

NATIONAL Assessment Centre Services (wef 1 Jan 06)

SN0923700004

Date In: 24/07/2023 11:26	Job description	Date & Time Completed	Done by
Ref No: NA28022007442/1	SAS e-filing		
Veh No: SMY 1273L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/07/2023 18:40	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: SLK 7407P	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

NA2802200	Invoice Preparation Checklist	Amf (\$)	Amf
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);	1st Bill	Add
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)		
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 : 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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Cat. 1: _____

Cat. 2 / 3: _____

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	24/07/2023 11:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/07/2023 13:40 (SGT)
Exact Location of Accident	Lentor Ave, Singapore
Additional Location Information	TOWARDS ANG MO KIO BEFORE CTE EXIT(CITY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY1273L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHAK FOONG YEE
NRIC No	SXXXX674F
Email Address	chakphoenix@gmail.com
Mobile Phone No	(Phone) +65-94558080
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	MG
Model	HS
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	1490

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01013773

DRIVER

Name of Driver	CHAK FOONG YEE
NRIC No	SXXXX674F
Date Of Birth	06/04/1973
Occupation	Indoor

Date Of Driving Pass	10/10/1992
Driving experience	30 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94558080
Alt. Phone Number	-
Email Address	chakphoenix@gmail.com
Address	78 MERGUI ROAD #17-01
Address complement	-
Postcode	319054
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	-

PASSENGER 1

Name	GIAN CHIAU YIN JESSICA
Gender	Female

PASSENGER 2

Name	NG CHWEE ENG
Gender	Female

PASSENGER 3

Name	NG SHIN LIN KEVIN
Gender	Male

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 POLICE REPORT T/20230723/7040



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 SLK7407P
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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 CHAK FOONG YEE
 Gender Male
 Phone No (Phone) +65-94558080
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? SMY1273L
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person GIAN CHIAU YIN JESSICA
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? SMY1273L
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person NG CHWEE ENG
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? SMY1273L
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No



INJURED 4

Name of injured person	NG SHIN LIN KEVIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMY1273L
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 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

LENTOR AVE — ANG MO KIO — BEFORE CTE CITY EXIT

VEH A = SMY1273L

VEH B = SLK7407P

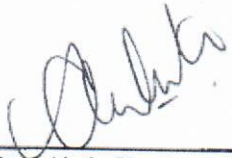
B → A

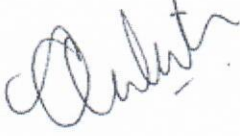
Describe Circumstances of the Accident

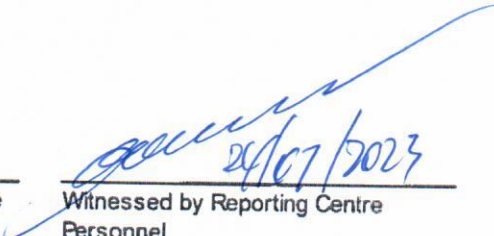
Please refer to Police Report : T/20230723/040

Declaration

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


24/07/2023
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20230723/7040

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

1 of 3

Report No. T/20230723/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2023 21:52		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHAK FOONG YEE		Address: 78 MERGUI ROAD #17-01 SINGAPORE 219054			
ID Type / ID No.: NRIC NO / S7312674F		Contact No.: Home/Office: Mobile: 94558080			
Nationality: SINGAPORE CITIZEN		Email: CHAKPHOENIX@GMAIL.COM			
Sex: Female	Age: 50	Date of Birth: 06/04/1973	Type of Informant: Driver		
Race: Chinese		Language: English			
Occupation: Sales		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/07/2023 13:40	Type of Location:
Location: LENTOR AVENUE				
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
SMY1273L	Car	MG	HS 1.5T AT	Red		3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY1273L	TENET SOMPO INSURANCE PTE. LTD.	D22MTPV0101377 3	18/08/2022	17/08/2023



**SINGAPORE
POLICE FORCE**



T/20230723/7040

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

2 of 3

Report No. T/20230723/7040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAK FOONG YEE	ID No.	S7312674F
Related Vehicle	SMY1273L (Car)	Contact No.	94558080
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SMY1273L along Lentor Ave towards AMK when I has gradually come to a stop due to traffic conditions before CTE exit.

My friends namely:

Ng Shin Lin Kevin
Gian Chiau Yin Jessica
Ng Chwee Eng

were on board my vehicle and all 4 of us were belted.

Moments after coming to a complete stop, a massive impact slammed into the rear of my vehicle catching all of us off guard as my vehicle jerked forward violently.

My body lurched forward only to be restrained by my seat belt before I knocked the back of my head against the headrest.

Upon alighting, I realised that my vehicle was hit from the rear by SLK7407P, leaving both our vehicles badly damaged.

The same evening, my neck, shoulders and lower back started feeling aches. The pain at the back of my head so got worse.

The following morning, the pain got worse. My friends also complained of similar symptoms.

I then sought treatment at Unihealth TPY together with Jessica and Kevin while Chwee Eng sought treatment separately at Unihealth Yishun.

Kevin, Jessica and I were given 3 days MC while Chwee Eng was given 2 days MC for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**



T/20230723/7040

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

3 of 3

Report No. T/20230723/7040

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

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

Date/Time:
23/07/2023 21:52

Classification Of Case:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 22 / 07 / 2023 (dd/mm/yy) Time of Accident: 13 : 40 (24-HR-FORMAT)

Vehicle No.: SMY12731 Vehicle Make & Model: MG HS 1.5 AT

*Transmission: ☐ Manual ☒ Auto

*C.c.: 15

Exact location of Accident: LEVIOR AVE TOWARDS AMK BEFORE CTE EXIT, (CITY)

Policyholder's Name: CHAK FOONG YEE NRIC/FIN/REG No.: ST312674 F

*Policyholder's email address: CHAKPHOENIX@GMAIL.COM

Driver's Name: CHAK FOONG YEE NRIC/FIN/REG No.: ST312674 F

*Driver's email address: CHAKPHOENIX@GMAIL.COM

Driver's Contact No.: 9455 8080 Company Contact No (If any): _____

Date of birth: 06/04/1973 Driving Pass Date: 10/10/1992

Driver's Address: T8 MERGUL ROAD #17-01 5219054

Insurance Company: SOMPO INSURANCE

Policy No.: D22MTPV01013773 Type of Coverage: Comprehensive Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other _____

Occupation (nature job) ☒ Indoor / ☐ Outdoor

*No. of Passengers / Including Driver): 04

*Passenger Name: GIAN CHIAU YIN JESSICA

Gender: Male / ☒ Female

*Passenger Name: NG CHWEI ENG

Gender: Male / ☒ Female

Weather condition & Road conditions? (On the day of accident) * Passenger Name: NG SHIN LIN KEVIN ☒ MALE

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Driver and Passenger 1, 2 and 3

Injured Person in Which Vehicle: SMY12731 Any injured conveyed to hospital by ambulance? ☐ Yes / ☒ No

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: UP1 Traffic Police

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLK T407 P

Driver's Contact No: _____ Insurance Company: _____

*No. of Passenger/(including Driver): _____

(If policyholder is not sure or did not check, please state so in the description portion of the report)

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*No. of Passenger/(including Driver): _____

(If policyholder is not sure or did not check, please state so in the description portion of the report)

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact 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. : D22MTPV01013773
Insured : CHAK FOONG YEE
Motor Vehicle (Registration No.) : SMY1273L
Coverage : Comprehensive - ExcelDrive PRESTIGE
Policy Commencement Date : 18 AUGUST 2022 00:00
Policy Expiry Date : 17 AUGUST 2023 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$500 - Section I
Voluntary Excess* : N.A
Windscreen Excess* : S\$100.00 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.

ExcelDrive Workshops and 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.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, 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 : 16 AUGUST 2022 10:58

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 & Name : 11I04805 & I-N-S MANAGEMENT CI Code: 22A R34DZBT4RBM0BTNA