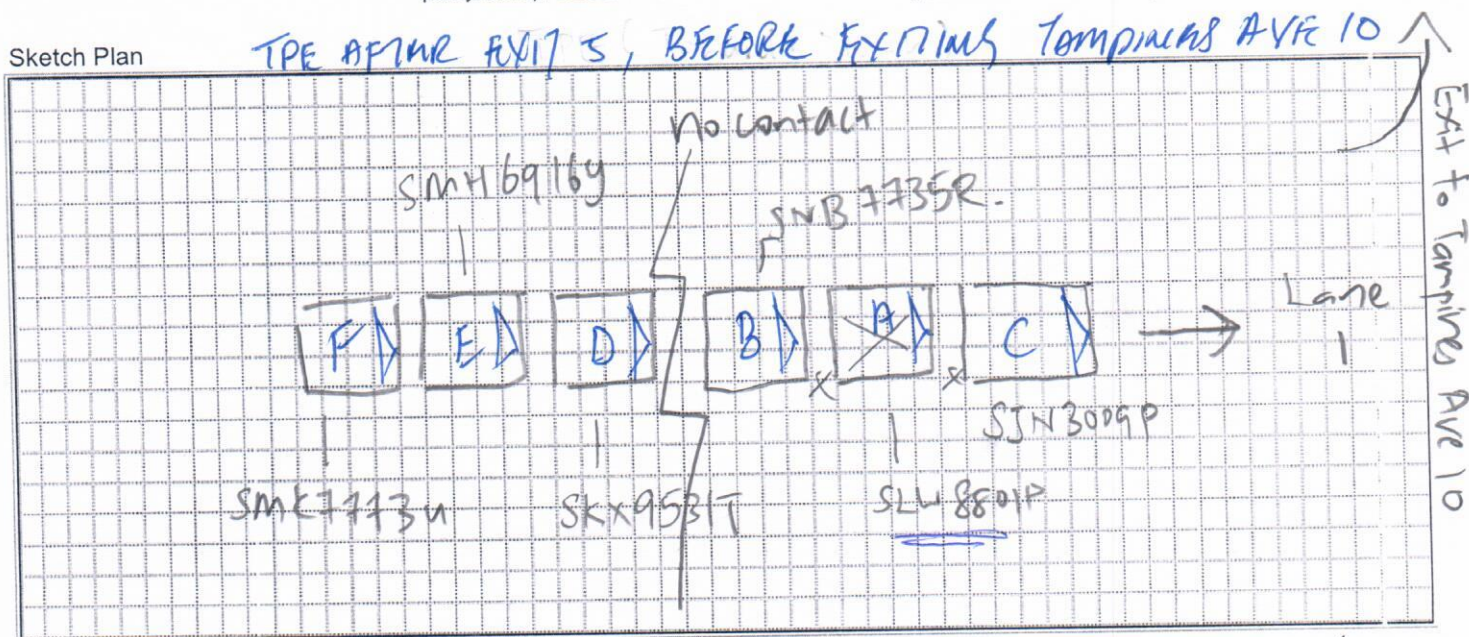
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


28/6/23 11:28 AM
Policyholder's Signature / Date & Time


28/6/23 11:28 AM
Actual Driver's Signature (if driver is not the policyholder) / Date & Time


28/06/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On 27 Jun 2023, at around 5.25 PM, I was driving along TPE (towards North) on lane 1, when a vehicle (SJN3009P) changed from lane 2 to my lane (lane 1), followed by an abrupt, sudden stop.

I managed to stop my vehicle (SLW8801P) in time.


However, the vehicle behind (SNB7735R) collided with my car with max impact, causing my vehicle to move forward to hit SJN3009P.

There were 3 other vehicles behind (total 6).
Vehicle #4 (SKX9531T) did not hit vehicle #3 (SNB7735R).


I did not accept liability as I kept a safe distance & stopped in time. Pls refer to video evidence furnished.

Declaration

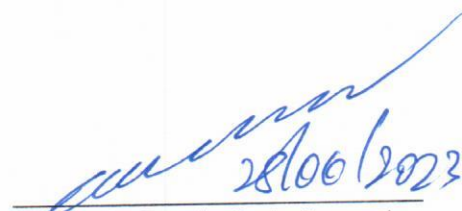
I/We declare the foregoing particulars are true in every respect.

 28/6/23
4:30 AM

Policyholder's Signature / Date & Time

 28/6/23
11:30 AM

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

 28/06/2023

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

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 27 JUN 2023	TIME OF ACCIDENT : 5-30 PM
VEHICLE NO : SLW8801P	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : BMW 216I ACTIVE TOURER	LOCATION : TPE, after exit 5, before exiting. Tampines Ave 10
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : SompO	POLICY NO : D22MTPV01003564
TYPE OF COVERAGE : C	VEHICLE TYPE : (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE)
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	
NAME OF OWNER : VINCENT LEE CHI SIANG	NRIC : S8818357F
ADDRESS : 17, WISMANST51, #08-32, 5767974	CONTACT NO : 9222 5857
EMAIL ADDRESS : leevinccs@gmail.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : S8818357F CONTACT NO : 9222 5857
DRIVER OWNER RELATIONSHIP : OWNER	PASSENGER : NA MALE () FEMALE ()
DATE OF BIRTH : 23 / 05 / 1988	DRIVING PASSING DATE : 8 / 07 / 2009
OCCUPATION : INDOOR / OUTDOOR	ADDRESS :
ANY INJURIES : NO, IF YES : YES 2 DAYS MC	POLICE REPORT : NO / IF YES WHERE ?
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : SNB7735R	VEHICLE C REG NO : SJN3009P
DRIVER NAME : CHEW WEE KHEE, BRENDAN	DRIVER NAME : Fong Chee Hoe
NRIC : S88397254	NRIC : S15877262
CONTACT : 8139 8515	CONTACT : 9011 2818
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN ? (YES / NO)	WERE SEAT BELTS WORN ? YES / NO
IF YES, AGAINST WHOM : _____	WERE INJURY CONVEYED BY AMBULANCE : YES / NO

PRIVATE CAR RENEWAL NOTICE

Expiring Policy No. : D22MTPV01003564

Date: 06 January 2023

VINCENT LEE CHI SIANG
17, YISHUN STREET 51
#08-32
THE CRITERION
SINGAPORE 767974

Dear Insured,

We wish to inform you that your policy is expiring on **11 March 2023** and is due for renewal. Kindly indicate your renewal instruction below and return this duly signed together with your payment.

Please renew your policy 15 days before expiry to ensure your policy record is electronically transmitted to LTA for road tax renewal, failure of which you may be issued with notices/penalty by LTA.

RENEWAL TERMS			
RENEWAL PERIOD	12 March 2023 TO 11 March 2024 (Both Dates Inclusive)		
Coverage:	Comprehensive - Preferred Workshop Plan	Excess: S\$ 500.00 - Section I	Windscreen Excess: S\$100.00 for each and every applicable claim.
Estimated Value of Vehicle	Market value at time of loss	Voluntary Excess: Buy Up: S\$ 100.00 - Section I (Additional Voluntary Excess will not be waived)	
NCD on Renewal (subject to no new claims being made up to expiry date):	30 %		
RENEWAL PREMIUM:	S\$ 1,615.47 Premium is computed after 30 % NCD discount and inclusive of GST. For policy with 30% NCD and above, renewal premium is inclusive of 5% OFD (not applicable to company registered vehicle). Terms remain valid for 7 days from expiry date subject to there being no claims prior to renewal of the policy and no material change in the risk.		
REMARKS:	Kindly note that any payment received after 31 Dec 2022 will be subject to additional 1% GST. If you pay the premium on or after 1 Jan 2023, the premium is S\$1,615.47. It is mandated by IRAS to revise all Tax Invoices to reflect 8% GST starting 1 Jan 2023.		

DRIVER DETAILS

Named Drivers : 1. VINCENT LEE CHI SIANG
2. CHEW ZI WEI

VEHICLE DETAILS

Vehicle Registration No. : SLW8801P Vehicle Make & Model : BMW 216i 1.5
Additional Cover : NIL

IMPORTANT NOTES:

- Renewal terms may be altered/revised if a claim arises during the interim period while this renewal notice is dispatched prior to the expiration of the Policy or if there are any changes material to the risk as advised by you.
- The Policy will be renewed from the date of receipt of instruction if renewal instruction is received after the expiry of this Policy.
- Premium Payment Warranty**
Premium is to be paid and received in full by the Company or the intermediary through whom this Policy was effected (a) before the inception date where the Policy is issued to an individual, or (b) within the period specified in the Premium Payment Warranty applied to the policy in all other instances, failing which there will be no cover under this Policy.
- Duty of Disclosure**
You must disclose to us, fully and faithfully, all the facts that you know or ought to know, otherwise you may not receive any benefits from this Policy.
- Policy Owners' Protection Scheme**
This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your Policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Us or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Intermediary Name/Code : DIRECT-CLIENT (CASH TERM) / 11D01104

Producer Name/Code : DIRECT-CLIENT (CASH TERM) / D0001104

Insured Copy