

NATIONAL Assessment Centre Services

(wef 1 Jan 06)

NA23028007

Date In: 07/08/2023 16:08

Ref No: NBSA/SMO230078274

Veh No: FBP 78114

D.O.A: 27/07/2023 08:46

OD / TP / Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

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

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

JWF 1759

Tel:

Fax:

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)

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time

Actions

NA2302801

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't

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	02/08/2023 16:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/07/2023 08:40 (SGT)
Exact Location of Accident	Seletar Expw., Singapore
Additional Location Information	(CTE) LAMP POST 508
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP7811Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHAI KIT SOON
NRIC No	SXXXX010G
Email Address	kitsoon2005@hotmail.com
Mobile Phone No	(Phone) +65-96675417
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mx king t150
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	Motorcycle
Transmission	Manual
CC	150

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTMC01002529

DRIVER

Name of Driver	CHAI KIT SOON
NRIC No	SXXXX010G
Date Of Birth	10/06/1988
Occupation	Indoor

Date Of Driving Pass	03/10/2011
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96675417
Alt. Phone Number	-
Email Address	kitsoon2005@hotmail.com
Address	277 BEDOK SOUTH AVENUE 3 #13-31
Address complement	-
Postcode	465457
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JWF1759
Vehicle Category	Motorcycle

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/20230727/7021

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	JWF1759
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAI KIT SOON
Gender	Male
Phone No	(Phone) +65-96675417
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBP7811Y
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 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.

Q 2/8/22

Policyholder's Signature / Date & Time

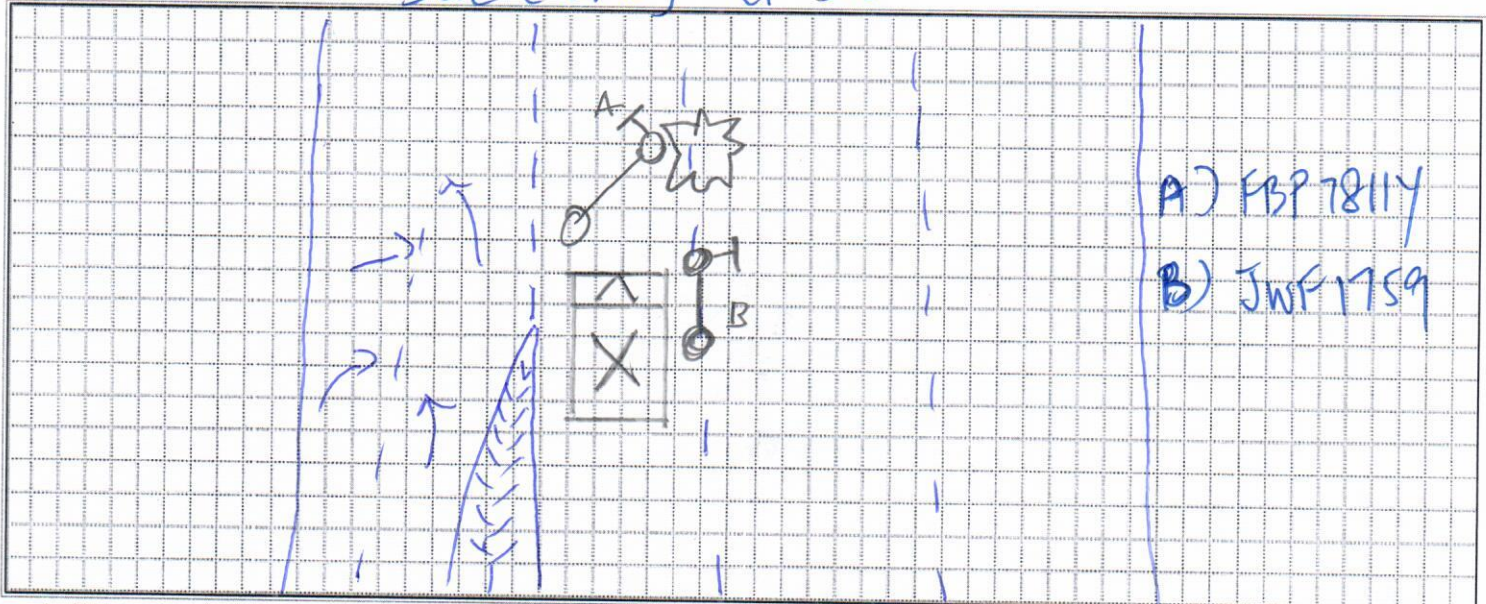
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

02/08/2023

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

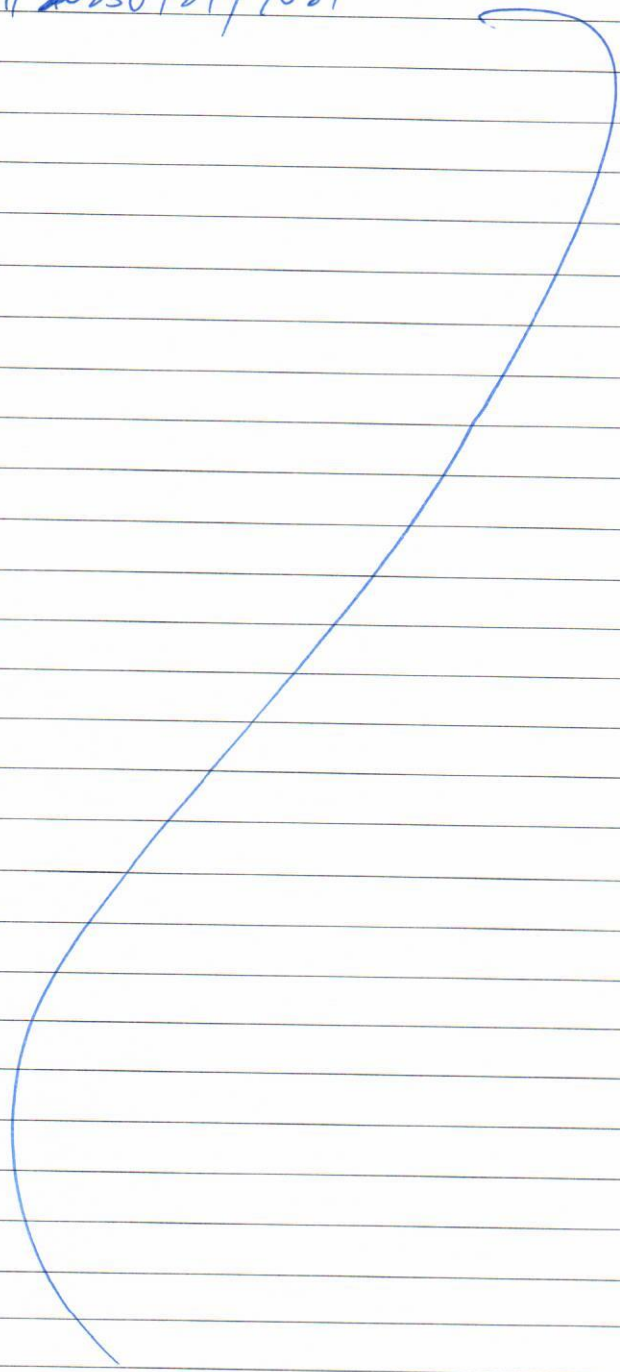
Sketch Plan

SKR (CRK) LP 508




Describe Circumstance of the Accident

REFER to POLICE REPORT 77/20230727/7021



Declaration

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

 2/8/22

Policyholder's Signature / Date & Time

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

 02/08/2022

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



SINGAPORE POLICE FORCE



T/20230727/7021

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

1 of 3

Report No. T/20230727/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2023 14:20	Vide Report No.: L/20230727/0038	Station Diary No.:
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Informant's Particulars

Name of Informant: CHAI KIT SOON			Address: 277 BEDOK SOUTH AVENUE 3 #13-31 ECO SINGAPORE 465457		
ID Type / ID No.: NRIC NO / S8876010G			Contact No.: Home/Office: Mobile: 96675417		
Nationality: MALAYSIAN			Email: KITSOON2005@HOTMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 10/06/1988	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: Electrical engineer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/07/2023 08:40	Type of Location: Flyover
Location: SLE(CTE) LP508				
Lamp Post Number: 508				
Weather: Sunny	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBP7811Y	Motorcycle	YAMAHA		Multi-Colored	Slightly Damaged	0
JWF1759	Motorcycle	YAMAHA		Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230727/7021

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

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Report No. T/20230727/7021

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP7811Y	SOMPO Insurance Singapore	D23MTMC0100252 9	11/06/2023	10/06/2024
JWF1759			27/07/2023	28/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHAI KIT SOON	ID No.	S8876010G
Related Vehicle	FBP7811Y (Motorcycle)	Contact No.	96675417
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the above mention date, i was travelling along SLE(CTE) near LP 508 and was changing lane when a malaysian Blue Yamaha bike (JWF1759) collided with the rear of my Vehicle causing both to fall to right. The two were malaysian citizens. The female pillion was conveyed via ambulance while the rider and myself made to the hospital for further checks via our own vehicle. Police attended to the scene and case card (L/20230727/0038) under IO Esmond.



**SINGAPORE
POLICE FORCE**



T/20230727/7021

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

3 of 3

Report No. T/20230727/7021

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
PHUA TIAK YEE
Contact No.: 65476200

This report is lodged at Yishun North NPC Kiosk 2
NP168

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

Date/Time:
27/07/2023 14:20

Classification Of Case:

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 27/7/23	TIME OF ACCIDENT : 8:40 am
VEHICLE NO : FBP 7811 Y	TRANSMISSION : AUTO / <u>MANUAL</u>
MAKE & MODEL : Yamaha Y15	LOCATION : SLE (CTE) LP508
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / <u>REPORTING ONLY</u>
INSURANCE COMPANY : Sompo	POLICY NO : D23MTMC01002529
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / <u>THIRD PARTY & THEFT</u>	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/ <u>MOTORCYCLE</u>)
NAME OF OWNER : CHAI KIT SOON	NRIC : S 8876010 G
ADDRESS : 277, Bedok South Ave 3 #13-31 Singapore 465457	CONTACT NO : 9667 5417
EMAIL ADDRESS : Kitsoon2005@hotmail.com	VIDEO RECORDING : <u>YES</u> / NO
NAME OF DRIVER : <u>AS ABOVE</u> / IF NO :	NRIC : _____ CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : _____	PASSENGER : _____ MALE () FEMALE ()
DATE OF BIRTH : 10 / 06 / 1988	DRIVING PASSING DATE : 03 / 10 / 2011
OCCUPATION : <u>INDOOR</u> / OUTDOOR	ADDRESS : _____
ANY INJURIES : NO, IF <u>YES</u> : _____	POLICE REPORT : NO/ IF <u>YES</u> WHERE ? <u>TP</u>
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : JWF 1759	VEHICLE C REG NO : _____
DRIVER NAME : _____	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : _____	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / <u>NO</u> WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>

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. : D23MTMC01002529
Insured : CHAI KIT SOON
Motor Vehicle (Regn No.) : FBP7811Y
Chassis No. : MH3UG0750KK025676
Cover : Third Party, Fire & Theft
Policy Commencement Date : 11 JUNE 2023 00:00
Policy Expiry Date : 10 JUNE 2024 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : S\$300 - Section I
Named Driver 1 : CHAI KIT SOON
HIRE PURCHASE OWNER : NIL

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
CHAI KIT SOON

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

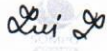
Accident Reporting

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 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.05)

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 05 JUNE 2023 11:41

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 Name / Code : ENSURE PTE. LTD. (MOTORCYCLE) / 11E07901 CI Code: MY3 _F38DOBT4N1B1LPA