

NATIONAL Assessment Centre Services. SN09212A000A

Date In: 10/02/2021 12:55	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 2100 2002/h4	SAS e-filing		
Veh No: 555 3852 S	E-mail (within 3hrs, AIC 2hrs)		
DDA: 09/02/2021 17:25	I-Motor Claim Form		
OT: (TP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SJR 4270Y 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 ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repoler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks	Date	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	Action

<p style="text-align: center; font-weight: bold;">N/A 2101604</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Bugr-In-Charge):</p> <p>Auditors Comments:</p> <p>Tel. No:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td style="text-align: right;">30</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$40)</td> <td style="text-align: right;">40</td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td style="text-align: right;">45</td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td style="text-align: right;">\$120</td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td style="text-align: right;">\$30</td> </tr> <tr> <td colspan="2" style="text-align: center;">For claimant against INC Only (w/c 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-Inspection</td> <td style="text-align: right;">\$75</td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td style="text-align: right;">\$160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td> *NS: Courtesy Car / Tpl Allowance</td> <td style="text-align: right;">\$5</td> </tr> <tr> <td> *NG: Repair Co-ordination</td> <td style="text-align: right;">\$10</td> </tr> <tr> <td> *NT: Post Repair Inspection</td> <td style="text-align: right;">\$25</td> </tr> <tr> <td> *NI: DV / Collect Excess Coordination</td> <td style="text-align: right;">\$5</td> </tr> <tr> <td> *TP (NIL): TP (Sua INC) against INC</td> <td style="text-align: right;">\$20</td> </tr> <tr> <td>9) NI2: Idao Mobile</td> <td style="text-align: right;">30</td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) AR: Accident Reporting (\$30);	30	2) DA: Damage Assessment (\$100); INC (\$40)	40	3) TP: Towing Fee \$40/\$45	45	4) FT: Follow-Through Survey	\$120	5) FT: Follow-Through Survey (Resurvey)	\$30	For claimant against INC Only (w/c 10 Jan 2005)		6) TR: Re-Inspection	\$75	7) NI: Idao DA + SMRT Survey	\$160	8) NTUC Additional Services:		*NS: Courtesy Car / Tpl Allowance	\$5	*NG: Repair Co-ordination	\$10	*NT: Post Repair Inspection	\$25	*NI: DV / Collect Excess Coordination	\$5	*TP (NIL): TP (Sua INC) against INC	\$20	9) NI2: Idao Mobile	30
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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 Submission	10/02/2021 12:55 (SGT)
Date of Accident	09/02/2021 17:25 (SGT)
Exact Location of Accident	Tanah Merah Coast Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ3852S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO ENG TONG
NRIC No	SXXXX230C
Email Address	KEITH.TEO@LIVE.COM
Mobile Phone No	(Phone) +65-90674468
Alternative Phone No	+65-90674468

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00095982001
Cover Note Number	-

DRIVER

Name of Driver	TEO ENG TONG
NRIC No	SXXXX230C
Date Of Birth	01/04/1985
Occupation	Outdoor

Date Of Driving Pass	12/03/2007
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90674468
Alt. Phone Number	+65-90674468
Email Address	KEITH.TEO@LIVE.COM
Address	BLK 698 HOUGANG STREET 61 #02-20
Address complement	-
Postcode	530698
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GOH HAN KIAT
Gender	Male

PASSENGER 2

Name	LEUNG HO MING
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210210/2040

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	SJR4270Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEO ENG TONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJJ3852S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	GOH HAN KIAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJJ3852S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	LEUNG HO MING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJJ3852S
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 Authorised Driver**.
- 3. Information provided must be as **truthful and accurate as possible**. Any willful 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 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 :

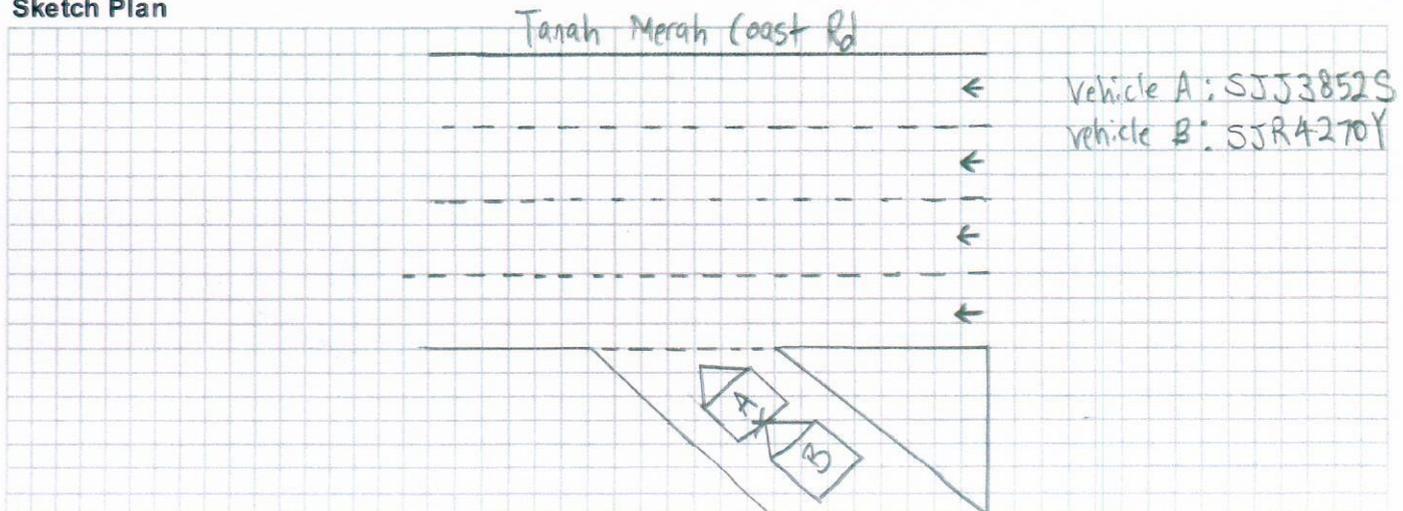
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

[Signature] 9/2/21
Policyholder's Signature / Date & Time

[Signature] 9/2/21
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20210210/2040

1 of 4

Report No. T/20210210/2040

Police Station Of Origin:
Hougang N P C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No. 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 10/02/2021 11.35	Video Report No.	Station Diary No. 50
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Informant's Particulars

Name of Informant: TEO ENG TONG		Address: APT BLK 698 HOUGANG STREET 61 #02-20 SINGAPORE 530698	
ID Type / ID No.: NRIC NO / S8510230C		Contact No.: Home/Office: Mobile: 90674468	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 01/04/1985	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SUB CONTRACTOR		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/02/2021 17.20	Type of Location:
Location: TANAH MERAH COAST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
SJJ3852S	Car	HONDA	FIT 1.3G A	Blue	Slightly Damaged	2
SJR4270Y	Car	AUDI	A4 1.8T FSI MU S-LINE CVT ABS D/AB HID	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No. 1800-4890999



T/20210210/2040

2 of 4

Report No. T/20210210/2040

CONTINUATION OF REPORT

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	DMPCSNW000959 82001	10/09/2020	09/09/2021
SJJ3852S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved		Use of Pedestrian Crossing: NA	
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Passenger			
Name	GOH HAN KIAT	ID No.	S8006129C
Related Vehicle	SJJ3852S (Car)	Contact No.	96607874
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
Driver			
Name	TEO ENG TONG	ID No.	S8510230C
Related Vehicle	SJJ3852S (Car)	Contact No.	90674468
Hospital/Clinic	JOASH FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Passenger			
Name	LEUNG HO MING	ID No.	S8470616G
Related Vehicle	SJJ3852S (Car)	Contact No.	98211099
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	03	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C.
80 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T20210210/2040

3 of 4

Report No: T20210210/2040

CONTINUATION OF REPORT

Driver			
Name	SIAH CHIN GHEE EDWARD	ID No.	S77220561
Related Vehicle	SJR4270Y (Car)	Contact No.	97992655
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.

On 09/02/2021 at around 1720hrs, I was driving my vehicle SJJ3852S. I came to a stopped at the filter lane towards Tanah Merah Coast Road to wait for incoming vehicle.

Suddenly, one vehicle SJR4270Y came from the rear and collided into my vehicle. We alighted and exchange particular.

I have a camera installed in my vehicle and capture the accident.

I have two passengers (Leung Ho Ming & Goh Han Kiat) with me and we went to seek our own medical treatment. I was given 6 days of medical leaves. One of my passenger (Leung Ho Ming) also went to seek medical treatment and was given 3 days.

I am lodging this report as a record to submit to my insurance company.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20210210/2040

4 of 4

Report No: T/20210210/2040

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:

F/
Sgt 2 CHUA ZI HUA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP: AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No: 65476436

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

10/02/2021 11:35

Classification Of Case:

vicobauto Services@gmail.com

Date of Accident : 9/2/2021 Accident Time: 17:25 (24-HR-Format)
Accident Place : Tanah Merah Coast Rd
Vehicle No. (Car Plate No.) : SJJ3852S Make/Model: HONDA FIT
Insurance Company : CHINA TAIPING Policy No: DMPCSNW00095982001
Owner or Company Name / IC No. : TEO ENG TONG (58510230C)
Owner or Company Contact No. : 90674468 Owner's Hp - Company Tel
DRIVER'S Name / IC No. : TEO ENG TONG (58510230C)
DRIVER'S Date Of Birth : 1/4/1985 DRIVER'S License Pass Date 12/3/2007
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : BLOCK 698 HOUGANG STREET 61 #02-20 S(530698,
DRIVER'S Contact No./ Alt No. : 1) 90674468 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : keith.teo@live.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 03
Was the accident reported to the police? YES NO
Was there any video Captured by car camera: YES NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Driver & Passengers

Other Party Driver's Particular (if any)

Vehicle No: SJR4270Y Vehicle No: _____
Vehicle Make/Model: _____ Vehicle Make/Model: _____
Name Driver: _____ Name Driver: _____
IC No. Driver/Contact: _____ IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

- ① Goh Han Kiat (M)
- ② Leung Ho ming (M)