

NATIONAL Assessment Centre Services.

1st Jan 2021 **PN/A20031770**

Date In: 12/03/2020 17:05	Job description	Date & Time Completed	Done by
Ref No: N/A20031770	SAS e-filing		
Veh No: FAO 80494	E-mail (Mjula 3hrs, AIC 2hrs)		
D.O.A: 11/03/2020 08:46	I-Motor Claims Form		
OD <input checked="" type="checkbox"/> TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKL 104R	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%. P: 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date of Birth:	

N/A2002029	
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damage Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idea DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpl Allowance \$3
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TP (Nil) / TP (55% INC) against 24C \$20
	9) N12: Idea Mobile \$0
	Invoice dated
	Invoice dated

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	12/03/2020 17:05
Date Of Accident	11/03/2020 08:40
Exact Location Of Accident	JUNCTION OF JLN AHMAD IBRAHIM AND YUAN CHING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ8049U
Insured/Policyholder	
Name Of Registered Owner	AETOS GUARD SERVICES PTE LTD
Co Reg No	2XXXXX860D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96273411
Alternative Phone No	OFFICE-96273411

Vehicle Particulars

Manufacturer	SYM
Model	JET 14 200I ABS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES

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 MOTORCYCLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-19094987MFCE/3
Cover Note Number	

Driver

Name of Driver	THOMAS TEO JIN KWONG
NRIC No	SXXXX702F
Date Of Birth	17/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	11/02/2011
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96273411
Fax Number	
Contact Number	OTHERS-96273411
Email Address	NOEMAIL

Address	BLK 141 BUKIT BATOK STREET 11 #06-29
Postcode	650141
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200311/2119 AND AGS INCIDENT REPORT

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	SKL104R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEI CHIEH
NRIC/Passport Number	
Contact Number	92988358
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name THOMAS TEO JIN KWONG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBQ8049U

Were seat belts worn?

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.
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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:

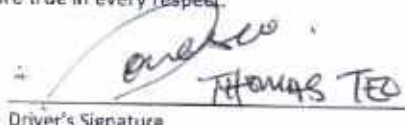
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

12/03/2020
Rishi Kortha



DECLARATION

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



Driver's Signature

THE following are the names of the persons who have been elected to the various offices of the Association:

12/03/2020
Reporting Centre Personnel's Signature
[Signature]

Reporting Centre Personnel's Signature

PCV Accident Report

(For Reporting only)



☐ Braddell ☐ Sin Ming ☐ Sg. Kadut ☐ Pandan ☐ Loyang ☐ Ubi

Section A - To Be Completed By Driver Who Is Involved in The Accident

Date & Time of Accident: Date: 11 MARCH 2020, 0840hs Time: 0840hs.

Date & Time of Reporting: Date: 11 MARCH 2020, 0830-0840hs Time: 0830-0840hs.

Place of Accident: Junction of Jln Ahmad Ibrahim and Guan Ching Road.

Vehicle Reg. No.: FBQ 8049U Make / Model:

Purpose of Use at Time of Accident: Goods transportation / private usage / others:

Name: THOMAS TED JIM KUONG NRIC / FIN No. S1562702F

Address: BLK 141, BUKIT BATOK STREET 11, # 06-29

Postcode: 650141 Date Of Birth: 17/06/1962

Home: Handphone: 96273411

Email: samchiteo@yahoo.com.sg Gender: Male / Female

Occupation: Management / Sales / Retiree / Housewife / Technical / Education / Others: ST Roofing Officer

Type of Claims: ☒ Third Party / ☐ Own Damage / ☐ Reporting Only Licence Pass Date:

Driver Status: ☒ Owner / ☐ Non-owner Years of Driving Experience: 9yrs 11/02/2011

If you are not the owner, the owner's name & tel: AETOS GUARD SERVICES PTE LTD.

Owner's Address: 5 CORPORATION DRIVE SC619774

Relationship with Owner: Owner's NRIC / Company Reg. No: 200507860 D.

Vehicle Towed In? Yes / No My Insurance Company: MS FIRST CAPITAL INSURANCE LTD.

Police Reported? Yes / No Police Report Reference No.: YES.

Company's Vehicle? Yes / No Insurance Policy No: D-19094987MFCE/3

Do you have witness? Yes / No Type of Policy: ☒ Comprehensive / ☐ Third Party Fire & Theft / ☐ Third Party Only

(If Yes, Witness Name & Contact No:)

Weather Condition: ☒ Clear / ☐ Cloudy / ☐ Light Rains / ☐ Heavy Rains

Road Condition: ☒ Dry / ☐ Wet Was anyone injured in the accident? ☒ Yes / ☐ No

Other vehicle or property damage? ☒ Yes / ☐ No Was Notice of Intended Prosecution given? Yes / No

Describe How Accident Happened: Please use **SKETCH PLAN** for accident description & sketch of accident scene

Third Party's Details (Use Annex 2 for Chain Collision as attachment)

Vehicle Make / Model: SKL104R Vehicle Reg. No:

Name of Driver: LEON WELCHIEH NRIC No: S7617818-F

Insurance Company: Handphone: 9298 8358

Driver's Declaration: I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue.



**SINGAPORE
POLICE FORCE**



T/20200311/2119

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No: T/20200311/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
11/03/2020 17:36

Vide Report No.:

Station Diary No.:
175

Informant's Particulars

Name of Informant: THOMAS TEO JIN KWONG		Address: APT BLK 141 BUKIT BATOK STREET 11 #06-29 SINGAPORE 650141	
ID Type / ID No.: NRIC NO / S1562702F		Contact No.: Home/Office: Mobile: 96273411	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 17/06/1962	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: AETOS OFFICER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury: Special Vehicle	Drink Drive: No	Date/Time of Accident: 11/03/2020 08:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 JALAN AHMAD IBRAHIM YUAN CHING ROAD AT THE T-JUNCTION OF JALAN AHMAD IBRAHIM AND YUAN CHING ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ8049U	Motorcycle					0
SKL104R	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200311/2119

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

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Report No. T/20200311/2119

CONTINUATION OF REPORT

Rider			
Name	THOMAS TEO JIN KWONG	ID No.	S1562702F
Related Vehicle	FBQ8049U (Motorcycle)	Contact No.	96273411
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	11/03/2020	Date Discharge	11/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	WEI CHIEH	ID No.	NIL
Related Vehicle	SKL104R (Car)	Contact No.	92988358
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

Vide: T/20200311/2026, slight changes to Brief Facts as well as Addition of Medical Certificate to THOMAS TEO JIN KWONG.

On 11/03/2020 at about 0830hrs, I was pumping petrol at ESSO JALAN AHMAD IBRAHIM with my company motorcycle, AETOS. After pumping said petrol, I proceeded to move off along JALAN AHMAD IBRAHIM towards the T-Junction of YUAN CHING ROAD when another car, SKL104R came out from YUAN CHING ROAD abruptly into my way. I wish to state at this point in time that I was riding along the first lane (EXTREME RIGHT) and the car, SKL104R came out from YUAN CHING ROAD and cut immediately into the first lane (EXTREME RIGHT) in my way.

As I was unable to stop in time, I collided into his front right bumper and subsequently, I lost control of my motorcycle and tumbled. After the accident, I laid down for awhile to assess my injuries. After which, I proceeded to check on the damages between his car and my motorcycle, taking some photos. WEI CHIEH then exchanged mobile phone numbers with myself and we proceeded off. I wish to state at this point in time that WEI CHIEH has an in car camera.

My supervisor then told me to make a Police Report prior to going to acquire medical consultation. I wish to state at this point in time that I feel body pains all over and I will proceed to polyclinic to acquire consultation on my injuries. (UPDATE); I proceeded to POLYCLINIC and was referred to NG TENG FONG GENERAL HOSPITAL and acquired 05 days Medical Leave from 11/03/2020 to 15/03/2020.

I wish to state that I was on duty at that time as AETOS roving officer. I also wish to state that I did not consume any intoxicating substances prior to the accident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No. 1800-2689999



T/20200311/2119

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Report No. T/20200311/2119

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

Sgt 2 CHIANG WEI TONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Authentication Stamp

NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:


11/03/2020 17:36

Classification Of Case:

CONFIDENTIAL



INCIDENT REPORT

Nature of Incident: Traffic Accident – Far East Roving		Location of Incident: Junction of Jln Ahmad Ibarhim and Yuan Ching Road	
Date/Day:	11 March 2020	Informant:	OM Brian CHEONG
Time:	Est 0840hrs	Team:	Far East – Roving Team
Particulars of subject:			
Name	: T2049 Thomas Teo Jin Kwang (RO), Leow Wei Chieh (Member of Public)		
Sex/DOB	: Both Male		
P/P NO	: NIL		
Nationality	: Both Singapore		
Address	: NIL		
Facts:	: See below		
<p>1) At 0840hrs received call from my RO, he met an accident at junction of Yuan Ching Road and Jln Ahmad Ibarhim. RO (FBQ8049U) was travelling on right of Jln Ahmad Ibarhim toward city. MOP's car (SKL104R) came out from Yuan Ching Road and cut into RO's lane (right lane). As a result, RO doesn't has time to react and hit the MOP's right front portion. And he fell to the ground.</p> <p>2) MOP is not injure. RO has slight hurt on his left side of the body.</p> <p>3) RO ride back Company bike and went for Police Report and see doctor.</p> <p>(Last Entry)</p>			
Reported By : OM Brian CHEONG	Signature 	Date 11 March 2020,	

CONFIDENTIAL

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy	MOTOR CYCLE INSURANCE - FLEET
Type of Cover	Comprehensive
Certificate No.	D-19094987MFCE/3
Vehicle No / Chassis No	FBQ8049U / LXXMCA501KXA23351
Name of Insured	AETOS GUARD SERVICES PTE LTD
Period Of Insurance	20.12.2019 To 31.12.2019
Insured Estimated Value	Market Value At Time Of Loss

Excess :

SGD500.00 SECTION I

AN EXCESS OF SGD3,000.00 ON SECTION I IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

ANY AUTHORISED RIDERS

Persons or classes of persons entitled to drive*

Any person provided he is in the Insured's employ and is driving on their 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.

Limitations as to use*

- (a) Use only for the Insured's business or profession.
- (b) Use for social domestic and pleasure purposes by the Insured.

The Policy does not cover use for the carriage of passengers for hire or reward, racing, pace-making reliability trial or speed-testing.

* 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)

MS First Capital Insurance Limited
(Approved Insurers)

SUSAN/B0009/MY100

Issued at Singapore on 16.01.2020



Authorised Signature