

NATIONAL Assessment Centre Services, [print] [date] SMO82/840007

Date In: 23/08/2021 18:45	Job description	Date & Time Completed	Done by
Ref No: NBSA/ATG21008852/4	SAS e-illing		
Veh No: GBH 2445X	E-mail (by date time, A/C time)		
D.O.A: 20/08/2021 09:48	I-Motor Claim Form		
(1) (TP) Reporting Only	I-Motor W/O (Within 60 days, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment Survey Report		
	Ass't Report by Fax/Hand to Owner/VVHSP		

Preferred Wksp / INC Ass'tn Wksp / QW:	Tel:	Fax:
TP Initials/Sign:	Veh No: YQ561L	INC () / Non-INC ()
Owner / Driver (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % [Note-Best Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]		
Year of Registration: ()	Warranty: YES () / NO ()	
Process: (\$)	Loading: \$1,000 () / \$2,000 ()	
() Walk-In Customer: Customer's Information strictly Confidential & strictly NO Referral of Repulsion		
() 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) QO Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3,000] ()

Injury:	

X102103652	
Driver/Owner:	1) All Accident Involvement (50%)
Contact No:	2) DXI Survey Assessment (\$100) INC (10)
Damage Portion:	3) TXI Towing Fee \$100
	4) PTI Follow-Through Survey \$120
	5) PTI Follow-Through Survey (Resurvey) \$30
	6) TXI Follow-Through Survey (Resurvey) \$75
	7) TXI Follow-Through Survey (Resurvey) \$160
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	100) TXI Follow-Through Survey (Resurvey) \$160

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 23/08/2021 18:45 (SGT)
Date of Accident 20/08/2021 09:48 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS TUAS AFTER KALLANG BAHRU EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH2445X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner RENTOKIL INITIAL SINGAPORE PTE LTD
Company Reg No 1XXXXX145N
Email Address jeffrey.tan@rentokil-initial.com
Mobile Phone No (Phone) +65-96696807
Alternative Phone No (Office) +65-63478138

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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2754

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 999993710/100868798-00000
Cover Note Number -

DRIVER

Name of Driver TENG TIAN CHYE
NRIC No SXXXX586D

Date Of Birth	21/09/1968
Occupation	Outdoor
Date Of Driving Pass	24/10/2007
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97813883
Alt. Phone Number	-
Email Address	tengbob90@gmail.com
Address	BLK 262 TAMPINES STREET 21 #10-250
Address complement	-
Postcode	520262
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Raining
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?	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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20210820/7031

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	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ561L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	MAIH NASIR
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	TENG TIAN CHYE
Gender	Male
Phone No	(Phone) +65-97813883
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH2445X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop
Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd
via email / fax.

Signature: Rentokil Initial Singapore
16 & 18 Jalan Mesin
Singapore 368815

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 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.

Rentokil Initial Singapore Pte Ltd
16 & 18 Jalan Mesin
Singapore 368815
Tel: 6347 8138 Fax: 6347 8105

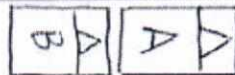
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Pie Towards Two's After Kallang Bahru Exit (Exit 12)



Veh A - GBH 2445 X

Veh B - YQ 561 L

Describe Circumstances of the Accident

At per police report no. G1/20210820/7031

Large lined area for describing the circumstances of the accident, crossed out with a diagonal line.

Declaration

We declare the foregoing particulars are true in every respect.

Rentokil Initial Singapore Pte Ltd
16 & 18 Jalan Mesin
Singapore 688115
Tel: 6347 8105 Fax: 6347 8105

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

[Signature]

[Signature] 23/08/2021

VEHICLE NO: GBH 2445 X		MAKE & MODEL: Toyota Hi-Ace		AUTO / <u>MANUAL</u>	
DATE OF ACCIDENT		20/08/2021		*C.C: 3.0	
TIME OF ACCIDENT		0948		<u>AM</u> / PM	
LOCATION OF ACCIDENT		PIS towards Tuas After Kallang Boreh Exit (Exit 12)			
EXACT PURPOSE USED AT TIME OF ACCIDENT <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER		Rentokil Initial Singapore Pte Ltd.			
EMAIL: Jeffrey.tan@rentokil-initial.com		Office: 6347 8138		MOBILE: 9669 6807 (Anwar)	
NRIC		195900145N			
CLAIM TYPE		OD / <u>THIRD PARTY</u> / REPORTING ONLY			
FLEET POLICY:		YES / <u>NO</u> ?			
INSURANCE CO.		AIG			
TYPE OF COVERAGE		Comprehensive / (Third Party) / Third Party Fire & Theft			
POLICY NO.		999993710/100868798-00000			
NAME OF DRIVER		AS ABOVE / IF NO: Teng Tian Chye			
NRIC		S68365860			
DATE OF BIRTH		21/10/1968			
ANY PASSENGER		YES / <u>NO</u> ?			
NAME OF PASSENGER					
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / Indoor			
DATE OF DRIVING PASS		24/10/2007			
GENDER		<u>Male</u> / Female			
CONTACT NO.		Mobile: 9781 3883		Office: Home:	
EMAIL:		Tengbob90@gmail.com			
ADDRESS		262 Tampines Street 21 #10-250 S(5202627)			
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes: Reg No:		INSURER:	
RELATIONSHIP		<u>Employee</u> / If No:			
WEATHER CONDITION		Clear / <u>Raining</u> / Other:			
ROAD SURFACE		Dry / <u>Wet</u> / Other:			
ANY INJURIES		No / If yes: Who? Teng Tian Chye			
CONTACT NO.		9781 3883			
POLICE REPORT		No / If yes: Where? Online.			
NOTICE OF INTENDED PROSECUTION GIVEN?		NO / IF YES: WHO?			
VEHICLE B NO.		YQ 561L		Any Passenger: 2 (male)	
NAME		Miah Nasir			
CONTACT NO.		unknown			
VEHICLE C NO.		Any Passenger:			
VEHICLE D NO.		Any Passenger:			
VEHICLE E NO.		Any Passenger:			
VEHICLE F NO.		Any Passenger:			
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		YES / <u>NO</u>			
WAS THERE ANY AUDIO RECORDED?		YES / <u>NO</u>			
SCENE ACCIDENT PHOTOS TAKEN?		YES / <u>NO</u>			
**WORKSHOP:		N-51 Automotive Pte Ltd			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?					
		YES / <u>NO</u>			



**SINGAPORE
POLICE FORCE**



G/20210820/7031

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Report No. G/20210820/7031

Date/Time Report Made 20/08/2021 11:40	Vide Report No.	Station Diary No.
Name Of Informant TENG TIAN CHYE	Address 262 TAMPINES STREET 21 #10-250 SINGAPORE 520262	
ID Type / ID No. NRIC NO / S6836586D	Contact No. Home/Office: Mobile: 97813883	
Nationality SINGAPORE CITIZEN	Email Address seanteng@live.com	
Occupation Driver	Sex Male	Age 52
Institution/School Name	Date of Birth 21/09/1968	Race Chinese
Date/Time Of Incident 20/08/2021 09:45	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On the stated date and time I vehicle GBH2445X was travelling around 50 to 60km/h along the stated venue on my lane.

Suddenly vehicle YQ561L came from behind and hit onto my vehicle rear portion. The impact was very strong and my rear windscreen was smash into pieces. The impact causes me to hit my knees onto the dashboard and pain on both my forearms.

Shortly I felt pain on my neck, shoulder and back. I then proceeded to a nearby clinic Temasek Medical clinic at Toa Payoh to seek treatment and I was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/08/2021 11:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20210820/7031

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210820/7031

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

20/08/2021 11:40

Classification Of Case:

← GBH2445X.pdf



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT/CHAPTER 188
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1987
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1988 (MALAYSIA)

AUTOPLAN THIRD PARTY

CERTIFICATE NO. 999993710/100808798-00000

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

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

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

OWN DAMAGE EXCESS \$50.00
WINDSCREEN EXCESS N/A

(The policies with effect from 1st November 2020)

SUM INSURED \$50.00

INSURING WITH COE/PARF N/A

GBH2445X

RENTOKIL INITIAL SINGAPORE PTE LTD

1 Oct 2020

30 Sep 2021

Any person who is driving on the insured's 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.

6) LIMITATION AS TO USE*

Use only for social, domestic and pleasure purposes and for the insured's business.
The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed, testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY N/A

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188) 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 188) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore: 9 Dec 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000115002
LOCKTON COMPANIES (SINGAPORE)
5 RAFFLES QUAY #19-01
SINGAPORE 048590

M. Anis
Authorised Representative

ORIGINAL

000115002