

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 19/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/SMO23007413/I	SAS e-filing		
Veh No: 8MA 3524U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/07/2023 06:40	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **PD 840G**

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

pending CI

full doc haven't scan.

NA2302192

Invoice Preparation Checklist

Am't (\$)

In Bill

Claimant's Particulars:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

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 / 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: Idao Mobile \$30

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

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	19/07/2023 09:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/07/2023 06:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE BEFORE EXIT 17
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG3524U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PHNG BOON KIAT
NRIC No	SXXXX958D
Email Address	PHNG77@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97266588
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1797

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV0109798

DRIVER

Name of Driver	PHNG BOON KIAT
NRIC No	SXXXX958D
Date Of Birth	18/02/1977
Occupation	Indoor

Date Of Driving Pass	29/10/2003
Driving experience	19 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97266588
Alt. Phone Number	-
Email Address	PHNG77@HOTMAIL.COM
Address	475D UPPER SERANGOON CRESCENT
Address complement	#08-561
Postcode	537475
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	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	4
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 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	PD840G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMMAD NAZRIN BIN JAJUDIN
NRIC No	SXXXX137D

Contact Number	(Phone) +65-98340440
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	SMC60G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-92211617
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 3

Vehicle Registration Number	SNH3433G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG YING WEN
NRIC No	SXXXX175H
Contact Number	(Phone) +65-96876571
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	PHNG BOON KIAT
Gender	Male
Phone No	(Phone) +65-97266588
Address	457D UPPER SERANGOON CRESCENT
Address Complement	#08-561
Post Code	537475
Approximate Age Years Old	46
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SMG3524U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 19/7/2023		TIME OF ACCIDENT : 0640	
VEHICLE NO : SMC 3524U		TRANSMISSION : AUTO / MANUAL	
MAKE & MODEL : Toyota Nash Hybrid 1.8		LOCATION : PIE before exit 17	
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY	
INSURANCE COMPANY : Sompo		POLICY NO : D22MTPV01019798	
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT		VEHICLE TYPE : (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE)	
NAME OF OWNER : PHNG Boon Kiat		NRIC : S77049580	
ADDRESS : #08-561 S(537475) 475D Sapper Seremban crescent		CONTACT NO : 9726 6588	
EMAIL ADDRESS : Phng77@hotmail.com		VIDEO RECORDING : YES / NO	
NAME OF DRIVER : AS ABOVE / IF NO :		NRIC : _____ CONTACT NO : _____	
DRIVER OWNER RELATIONSHIP:		PASSENGER : - MALE () FEMALE ()	
DATE OF BIRTH : 18 / 02 / 1977		DRIVING PASSING DATE : 29 / OCT / 2003	
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 : PD 8406		VEHICLE C REG NO : SMC 606	
DRIVER NAME : MOHAMMAD NAZRIN BIN TAJUDIN		DRIVER NAME : _____	
NRIC : S79071370		NRIC : _____	
CONTACT : 9834 0440		CONTACT : 9221 1617	
VEHICLE D REG NO : SMH 34336		ANY WITNESS ? NO, IF YES :	
DRIVER NAME : ONG Ying Wen		NAME : _____	
NRIC : S8707175H		CONTACT : _____	
CONTACT : 9687 6571			
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM :		WERE SEAT BELTS WORN ? : YES / NO	
		WERE INJURY CONVEYED BY AMBULANCE : YES / NO	
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO			
VEHICLE NUMBER:		HANDLING INSURER:	

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan area with grid lines and handwritten notes:

A - SMH3524W
B - SMC606
C - PD3406
D - SMH3524W



Describe Circumstance of the Accident

I was driving along PIE before exit 17 when suddenly Vehicle B came to a sudden halt which made me come to a sudden halt, from the rear Vehicle C didn't manage to stop in time resulting in a Head to rear accident and Vehicle D collided into the back of Vehicle C.

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

19/07/23

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

1917123

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. : D22MTPV01019798
Insured : PHNG BOON KIAT (FANG WENJIE)
Vehicle Registration No. : SMG3524U
Coverage : COMPREHENSIVE - EXCELDRIVE PRESTIGE
Policy Commencement Date : 17 DECEMBER 2022 00:00
Policy Expiry Date : 16 DECEMBER 2023 23:59
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS
Hire Purchase Owner : TOKYO CENTURY LEASING (S) PTE LTD
Excess* : S\$800 - 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 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 : 22 NOVEMBER 2022 10:03

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 : CHIA WEE BOON ROY / 11C81800 CI Code: 22A L4DKDZST2JBKY0VA