

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In <u>03/05/19</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/1903310</u>	SAS e-filing		
Veh No <u>5JQ5664T</u>	E-mail (within 8hrs, AIC 2hrs)		
DOA <u>30/04/19</u> <u>2130</u>	i-Motor Claim Form		
OD <u>TP</u> 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: (RICO 60) Tel: Fax:)

TP Particulars: Veh No: QW2459T 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

NA1903310

Invoice Preparation Checklist

Amt (\$) Amt (\$) Ist Bill Add Bill

- 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: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- OD*
- *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

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

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 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. 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 Report	03/05/2019 14:29
Date Of Accident	30/04/2019 21:30
Exact Location Of Accident	LORONG 2 TOA PAYOH SLIP RD TWDS PIE CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5664T
Insured/Policyholder	
Name Of Registered Owner	AUTO TRUST LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994248
Cover Note Number	

Driver

Name of Driver	TENG JING YAO
NRIC No	S8930690F
Date Of Birth	02/09/1989
Occupation	INDOOR
Date Of Driving Pass	23/02/2012
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81810099
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 843 JURONG WEST ST 81 #03-167
Postcode	640843
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : MATTHEW PHUA ZHENG WEN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190430/7023

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW2459T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TENG JING YAO

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJQ5664T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name MATTHEW PHUA ZHENG WEN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJQ5664T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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 lodgment 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.

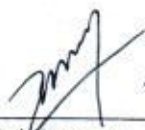
8. Consent under the Personal Data Protection Act (PDPA)

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



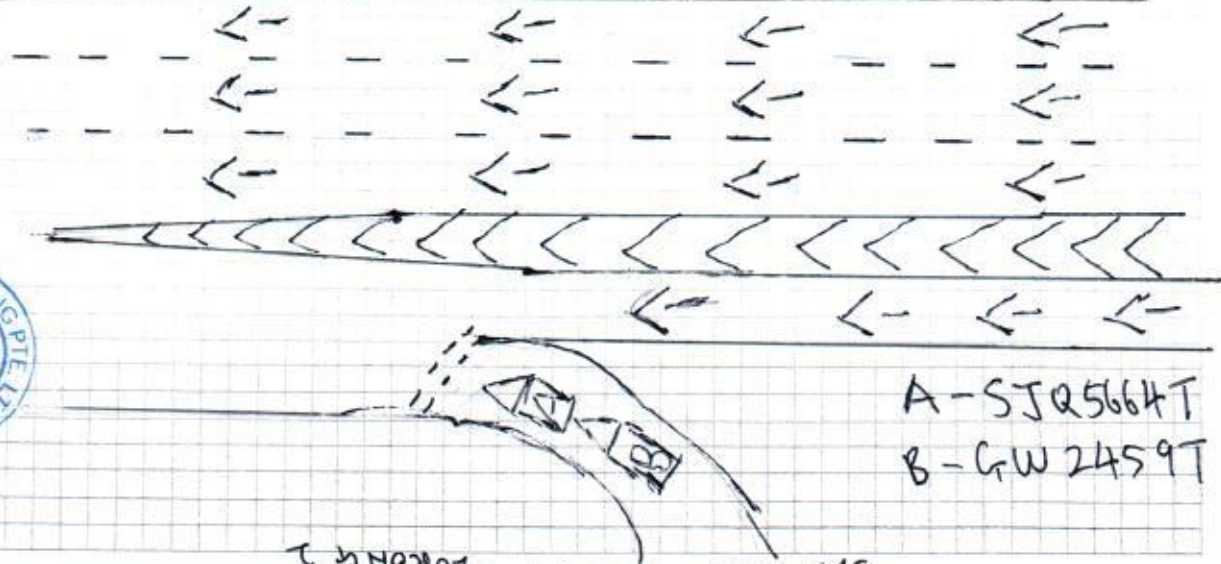
Policyholder's Signature
Date & Time:


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

 03/05/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE (CHANGE)



A-SJQ5664T

B-GW2459T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SLIP ROAD OF TOA PAYAH LORONG 2

On the stated date and time, I vehicle A was stationary at the stated venue. Suddenly vehicle B hit onto my stationary vehicle rear portion.



DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190430/7023

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

1 of 3

Report No. T/20190430/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2019 22:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TENG JING YAO			Address: APT BLK 843 JURONG WEST STREET 81 #03-167 SINGAPORE 640843		
ID Type / ID No.: NRIC NO / S8930690F			Contact No.: Home/Office: Mobile: 81810099		
Nationality: SINGAPORE CITIZEN			Email: sylvester_07@hotmail.com		
Sex: Male	Age: 29	Date of Birth: 02/09/1989	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Self-Employed		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/04/2019 21:30	Type of Location: Slip road from toa payoh toward pie(changi)
Location: LORONG 2 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW2459T	Van				Slightly Damaged	0
SJQ5664T	Car				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

CONTINUATION OF REPORT

Passenger			
Name	Matthew phua zheng wen		ID No. S9333882J
Related Vehicle	SJQ5664T (Car)		Contact No. 96420365
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	30/04/2019	Date Discharge	30/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TENG JING YAO		ID No. S8930690F
Related Vehicle	SJQ5664T (Car)		Contact No. 81810099
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	30/04/2019	Date Discharge	30/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above mention date, time and location I was travelling in my vehicle (A) along slip road of toa payoh lorong 2 entering PIE(CHANGI) upon reaching the five-way stop line I came to a complete stop to give way to the incoming vehicle. Suddenly I heard a loud bang and when I alighted from my vehicle I realised it was vehicle(B) that collided onto the rear portion of my vehicle(A) causing damage to my vehicle (A).

I would like to state that I have 1 passenger at the point of time.

I and my passenger felt unwell after the accident and we went to mount alvernia hospital to seek consultation and was given 5days medical leaves

I am lodging this report for insurance claims purposes.

Vehicle (A)- sjq5664t

Vehicle (B)- gw2459t



**SINGAPORE
POLICE FORCE**



T/20190430/7023

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

3 of 3

Report No. T/20190430/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp

NP168

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

Date/Time:
30/04/2019 22:48

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 04 / 2019 (DD/MM/YYYY), TIME: 21 : 30 (HH:MM)

LOCATION: Slip Road of TOA PAYOH LORONG 2 (toward PIE Changi)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SSQ 5664 T
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: 999994248
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mitsubishi Lancer Glx 1.6A
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: AutoTrust Leasing Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TENG SING YAO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8030690 F CONTACT: 8181 0099
c) ADDRESS: 81K 843 Jurong West Street 81 #03-167
S(640843)

- * d) DATE OF BIRTH: 02 / 09 / 1989 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 7 year

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Online

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G W 2459 T MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)

(2)

MATTHEW

Male

* No of passenger
(Including driver)

(1)

* No of passenger
(Including driver)

()

03/05/19

wanting for
police report

Email = ric060autoservices@gmail.com

fax = 6286 7060

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8930690F**

Name

TENG JING YAO

郑 景 耀

Race

CHINESE

Date of birth

02-09-1989

Sex

M

Country of birth

SINGAPORE





341138

NRIC No. S8930690F



Date of issue

09-09-2004

Address

APT BLK 843 JURONG WEST STREET 81
#03-167
SINGAPORE 640843

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **S 8 9 3 0 6 9 0 F**

Name:

TENG JING YAO

Birth Date: **02 Sep 1989**

Issue Date: **24 Mar 2008**



001584577D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 2B	Motorcycles =< 200 CC	24 Mar 2008
Class 2A	Motorcycles between 201 CC and 400 CC	24 Aug 2010
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver, and motor tractors/vehicles =< 2500 kg	23 Feb 2012

S / No. 9000152781

Licence No. S89306901



P 428A

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1988

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M.Z. 400

Third Party Commercial Insurance**CERTIFICATE NO.** SJQ5664T**POLICY NO.** 999994248

(The below excess is subject to GST)

POLICY EXCESS S\$1,500.00 (II)**WINDSCREEN EXCESS** N.A**SUM INSURED** N.A**INSURING WITH COE/PARF** No

SJQ5664T

1) VEHICLE REGISTRATION NO.**2) NAME OF POLICYHOLDER**

AutoTrust Leasing Pte Ltd

**3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE
FOR THE PURPOSES OF THE ACT**

22 February 2019

4) DATE OF EXPIRY OF INSURANCE

21 February 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the insured's order or with their permission.

The Authorised driver must be age within 22 to 65 years old with at least 2 years driving experience unless specified otherwise.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Additional Excess \$ 1,000 is applicable Outside Singapore

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.

6) LIMITATION AS TO USE*

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE Not Applicable**HIRE PURCHASE COMPANY** N.A

*Limitations 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.

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).

Issued in Singapore 21 Feb 2019

0500656-000

Cowell Insurance Agency Pte Ltd

8 Burn Road

#09-09 Trivex

Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPIUS