

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SN082170001

Date In: 06/07/2021 16:20	Job description	Date & Time Completed	Done by
Ref No: N/A/C7721007386/Y	SAS e-filing		
Veh No: GPK 85922	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 01/05/2021 14:55	i-Motor Claim Form		
OD : TP : 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: (Tel:	Fax:
TP Particulars:	Veh No: SUP 4227K	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: ()

Remarks:	Date & Time Completed	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	Actions

<p>NA2103267</p> <p>Plaintant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C. Checked by (Engr-In-Charge):</p> <p>auditors' Comments:</p> <p>1.1:</p> <p>1.2/3:</p>	Invoice Preparation Checklist		Am (\$)	Am (\$)
	1) AR: Accident Reporting (\$30);		Net Bill	Add Bill
	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: Idao 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 (N'n INC) against INC \$20				
9) N12: Idao Mobile \$0				
Invoice dated		Fee Charged		
Invoice dated		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 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	06/07/2021 16:20 (SGT)
Date of Accident	01/05/2021 14:55 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	SLIP ROAD TOWARDS PASIR RIS DRIVE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK8592Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VAN-GO PTE LTD
Company Reg No	2XXXXX823E
Email Address	garyong66@icloud.com
Mobile Phone No	(Phone) +65-97458239
Alternative Phone No	+65-86689749

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00121502000
Cover Note Number	-

DRIVER

Name of Driver	TEO KHEE GUAN KELVIN
NRIC No	SXXXX313E

Date Of Birth	01/05/1998
Occupation	Outdoor
Date Of Driving Pass	05/11/2020
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86689749
Alt. Phone Number	-
Email Address	kelvinteo9898@gmail.com
Address	BLK 477 SEMBAWANG DRIVE #13-407
Address complement	-
Postcode	750477
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	DRIZZLING
Road Surface	Wet

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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20210527/2073

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FOOTAGE WAS OVER WRITTEN
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP4227K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	PEH BEE KEE
Contact Number	(Phone) +65-93844433
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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

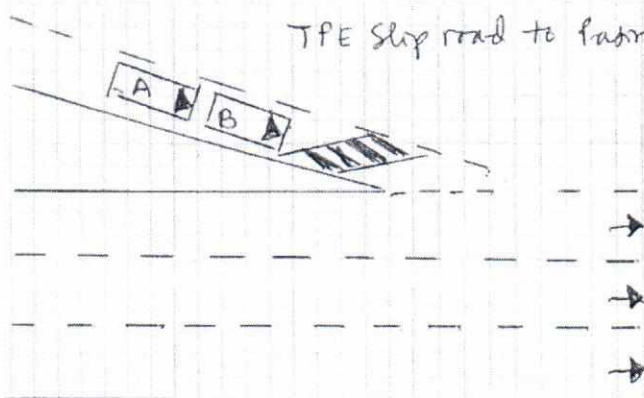
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



* Vehicle A : GBK 8592 Z

* Vehicle B : SLP 4227 K

Describe Circumstances of the Accident

* Refer to police report.

42010527/2013

Declaration

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

Witnessed by Reporting Centre Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 01/05/2021 (dd/mm/yy) Time of Accident: 14 : 55 (24-HR-FORMAT)
Vehicle No.: GBK 8592 Z Vehicle Make & Model / Engine (cc): Toyota Hiace 2754 cc Private Hire: (Y / N)
Exact location of Accident: TPE Slip Road to Pasir Ris Drive 8
Policyholder's Name / IC No.: VAN-GO PTE LTD 201825823E
Driver's Name / IC No.: Teo Khee Guan Kelvin S981313E (As Above) ☐
Driver's Contact No.: 8668 9749 Company Contact No / Owner Contact No: 9745 8239
Driver's Address: Blk 477 Sembawang Drive #13-407 S(750477)
Owner Email address: garyong66@icloud.com Insurance Company: China Taiping
Driver Email address: kelvinteo9898@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Hirer

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

*No. of Passengers (Including Driver): 1

*Passanger Name: _____

Gender:

*Passanger Name: _____

Gender:

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☒ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Yishun North NPC

The Other Party(s) Details:

1. Driver's Name / IC No: Peh Bee Kee Vehicle No: SLP 4227 K

Driver's Contact No: 9384 4433 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

05/11/2020



**SINGAPORE
POLICE FORCE**



L/20210527/2073

1 of 2

POLICE REPORT (NP299)

Report No. L/20210527/2073

Police Station Of Origin
Yishun North N.P.C
39 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

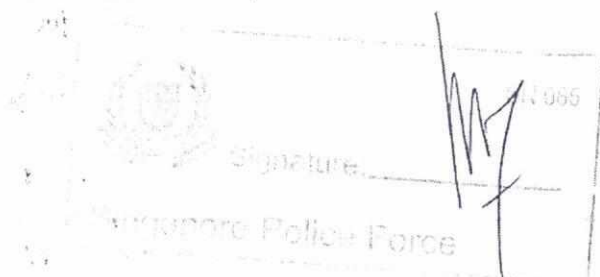
Date/Time Report Made 27/05/2021 23:24	Vide Report No.	Station Diary No. 111
Name Of Informant TEO KHEE GUAN KELVIN	Address APT BLK 477 SEMBAWANG DRIVE #13-407 SINGAPORE 750477	
ID Type / ID No. NRIC NO / S9813313E	Contact No. Home/Office Mobile 86689749	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF EMPLOYED	Sex Male	Age 23
Institution/School Name	Date of Birth 01/05/1998	Race Chinese
Date/Time Of Incident 01/05/2021 14:55	Location Of Incident C/O TAMPINES EXPRESSWAY SINGAPORE TPE Slip Road to Pasir Ris Dr 8	

Brief details.

On 01/05/2021 at about 1455hrs, I was driving my rented silver Toyota HiAce (GBK8592Z) along TPE on the slip road to Pasir Ris Dr 8. There was a blue Toyota (SLP4227K) in front of me waiting for traffic to clear to exit the slip road onto Pasir Ris Dr 8. While waiting, I noticed one motorcycle (unknown registration) riding from my left to right and squeezing between my van and the blue Toyota before exiting the slip road from the right side of blue Toyota. At the same time, I also heard a light bump sound. The blue Toyota had drove out of the slip road and turned on her hazard light and came to a stop.. I then

Signature Of Officer Recording The Report: L / Sr Staff Sgt LIM JUN LONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2021 23:24
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Sr Staff Sgt NG YU HOW Contact No.: 64660000	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



L/20210527/2073

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210527/2073

followed suit and stopped behind the blue Toyota. The Toyota's driver (Peh Bee Kee NRIC: S8424364G Tel: 93844433) came out of her vehicle with a female Chinese passenger. We made a check on our own car and there is no damage to my van. The blue Toyota left rear bumper was dislodged however no impact on the bumper. We decided to go for private settlement as there is no injuries sustained by anyone. We then left the scene.

On 24/05/2021, the Toyota's driver messaged me and told me she want to claim by insurance. The driver also claimed that her passenger had lower back pain and her dog peed blood after the accident.

On 27/05/2021, I informed my rental company about the matter and they advised me to lodge a Police report.

This is the first time such incident had happened. I am lodging this report as advised by my rental company. I have in car camera installed in my van however the footage was overwritten.

Signature Of Officer Recording The Report:

L / Sr Staff Sgt LIM JUN LONG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
L / Woodlands Police Divisional Investigation Branch /
Sr Staff Sgt NG YU HOW
Contact No.: 64660000

Authentication Stamp



Signature Of Informant:

Date/Time:
27/05/2021 23:24

Classification Of Case:

VAN-GO PTE LTD

VEHICLE LEASING AGREEMENT

This vehicle leasing agreement is made on the

BETWEEN

VAN-GO PTE LTD (UEN 201825823E)

(Hereinafter referred to as "THE LESSOR")

AND

Lessee:

Name: Teo Khee Guan Kelvin
Nric: S9813313E
Address: Blk 477 Sembawang Drive #13-407 S(750477)

(Hereinafter referred to as "THE LESSEE ")

Guarantor:

Name:
Nric:
Address:

(Hereinafter referred to as " GUARANTOR")

VEHICLE

Make & Model	Toyota Hiace	Colour	Silver
ORD Date	1 st Jan 2021	Plate No.	GBK8592Z
Chassis	Vocational	License	No.:

It is hereby agreed without prejudice that all parties accept all terms and condition herein including replacement vehicle taken by hirer or its driver to be responsible to follows same aforesaid agreement stated herein in vehicle lease agreement which was first signed.

1. CHANGE OF ADDRESS & CONTACTNUMBER

It is the responsibility of the lessee to inform the lessor of any changes in his/ her personal particulars. Non-compliance of this term may result in the forfeiture of the Security Deposit.

2. LEASING PERIOD

The lessor agrees to lease the vehicle to Lessee for the following period:

Lease for a period of 12 MONTHS

Start Date: 24th Dec 2020 End Date: 31st Dec 2021

\$338

UE

Motor Commercial

MZ407/C

E SN

AN0420A

Gov Type C

CERTIFICATE OF INSURANCE

 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)

CERTIFICATE No

DMCYSNA00121502000

Engine No. 1GD8621109

Cha No. GDH2012014723

 1. Index Mark and Registration
 Number of Vehicle

GBK6592Z

 AUTOSAFE

2. Name of Policy Holder

VAN-GO PTE LTD

 3. Effective date of the Commencement of
 Insurance for the purposes of the Regulations,
 Ordinance or Enactment

 21/12/2020
 (00:00:00)

Excess Sect I \$S1,500.00

Excess Sect II \$S1,500.00

EX ON WINDSCREEN \$S100.00

4. Date of Expiry of Insurance

02/12/2021

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

(1) Use in connection with the Policyholder's business and Hirer's Business

(2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business

(3) Use for social, domestic or pleasure purpose

The policy does not cover

(1) Use for 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 the carriage of passengers for hire or reward by any person to whom the vehicle is hired

HIRE PURCHASE CO : UNITED OVERSEAS BANK LIMITED

* 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)

Please see



Issued By

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory