

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

SN0923770001

Date In: 07/07/2023 10:14	Job description	Date & Time Completed	Done by
Ref No: NDA/SN0230068684	SAS e-filing		
Veh No: SNE 473B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 06/07/2023 05:40	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: YN 5653M	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

NA2302039

Claimant's Particulars:-	Invoice Preparation Checklist	Amf (\$)	Amf
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (N'n 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	07/07/2023 10:14 (SGT)
Reported by	Actual Driver
Date of Accident	06/07/2023 05:40 (SGT)
Exact Location of Accident	Admiralty Rd W, Singapore
Additional Location Information	TOWARDS SEMBAWANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN473B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH CHEE BOON
NRIC No	SXXXX538J
Email Address	24leonardho@gmail.com
Mobile Phone No	(Phone) +65-83382207
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1799

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01009795

DRIVER

Name of Driver	TAN KENNER
NRIC No	SXXXX199H
Date Of Birth	29/01/1997
Occupation	Indoor

Date Of Driving Pass	07/04/2016
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83382207
Alt. Phone Number	-
Email Address	24leonardho@gmail.com
Address	BLK 120B CANBERRA CRESCENT #12-371
Address complement	-
Postcode	752120
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Collision - Head to Rear
Weather Conditions	Raining
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?	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20230706/7075

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	YN5653M
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN KENNER
Gender	Male
Phone No	(Phone) +65-83382207
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJN473B
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.

Policyholder's Signature / Date & Time

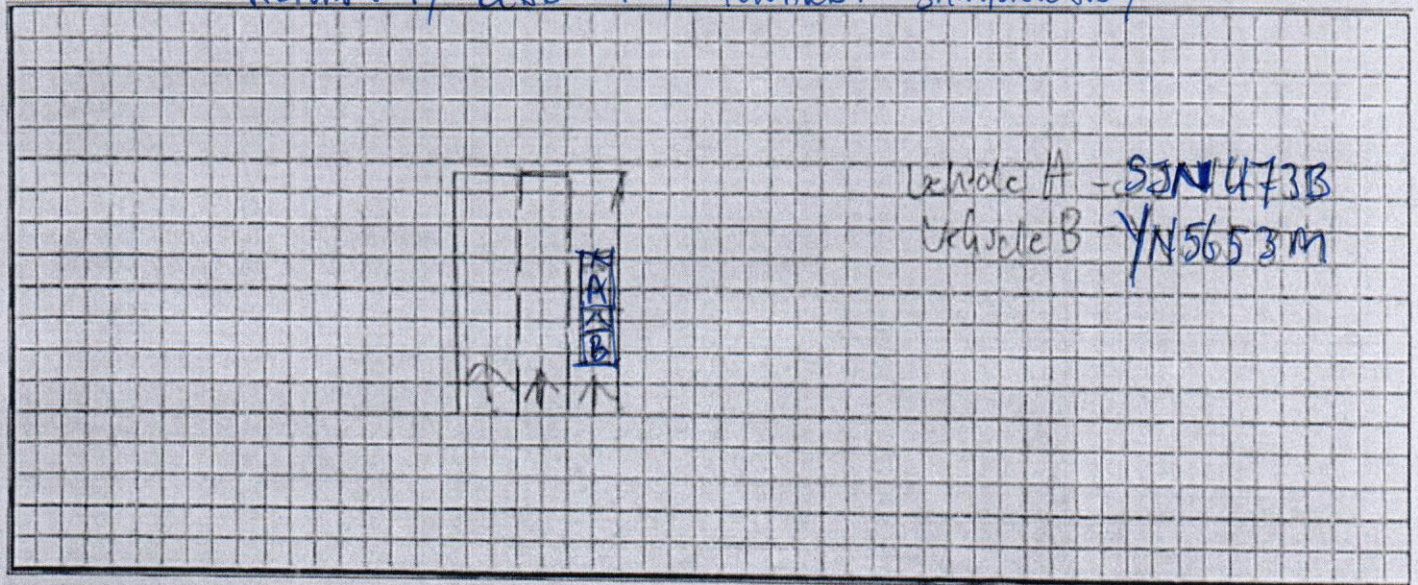
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

ADJUTANT ROAD WEST TOWARDS

SIMPANG



Describe Circumstance of the Accident

On the stated time and date, I was travelling along the stated location, As I was approaching the traffic junction. I slowed down, Suddenly I felt an huge impact from my rear.

I Alighted and found vehicle B 'YNS653M' collided onto my rear causing damages.

POLICE REPORT T/20230706/7075

Declaration

I/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
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230706/7075

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230706/7075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2023 19:50		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN KENNER			Address: 120B CANBERRA CRESCENT #12-371 SINGAPORE 752120		
ID Type / ID No.: NRIC NO / S9706199H			Contact No.: Home/Office: Mobile: 83382207		
Nationality: SINGAPORE CITIZEN			Email: KENNERTAN@GMAIL.COM		
Sex: Male	Age: 26	Date of Birth: 29/01/1997	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/07/2023 05:35	Type of Location:
Location: ADMIRALTY ROAD WEST				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJN473B	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230706/7075

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230706/7075

CONTINUATION OF REPORT

Driver			
Name	TAN KENNER	ID No.	S9706199H
Related Vehicle	SJN473B (Car)	Contact No.	83382207
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time I vehicle SJN473B was travelling straight on lane 1.

I was travelling along Admiralty Road West towards Sembawang direction.

As I was approaching the junction I slowed down in anticipation of the traffic lights turning red.

Suddenly vehicle YN5653M came from behind and hit onto my vehicle's rear portion.

The impact was great and caused my left knee to hit onto my dashboard, both my wrist slipped and hit onto my steering.

After a while I start to feel pain on my neck, shoulders and back areas.

Later late afternoon the pain worsen and I proceeded to Norwood Medical Clinic to seek treatment and i was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20230706/7075

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230706/7075

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
06/07/2023 19:50

Classification Of Case:

ACCIDENT REPORTING

Accident Date: (06/07/2023)(DD/MM/YYYY) Time: (05:40)(HH:MM)
 Location: Admiralty Road West towards Sembawang

1. Accident Details

- a) Type Of Accident: Rear End
 b) Weather Condition: (Clear / Raining / Others: _____)
 c) Road Surface: (Dry / Wet / Others: _____)
 d) Are You Claiming Under Your Own Insurance? (Yes / No)
 If No, Please State: (Third Party Claim / Reporting Only)
 e) Was Any Foreign Vehicle Involved In An Accident? (Yes / No)
 If Yes, Please State Vehicle No: _____
 f) Were You Been Approached By Unknown Person(s) Soliciting/Offering
 Accident Claims Assistance? (Yes / No)
 g) Was The Accident Reported To The Police? (Yes / No)
 If Yes, Police Station Name: _____
 h) Was Notice Of Prosecution Given?
 If Yes, Against Whom?: _____

2. Details Of Own Vehicle

- a) Vehicle Registration No: SJN473B
 b) Vehicle Category: Sedan
 c) Vehicle Manufacturer: Honda Vehicle Model: Civic 1.8A
 d) Transmission: Manual / Auto CC: 1800
 e) No. Of Passengers (Including Driver) 01
 Passenger Name: _____ (Female / Male)
 Passenger Name: _____ (Female / Male)
 Passenger Name: _____ (Female / Male)
 Passenger Name: _____ (Female / Male)

3. Own Vehicle Policy

- a) Handling Insurer: Sampod
 b) Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
 c) Fleet Policy? (Yes / No)
 d) Owner Name: Goh Chee Boon (Female / Male)
 e) ID Type: S27315385 (UEN / NRIC / Passport Or Fin / Work Permit)
 f) Email: 24LeonardHo@gmail.com Mobile: 8338 2207
 f) Alt No. Type: (Home / Office / Not In List) : _____

4. Driver's Information

- a) Is The Driver The Policyholder? (Yes / No)
 b) Driver Name: Tan Kenner (Female / Male)
 c) ID Type: S97061994 (UEN / NRIC / Passport Or Fin / Work Permit)
 d) Date Of Birth: 29/01/1994
 e) Driving Pass Date: 07/04/2016
 f) Email: 24LeonardHo@gmail.com Mobile: 8338 2207
 g) Address: 120B Canberra Crescent #12-371
 h) Postal Code: 752120
 i) Occupation: (Indoor / Outdoor)
 j) Driver Owner Relationship: Friend Does Driver Own Other Vehicles: (Yes / No)
 If Yes, Please Provide Vehicle Registration No: _____ Handling Insurer: _____

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. : D22MTPV01009795
Insured : GOH CHEE BOON
Vehicle Registration No. : SJN473B
Coverage : THIRD PARTY
Policy Commencement Date : 08 JUNE 2022 15:02
Policy Expiry Date : 22 JULY 2023 23:59
Maximum Liability (Section I) : THIRD PARTY
Hire Purchase Owner : N.A
Excess* : N.A
Voluntary Excess* : N.A
Waiver of Excess : NOT COVERED
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.

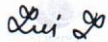
Accident Reporting

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 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 : 08 JUNE 2022 15:02

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 : I-N-S MANAGEMENT / 11104805 CI Code: 22A 4XXDZPT4JMY1BCKA