

NATIONAL Assessment-Centre Services (wef 1 Jan'05)

SNO923760001

Date In: 7/07/2023 12:21	Job description	Date & Time Completed	Done by
Ref No: N/A 8MO28007391	SAS e-filing		
Veh No: FBR 9928X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/07/2023 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: UNKNOWN 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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt
			1st Bill	Add
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
Cat. 1:	7) N1 : Idac DA + SMRT Survey \$160			
Cat. 2 / 3:	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 (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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 willful 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	21/07/2023 12:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/07/2023 08:00 (SGT)
Exact Location of Accident	402 Yishun Ring Rd, Block 402, Singapore 760402
Additional Location Information	OPEN SPACE CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR9928X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NICHOLAS WANG KOK YAW (WANG GUOYAO)
NRIC No	SXXXX064D
Email Address	hei_nicholas@outlook.com
Mobile Phone No	(Phone) +65-90905005
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Kymco
Model	Xciting
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Motorcycle
Transmission	Auto
CC	399

## INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTMC01006068

## DRIVER

Name of Driver	NICHOLAS WANG KOK YAW (WANG GUOYAO)
NRIC No	SXXXX064D
Date Of Birth	14/04/1977
Occupation	Indoor

Date Of Driving Pass	06/01/2009
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90905005
Alt. Phone Number	-
Email Address	hei_nicholas@outlook.com
Address	BLK 409 YISHUN RING ROAD #12-1791
Address complement	-
Postcode	760409
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20230719/7003

#### 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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category .....	NA / Unknown
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) .....	-

**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.

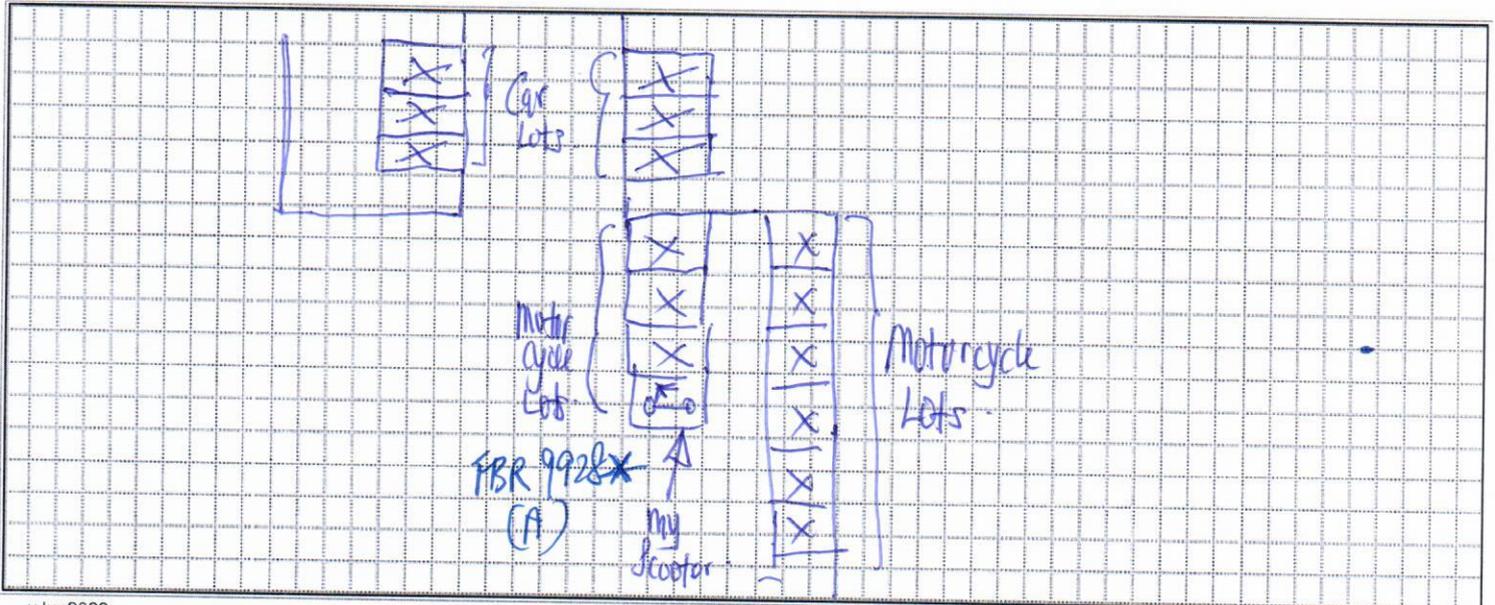
*Signature* 21 July 23  
12:05pm

Policyholder's Signature / Date & Time

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

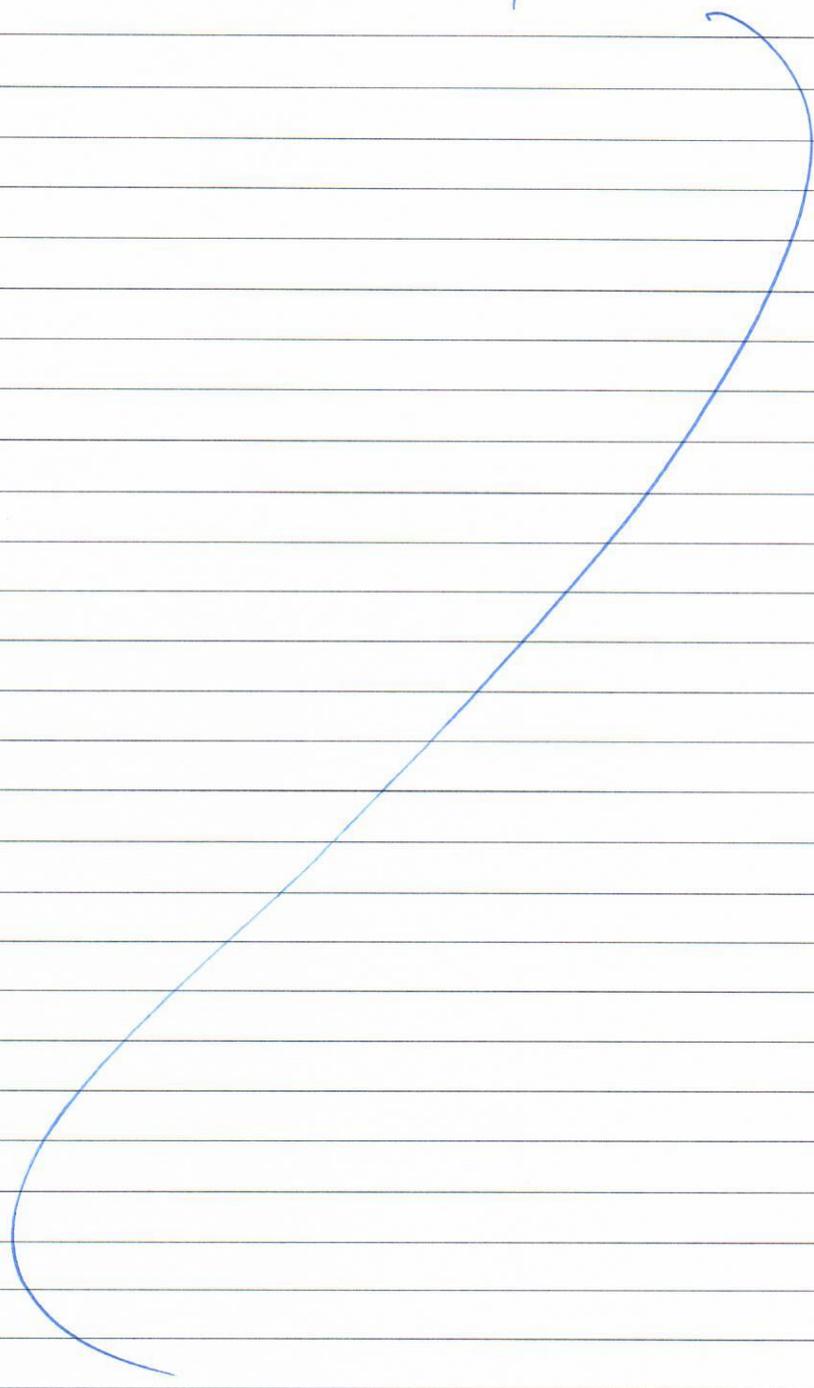
*Signature* 21/07/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

REFER TO POLICE REPORT U/20230719/7003



Declaration

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

*[Signature]* 21 July '23

Policyholder's Signature / Date & Time

12:05pm / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

*[Signature]* 21/07/2023

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



**SINGAPORE  
POLICE FORCE**



L/20230719/7003

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20230719/7003

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 19/07/2023 08:20	Vide Report No.	Station Diary No.
Name Of Informant NICHOLAS WANG KOK YAW	Address 409 YISHUN RING ROAD #12-1791 SINGAPORE 760409	
ID Type / ID No. NRIC NO / S7710064D	Contact No. Home/Office:	Mobile: 90905005
Nationality SINGAPORE CITIZEN	Email Address HEI NICHOLAS@OUTLOOK.COM	
Occupation Management executive	Sex Male	Age 46
Institution/School Name	Date of Birth 14/04/1977	Race Chinese
Date/Time Of Incident 18/07/2023 18:15 - 19/07/2023 08:00	Location Of Incident 402 YISHUN RING ROAD SINGAPORE 760402	

**Brief details.**

I have parked my scooter yesterday evening after work at around 6:15pm yesterday till today this morning at around 8:00am. I returned to my scooter as usual for collection to ride to work. I noticed that my scooter got into a hit and run incident. There are no notes or contact anywhere to be located or found around the scooter. My right side of my scooter suffered multiple body fairings scratches and handle bar right side was also affected at the edge.

**Subjects Involved**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
19/07/2023 08:20

Classification Of Case:



<b>Suspect</b>			
Person Name	Unsure		
Gender	Unknown		
<b>Victim</b>			
Person Name	NICHOLAS WANG KOK YAW		
ID Type	NRIC NO	ID No	S7710064D
Gender	Male	Age	46
Race	Chinese	Language	English
Occupation	Management executive	Address	409 YISHUN RING ROAD #12-1791 SINGAPORE 760409
Mobile No	90905005	Is Informant A Victim?	Yes
Person Name	NICHOLAS WANG KOK YAW (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

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Signature Of Interpreter:  
Not applicable

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Officer In-Charge Of Case:

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

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Date/Time:  
19/07/2023 08:20

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Classification Of Case:

## IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 19 July '2023	TIME OF ACCIDENT : 08:00AM
VEHICLE NO : FBR 9928X	TRANSMISSION : <u>AUTO</u> / MANUAL
MAKE & MODEL : KYMCO S400	LOCATION : 402, YISHUN RING RD, OPEN SPACE CARPARK
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / <u>REPORTING ONLY</u>
INSURANCE COMPANY : SOMPO INSURANCE	POLICY NO : D22 MFM C01006068
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/ <u>MOTORCYCLE</u> )
NAME OF OWNER : NICHOLAS WANG KOK YAW	NRIC : S7710064D
ADDRESS : 402, YISHUN RING ROAD # 12-1791, SINGAPORE 760409	CONTACT NO : 90905005
EMAIL ADDRESS : HEI_NICHOLAS@OUTLOOK.COM	VIDEO RECORDING : YES ( <u>NO</u> )
NAME OF DRIVER : <u>AS ABOVE</u> / IF NO :	NRIC : _____ CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : <u>- N/A -</u>	PASSENGER : MALE ( ) FEMALE ( )
DATE OF BIRTH : 14 / 04 / 1977	DRIVING PASSING DATE : 06 / 01 / 2009
OCCUPATION : <u>INDOOR</u> / OUTDOOR	ADDRESS :
ANY INJURIES : <u>NO</u> , IF YES :	POLICE REPORT : NO/ IF YES WHERE ? <u>4/2023 0719 / 7003.</u>
WEATHER CONDITION : CLEAR / <u>RAINING</u> / OTHERS	ROAD SURFACE : DRY / <u>WET</u> / OTHERS
VEHICLE B REG NO : _____ DRIVER NAME : _____ NRIC : _____ CONTACT : _____	VEHICLE C REG NO : _____ DRIVER NAME : _____ NRIC : _____ CONTACT : _____
VEHICLE D REG NO : _____ DRIVER NAME : _____ NRIC : _____ CONTACT :	ANY WITNESS ? NO, IF YES : NAME : _____ 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)**

**Cert No./Policy No.** : D22MTMC01006068  
**Insured** : NICHOLAS WANG KOK YAW (WANG GUOYAO)  
**Motor Vehicle (Regn No.)** : FBR9928X  
**Cover** : Comprehensive  
**Policy Commencement Date** : 15 DECEMBER 2022 00:00  
**Policy Expiry Date** : 14 DECEMBER 2023 23:59  
**Maximum Liability (Section I)** : Market value at time of loss  
**Excess\*** : \$500 - Section I  
**Named Driver 1** : NICHOLAS WANG KOK YAW (WANG GUOYAO)  
**HIRE PURCHASE OWNER** : CHONG AIK INTERNATIONAL PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
NICHOLAS WANG KOK YAW (WANG GUOYAO)

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 purposes and  
(a) by the Insured in person in connection with his business or profession or  
(b) in connection with the Insured's business or profession

**The Policy does not cover**

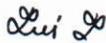
- (i) Use for hire or reward
- (ii) Use for racing pacemaking, reliability trial or speed-testing
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business
- (iv) Use for any purpose in connection with the Motor Trade

**Accident Reporting**

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

For 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) 6461 6555.

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 Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref:MCY-MTMC.04)

**Sompo Insurance Singapore Pte. Ltd.****Authorised Signatory**

Date/Time of Issue : 28 OCTOBER 2022 11:26

**IMPORTANT NOTICE**

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code &amp; Name : 11E07901 &amp; ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 F4DHL2P4\_Y0MYAJ