

# NATIONAL Assessment Centre Services

(wef 1 Jan'06)

SK09237 P0002

Date In: 25/07/2023 12:12	Job description	Date & Time Completed	Done by
Ref No: N/A / 8mo 28007506	SAS e-filing		
Veh No: BK 5133K	E-mail (within 3hrs. AIC 2hrs)		
D.O.A: 25/07/2023 15:10	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: SLF 9575A	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time: ( )
Insured/Driver Liability: ( )	[Note-Bst. 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

N/A2302216

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't
Driver/Owner:	1) AR: Accident Reporting (\$30);		
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		
	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	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	



# 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 First Submission	25/07/2023 12:12 (SGT)
Reported by	Actual Driver
Date of Accident	22/07/2023 15:10 (SGT)
Exact Location of Accident	Bedok S Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS NEW UPPER CHANGI ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5133K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GENTING NONYA-CAKE AND CONFECTIONERY
Company Reg No	2XXXX000D
Email Address	sandy.yksupreme@gmail.com
Mobile Phone No	(Phone) +65-93856072
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1597

## INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPCVE002394

## DRIVER

Name of Driver	KOH LEH HWAH
NRIC No	SXXXX090F
Date Of Birth	29/08/1956
Occupation	Outdoor

Date Of Driving Pass	30/03/1976
Driving experience	47 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93856072
Alt. Phone Number	-
Email Address	sandy.yksupreme@gmail.com
Address	12A JALAN HAJI SALAM
Address complement	-
Postcode	468843
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	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?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF9575A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BENSON YAN
Contact Number	(Phone) +65-83137083



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.

山顶娘惹糕西菓廠  
GENTING NONYA-CAKE AND CONFECTIONERY

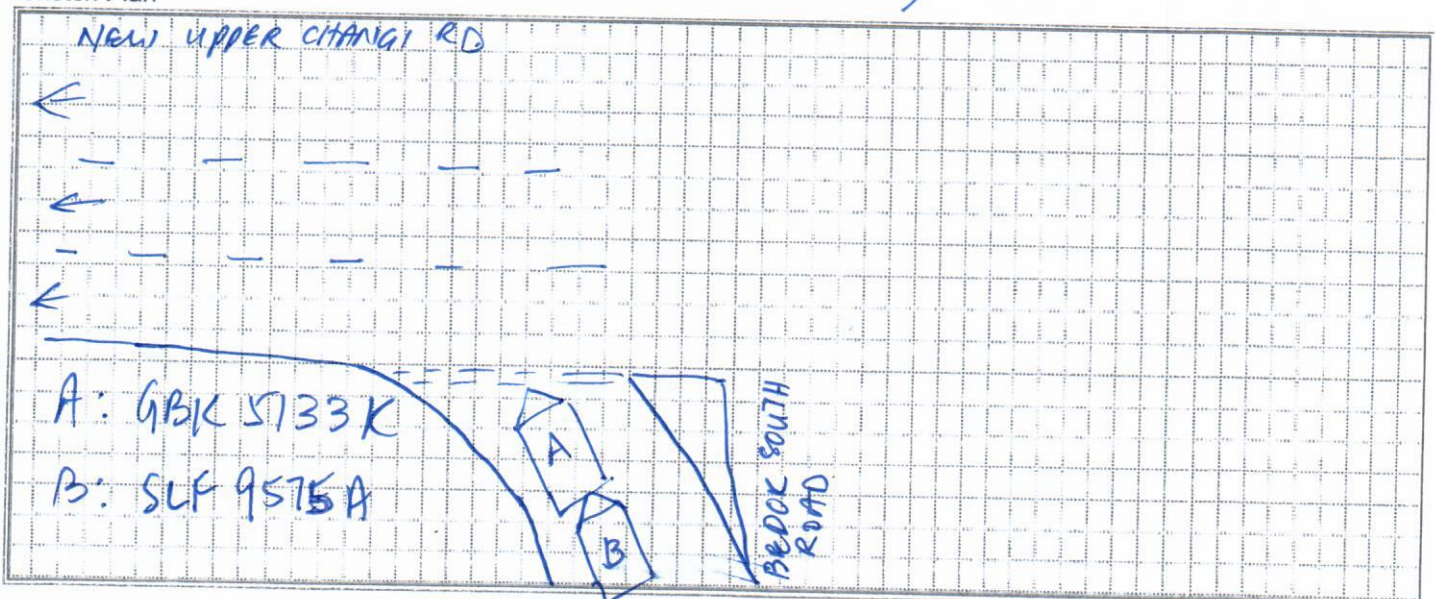
Block 3017, Bedok North Street 5,  
#01-31 S'pore 486121

Tel: 6448 9668 Fax: 6448 4678  
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





Describe Circumstance of the Accident

On mentioned date and time, I stopped my vehicle to give way vehicle on the main road. At this junction vehicle "B" crashed against my vehicle. No one injured. No Public property damaged. The incident was recorded in my vehicle dash Cam.

Was there any video captured by Car Camera? ☒ Yes / ☐ No

Has the driver been approached by unknown person(s)? Yes / ☒ No

Number of Passengers (Including Driver)? 01

Name \_\_\_\_\_ Gender: \_\_\_\_\_

Name \_\_\_\_\_ Gender: \_\_\_\_\_

Name \_\_\_\_\_ Gender: \_\_\_\_\_

Declaration

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

山顶娘惹糕西菓廠  
GENTING NONYA-CAKE AND CONFECTIONERY

Block 3017, Bedok North Street 5.

#01-31 Singapore 486121

Tel: 6448 9668 Fax: 6448 4678

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)



Send/Fax to:

sandy.yksupreme@gmail.com

Submitted:

## SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	22-07-2023	Time of Accident:	1510
Exact Location:	BEDOK SOUTH RD / NEW UPP CHANGI RD		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	GBK 5133K	NRIC / FIN / Passport no:	
Name of Registered Owner:	GENTING NONYA CAKE AND CONFECTIONERY B2499/0000		
Owner's Email:	sandy.yksupreme@gmail.com		
Owner's Address:	BLK 3017 BEDOK NORTH ST 5 #01-31 (486121)		
Vehicle Make:	NISSAN	Vehicle Model:	NU 200
Engine Capacity (cc):		Transmission:	Auto / Manual
Type of Claim:	Own Damage / (Third Party) / Reporting Only		
Vehicle Category:	Private / (Commercial) / Motorcycle / Private Hire		
Name of Insurance Co:	SOMPO INSURANCE		
Type of Policy:	(Comprehensive) / Third Party / Third Party, Fire & Theft		
Policy Number:	D22MTPC VE 002394		

DRIVER			
Name of Driver:	KOH LEH HWAH	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	S121 0090 F	Date of Birth:	29/08/1956
Occupation:	Indoor / (Outdoor)	Driving Pass Date:	30/03/1976
Contact Number:	9385 6072	Gender:	(Male) / Female
Address:	12A JAHAN TAJI SALAM S468843		
Relationship with Owner:	Owner / (Employee) / Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / (Front to Rear) / Others:		
Weather Condition:	(Clear) / Raining / Others:	Road Surface:	(Dry) / Wet
Video available:	(Yes) / No		
Was anybody injured?	(Yes) / No	Police Report Made?	(Yes) / No
No. of passenger onboard (including driver):	01		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SLF 9575 A		
Vehicle Make / Model:			
Name of Driver:	BENSON YAN		
NRIC / FIN / Passport no:			
Contact Number:	8318 7083		
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / In which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver

Date and time



## 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. : D22MTPCVE002394  
1. Registration No. : GBK5133K  
2. Insured Name : GENTING NONYA-CAKE AND CONFECTIONERY  
3. Commencement Date : 19 AUGUST 2022 00:00  
4. Expiry Date : 18 AUGUST 2023 23:59  
5. Coverage : Market value at time of loss - Comprehensive  
6. Excess : \$500 - Section I

7. Persons or Classes of Persons entitled to drive\*

b) Any person who is driving on the Insured's order or with their permission.  
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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use\*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- 1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

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

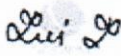
It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit [www.sompo.com.sg](http://www.sompo.com.sg) for list of ExcelDrive Workshops and Accident Reporting Centers.

I/We HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 10 AUGUST 2022 17:33

\*Limitation rendered inoperative by section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they 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 (Cap.189)
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11P14005 & PRO-LINK INSURANCE AGENCY CI Code: 20D FD8DZPV4JMB0TWKA