

NATIONAL Assessment Centre Services

(wef 1 Jan 06)

SMC92370008

Date In: 31/01/2023 11:53

Ref No: N/A/SMO 23007684/y

Veh No: SJP 600R

D.O.A: 29/01/2023 17:20

OD / TP / Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 3hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

SM 5912A

Tel:

Fax:

Owner / Driver: (

INC () / Non-INC ()

Policy No: (

Period: (

Tel:

Confirmed by: (

Date:

Cover Type: (

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time

Actions

NA2302760

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engt-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't

Is Bill

Add

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

2) DA: Damage Assessment (\$100); INC (\$30)

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: 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

Invoice dated

Fee Charged

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	31/07/2023 11:53 (SGT)
Reported by	Actual Driver
Date of Accident	29/07/2023 17:20 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP600R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HO WAH TENG
NRIC No	SXXXX269B
Email Address	21952692@qq.com
Mobile Phone No	(Phone) +65-90921280
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
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	1499

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01004085

DRIVER

Name of Driver	ZHANG NIYUE
NRIC No	SXXXX583I
Date Of Birth	04/12/1981
Occupation	Indoor

Date Of Driving Pass	16/07/2013
Driving experience	10 YEARS
Gender	Female
Mobile Number	(Phone) +65-91058891
Alt. Phone Number	-
Email Address	21952692@qq.com
Address	38 FARRER ROAD #01-10
Address complement	-
Postcode	268836
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM5912A
Vehicle Manufacturer	Nissan
Vehicle Model	Teana
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHU BOON TECK
NRIC No	SXXXX094I

Contact Number	(Phone) +65-97555871
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

Insurer: _____
Veh No: _____
DOA : _____

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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

Handwritten notes on the grid:

- A) SJP 600R
- B) SLM 5912A

Handwritten signature: AYE TOWARDS CITY

Handwritten date: 31/07/23

Handwritten signature: 31/07/2023

Handwritten diagram showing a car (A) and a car (B) with arrows indicating movement.

Handwritten labels for the cars:

- A) SJP 600R
- B) SLM 5912A

Describe Circumstances of the Accident

After Changing lane from the 1st lane due to road works, I proceeded to drive along the 2nd lane.

Vehicle B in front of me suddenly jammed braked. I quickly brake my vehicle also but still hit into vehicle B.

Nobody was injured.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

31/07/23

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

31/07/2023

Witnessed by Reporting Centre
Personnel

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 29/07/2023	TIME OF ACCIDENT : 17:20 HRS
VEHICLE NO : SP600R	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : BMW X1	LOCATION : AYE TOWARDS CITY
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : Sompo	POLICY NO : D23M7PV0100485
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : HO WAH TUNG (HE HESHAU)	NRIC : S7503769B
ADDRESS : 38 FAIRHILL ROAD #01-10 268836	CONTACT NO : 90921280
EMAIL ADDRESS : 21952692@QQ.COM	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO : ZHANG MIYUE	NRIC : S81875831 CONTACT NO : 91058891
DRIVER OWNER RELATIONSHIP : SPOUSE	PASSENGER : MALE () FEMALE ()
DATE OF BIRTH : 04 / 12 / 1981	DRIVING PASSING DATE : 16 / 07 / 2013
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 : SLM 5912A NISSAN	VEHICLE C REG NO :
DRIVER NAME : CHU BOON TACK THOMAS	DRIVER NAME :
NRIC : S72340941	NRIC :
CONTACT : 97555871	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. : D23MTPV01004085
Insured : HO WAH TENG
Vehicle Registration No. : SJP600R
Coverage : COMPREHENSIVE - PREFERRED WORKSHOP PLAN
Policy Commencement Date : 12 APRIL 2023 00:00
Policy Expiry Date : 11 APRIL 2024 23:59
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS
Hire Purchase Owner : UOB
Excess* : S\$500 - SECTION I
Voluntary Excess* : N.A
Waiver of Excess : COVERED
This Waiver of Excess benefit is limited to 1 accident claim per policy year and not applicable to Additional Excess as indicated in the Policy Schedule
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.31

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 02 MARCH 2023 02:03

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 : PROFESSIONAL INVESTMENT ADVISORY SERVICES PTE LTD / 11P04308 CI Code: 22A DXDHO64KP1TBKIAJ