

# NATIONAL Assessment Centre Services (wef 1 Jan 05)

Sup92871000Y

Date In: 18/01/2023 13:23	Job description	Date & Time Completed	Done by
Ref No: N4381072280072394	SAS e-filing		
Veh No: SMY 1048X	E-mail (within 3hrs. AIC 2hrs)		
D.O.A: 18/01/2023 08:00	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: 9BL 8169H	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:	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

N4302450	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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl 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: Idao Mobile \$30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	18/07/2023 13:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/07/2023 08:00 (SGT)
Exact Location of Accident	Sembawang Hills Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY1048X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YUN TA MING
NRIC No	SXXXX263E
Email Address	ming@chassasia.com
Mobile Phone No	(Phone) +65-96696544
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Jimny
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1462

## INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01002228

## DRIVER

Name of Driver	YUN TA MING
NRIC No	SXXXX263E
Date Of Birth	04/05/1965
Occupation	Indoor

Date Of Driving Pass	04/05/1984
Driving experience	39 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96696544
Alt. Phone Number	-
Email Address	ming@chassasia.com
Address	47 TAGORE AVENUE
Address complement	-
Postcode	787666
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	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)	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?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL8169H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	DANIAL ASHRAF BIN AL-RASHIDI
NRIC No	SXXXX013I



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

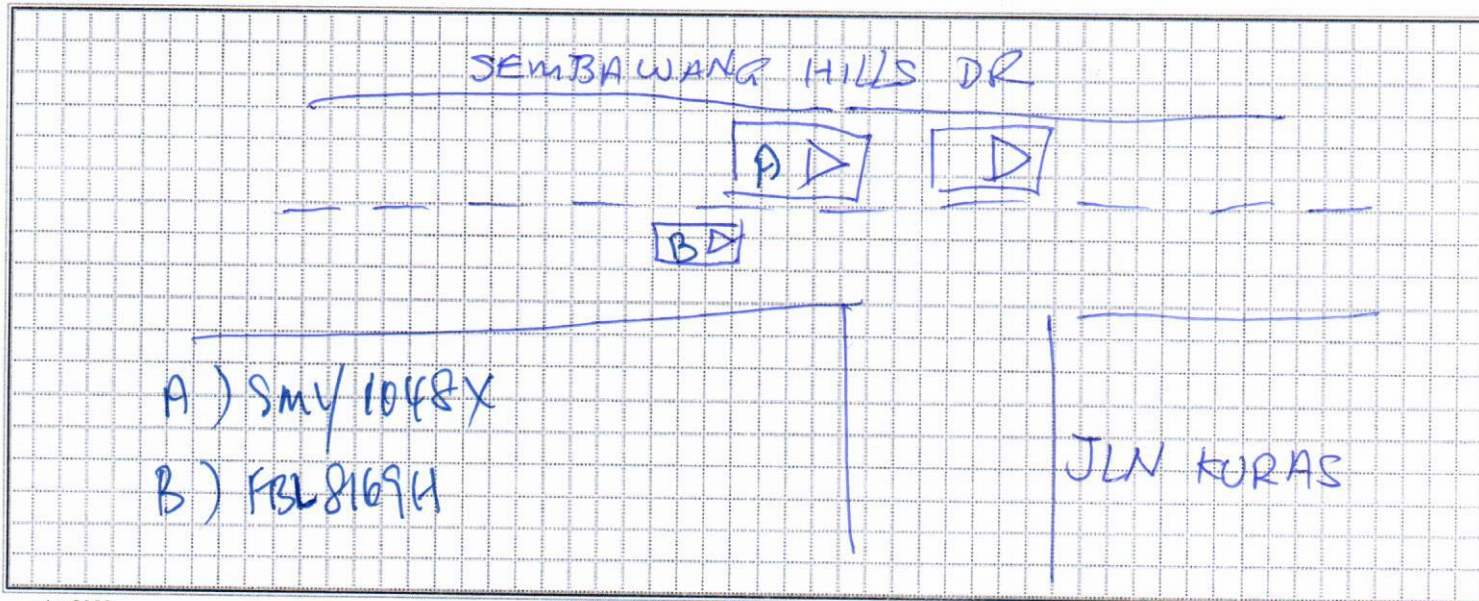
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

#### Sketch Plan






Describe Circumstance of the Accident

I was traveling alone sambarang Hills drive  
suddenly I heard a loud sound on my right door  
where I notice FBL 8169 H collide into my door.

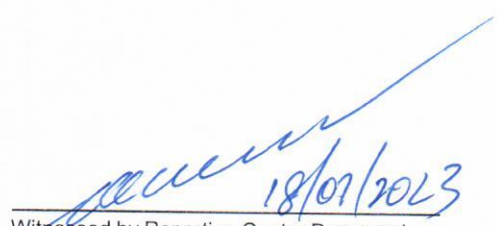
Declaration

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

 18/July/2023

Policyholder's Signature / Date & Time

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

 18/07/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 18/July/2023	TIME OF ACCIDENT : 0800am
VEHICLE NO : smy 1048X	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : SUZUKI	LOCATION : SEMBawang Hill Dr
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : SOMPO	POLICY NO : D23MTPV0100228
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE ) 4x4
NAME OF OWNER : YUN TA MING	NRIC : S1696263E
ADDRESS : 47 TAGORE AVE 787666	CONTACT NO : 96696544
EMAIL ADDRESS : ming@classasia.com	VIDEO RECORDING : YES / NO front only
NAME OF DRIVER : AS ABOVE / IF NO : YUN TA MING	NRIC : S1696263E CONTACT NO :
DRIVER OWNER RELATIONSHIP :	PASSENGER : 0 MALE ( ) FEMALE ( )
DATE OF BIRTH : 04/05/1965	DRIVING PASSING DATE : 04/05/1984
OCCUPATION : INDOOR / OUTDOOR	ADDRESS :
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO / IF YES WHERE ?
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : FBL 8169H	VEHICLE C REG NO :
DRIVER NAME : DANIAL ASHRAF BIN	DRIVER NAME :
NRIC : S9716013I AL-RASHIDI	NRIC :
CONTACT : +65 81284674	CONTACT :
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME :
NRIC :	CONTACT :
CONTACT :	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO ) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO



**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.** : D23MTPV01002228  
**Insured** : YUN TA MING  
**Vehicle Registration No.** : SMY1048X  
**Coverage** : COMPREHENSIVE - EXCELDRIIVE PRESTIGE  
**Policy Commencement Date** : 17 FEBRUARY 2023 00:00  
**Policy Expiry Date** : 16 FEBRUARY 2024 23:59  
**Maximum Liability (Section I)** : MARKET VALUE AT TIME OF LOSS  
**Hire Purchase Owner** : N.A  
**Excess\*** : S\$500 - 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.

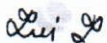
**Accident Reporting**

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** : 17 JANUARY 2023 14:45

**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** : ASSURE INSURANCE AGENCY PTE. LTD. / 11A28209 **CI Code**: 22A JXDPMJ4NKBV0CRAX