

81082930002

Q12: TP Reporting Only

Preferred Wksp / INC Assign Wksp / DW:                     

Drive-In ( ) / Towed-In ( ) ; Invoice# VRS ( ) / NO ( ) ; Towing Co ( )

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

№	Имя	Возраст	Пол	Состояние	Диагноз	Лечение	Прогноз	Замечания
1	Иванов Иван Иванович	45	Муж	Удовлетворительно	Бронхит	Антибиотики	Хорошо	
2	Петров Петр Петрович	32	Муж	Удовлетворительно	Пневмония	Антибиотики	Хорошо	
3	Сидоров Сергей Сергеевич	58	Муж	Удовлетворительно	Туберкулез	Антибиотики	Хорошо	
4	Климов Владимир Владимирович	28	Муж	Удовлетворительно	Аsthma	Бронходилататоры	Хорошо	
5	Морозов Алексей Алексеевич	65	Муж	Удовлетворительно	ХОБЛ	Бронходилататоры	Хорошо	
6	Васильев Василий Васильевич	40	Муж	Удовлетворительно	Бронхит	Антибиотики	Хорошо	
7	Алексеев Александр Александрович	35	Муж	Удовлетворительно	Пневмония	Антибиотики	Хорошо	
8	Смирнов Николай Николаевич	50	Муж	Удовлетворительно	Туберкулез	Антибиотики	Хорошо	
9	Попов Павел Павлович	25	Муж	Удовлетворительно	Аsthma	Бронходилататоры	Хорошо	
10	Соколов Сергей Сергеевич	60	Муж	Удовлетворительно	ХОБЛ	Бронходилататоры	Хорошо	

NA2103785

1) All Accident Support	(\$20)	
2) DA Bureau Allowance	(\$100)	UND (\$10)
3) TPI Filing Fee		\$120
4) TPI Follow Through Survey		\$30
5) TPI Follow Through Survey (Re-survey)		\$75
6) TPI Follow Through Survey (Re-survey)		\$160
7) TPI Inspection		\$3
8) TPI DA + SMRT Survey		\$10
9) TPI DA + SMRT Survey		\$25
10) TPI DA + SMRT Survey		\$3
11) TPI DA + SMRT Survey		\$22
12) TPI DA + SMRT Survey		\$6
13) TPI DA + SMRT Survey		
14) TPI DA + SMRT Survey		
15) TPI DA + SMRT Survey		
16) TPI DA + SMRT Survey		
17) TPI DA + SMRT Survey		
18) TPI DA + SMRT Survey		
19) TPI DA + SMRT Survey		
20) TPI DA + SMRT Survey		
21) TPI DA + SMRT Survey		
22) TPI DA + SMRT Survey		
23) TPI DA + SMRT Survey		
24) TPI DA + SMRT Survey		
25) TPI DA + SMRT Survey		
26) TPI DA + SMRT Survey		
27) TPI DA + SMRT Survey		
28) TPI DA + SMRT Survey		
29) TPI DA + SMRT Survey		
30) TPI DA + SMRT Survey		
31) TPI DA + SMRT Survey		
32) TPI DA + SMRT Survey		
33) TPI DA + SMRT Survey		
34) TPI DA + SMRT Survey		
35) TPI DA + SMRT Survey		
36) TPI DA + SMRT Survey		
37) TPI DA + SMRT Survey		
38) TPI DA + SMRT Survey		
39) TPI DA + SMRT Survey		
40) TPI DA + SMRT Survey		
41) TPI DA + SMRT Survey		
42) TPI DA + SMRT Survey		
43) TPI DA + SMRT Survey		
44) TPI DA + SMRT Survey		
45) TPI DA + SMRT Survey		
46) TPI DA + SMRT Survey		
47) TPI DA + SMRT Survey		
48) TPI DA + SMRT Survey		
49) TPI DA + SMRT Survey		
50) TPI DA + SMRT Survey		
51) TPI DA + SMRT Survey		
52) TPI DA + SMRT Survey		
53) TPI DA + SMRT Survey		
54) TPI DA + SMRT Survey		
55) TPI DA + SMRT Survey		
56) TPI DA + SMRT Survey		
57) TPI DA + SMRT Survey		
58) TPI DA + SMRT Survey		
59) TPI DA + SMRT Survey		
60) TPI DA + SMRT Survey		
61) TPI DA + SMRT Survey		
62) TPI DA + SMRT Survey		
63) TPI DA + SMRT Survey		
64) TPI DA + SMRT Survey		
65) TPI DA + SMRT Survey		
66) TPI DA + SMRT Survey		
67) TPI DA + SMRT Survey		
68) TPI DA + SMRT Survey		
69) TPI DA + SMRT Survey		
70) TPI DA + SMRT Survey		
71) TPI DA + SMRT Survey		
72) TPI DA + SMRT Survey		
73) TPI DA + SMRT Survey		
74) TPI DA + SMRT Survey		
75) TPI DA + SMRT Survey		
76) TPI DA + SMRT Survey		
77) TPI DA + SMRT Survey		
78) TPI DA + SMRT Survey		
79) TPI DA + SMRT Survey		
80) TPI DA + SMRT Survey		
81) TPI DA + SMRT Survey		
82) TPI DA + SMRT Survey		
83) TPI DA + SMRT Survey		
84) TPI DA + SMRT Survey		
85) TPI DA + SMRT Survey		
86) TPI DA + SMRT Survey		
87) TPI DA + SMRT Survey		
88) TPI DA + SMRT Survey		
89) TPI DA + SMRT Survey		
90) TPI DA + SMRT Survey		
91) TPI DA + SMRT Survey		
92) TPI DA + SMRT Survey		
93) TPI DA + SMRT Survey		
94) TPI DA + SMRT Survey		
95) TPI DA + SMRT Survey		
96) TPI DA + SMRT Survey		
97) TPI DA + SMRT Survey		
98) TPI DA + SMRT Survey		
99) TPI DA + SMRT Survey		
100) TPI DA + SMRT Survey		



# 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	03/09/2021 12:57 (SGT)
Date of Accident	02/09/2021 09:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE CTE/SLE EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3011T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	NLS TRANSPORT SERVICES PTE LTD
Company Reg No	2XXXXXX299K
Email Address	edwinteo4444@gmail.com
Mobile Phone No	(Phone) +65-81694444
Alternative Phone No	+65-81694444

## 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	2982

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00004292100
Cover Note Number	-

## DRIVER

Name of Driver	TEO KAE SHYANG
NRIC No	SXXXX633J

Date Of Birth	27/02/1985
Occupation	Outdoor
Date Of Driving Pass	10/01/2005
Driving experience	16 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81694444
Alt. Phone Number	-
Email Address	edwinteo4444@gmail.com
Address	BLK 24 BALAM ROAD #04-128
Address complement	-
Postcode	370024
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	AFTER RAIN
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210902/7031

#### 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	GBC1637S
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-



Vehicle Category	Commercial vehicle
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 KAE SHYANG
Gender	Male
Phone No	(Phone) +65-81694444
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC3011T
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 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.



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 Changi before CTE/SEE		Vehicle A: PC3011T Vehicle B: GBC16375
-----------------------------------	--	---

**Describe Circumstances of the Accident**

Please refer to Police report 7/20210902/7031

//

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 03/09/2021  
Witnessed by Reporting Centre Personnel



JU

Date of Accident : 02/9/21 Accident Time: 0920 (24-HR-Format)  
Accident Place : PIE towards changi before CTE/SLE exit  
Vehicle No. (Car Plate No.) : PC3011T Make/Model: TOYOTA HIACE HIGHROOF  
Insurance Company : China Taiping Policy No: DMB1SNW00004292100  
Owner or Company Name /IC No. : NLS Transport Services / 201816299K  
Owner or Company Contact No. : 8169 4444 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Teo Kae Shyang S8504633J  
DRIVER'S Date Of Birth : 27/02/1985 DRIVER'S License Pass Date 10/01/2005  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling ☒ Employee Others: \_\_\_\_\_  
DRIVER'S Address : 24 BALAM ROAD #04-128 S(370024)  
DRIVER'S Contact No./ Alt No. : 1) 81694444 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR ☒ OUTDOOR (e.g. working inside or outside office)  
Email Address : EDWINTEO4444@gmail.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): 01  
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): Yes

Other Party Driver's Particular (if any)

Vehicle No: GBC 16375	Vehicle No: _____
Vehicle Make/Model: NISSAN NV200	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



**SINGAPORE  
POLICE FORCE**



T/20210902/7031

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

1 of 3

Report No. T/20210902/7031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/09/2021 20:02		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TEO KAE SHYANG			Address: 24 BALAM ROAD #04-128 SINGAPORE 370024		
ID Type / ID No.: NRIC NO / S8504633J			Contact No.: Home/Office: Mobile: 81694444		
Nationality: SINGAPORE CITIZEN			Email: EDWINTEO4444@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 27/02/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self employed			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/09/2021 09:20	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC1637S	Van				Seriously Damaged	0
PC3011T	Van				Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20210902/7031

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

2 of 3

Report No. T/20210902/7031

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO KAE SHYANG	ID No.	S8504633J
Related Vehicle	PC3011T (Van)	Contact No.	81694444
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/09/2021	Date	01/09/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, I was driving my vehicle PC3011T along PIE towards Changi before CTE/SLE exit. I was travelling on lane 2 and slow down as I approached the traffic before me, suddenly I felt an impact from behind. I got down from vehicle and realised that vehicle GBC1637S had collided into the rear of my vehicle as he did not slow down after me.  
I felt unwell and went to see a doctor at Unihealth toa payoh and was given 3 days mc.



**SINGAPORE  
POLICE FORCE**



T/20210902/7031

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

3 of 3

Report No. T/20210902/7031

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
BOON YEN KIAN  
Contact No.: 65476172

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

Date/Time:  
02/09/2021 20:02

Classification Of Case:

NP168





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ801

N SN

AN0580A

Cov. Type:C

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMB1SNW00004292100

Engine No.: 1KD2408178  
Chassis No.: KDH2230020132

1. Index Mark and Registration  
Number of Vehicle

PC3011T

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

NLS TRANSPORT SERVICES PTE LTD

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

06/04/2021  
(10:19:13)

Excess Sect. I. S\$2,000.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

05/04/2022

EX ON WINDSCREEN. S\$100.00

5. Persons or Classes of Persons entitled to drive\*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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. Limitations as to use:

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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.

HIRE PURCHASE CO.: MAYBANK

\* 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 reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

ODD: 2-11-11  
Authorised Officer

杨亚美

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

達高企業  
TATCO ENTERPRISE  
250/252 JALAN KAYU  
SINGAPORE 799475/78  
TEL: 6482 0153 FAX: 6481 1903

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	299K
<b>Vehicle Details</b>	
Vehicle No.:	PC3011T
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Oct 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 3.0 AT 2WD 4DR LWB
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	1KD2408178
Chassis No.:	KDH2230020132
Maximum Power Output:	-
Open Market Value:	\$37,020.00
Original Registration Date:	12 Sep 2014
First Registration Date:	12 Sep 2014
Transfer Count:	1
Actual ARF Paid:	\$1,851.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	11 Sep 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$41,258.00
COE Rebate Amount:	\$12,148.00
<b>Total Rebate Amount:</b>	<b>\$12,148.00</b>

The information contained herein is correct as at 03 Sep 2021

OK