ATIONAL Assessment Centre	Services: [wel 1 Jan'08]	SU082261	K000/		
Date lin: 20 6 22 W/53	Job description	Date &Time C	ompleted	. Done	py.
Res No: NA EGI 2200 5815/T	SAS e-filing	1			<u> </u>
Veh No: SMV 91985	E-mail (within Shrs, AIC 2hrs)	1		. " . "	
D.O.A: 19/6/22 70:30	i-Motor Claim Form	•			
	i-Motor TY/O (Within: OD. 2	hes, TP 4hrs)	•		,
OD / The / Reporting Only	i-Photo Uploaded.				
	Assessment/Survey Report				
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	1	Fax:	.)
TP Particulars: Veh No:	M54654. INC	( , )/Non-INC	( ).		
Owner / Driver: (	10110	. Tel:			
	riod: (	) Cover Type:			
	Date:	· Tin		1000(3	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N:	0-20%; P: 21-79	%: ·F; 80	100%]	
None of Paristration ( ' )	Warranty: YES ( )/NO (	`)		·	
Excess: (\$ ) Loading: \$1,	000()/\$2,000()	**************************************	NIMIZÝ.	T. 1885 T. 1.	
*	Da 14.00 (1886) 2886 DO MARIO BURGO DE PROPERTO DE PROPERTO DE PROPERTO DE PROPERTO DE PROPERTO DE PROPERTO DE	out the No refer	of rebalte	<u>4,5%,92654 75,1 11.</u> ET.	
A Sale In Charamer : Customer's Inf	formation strictly Confidential	& Strictly NO 19161	- The second		
Total Lass Case : to e-mail Insu	rer ORGENILLI.	; Towing Co: (			' )
Drive-In ( )/Towed-In ( .); Invoi	ce: YES( ) / NO(·		**************************************	2012/2012/18	one by
Remarks. (INC horing: 6788 5616)		DiteETme	<b>日本日本</b>	Selection Annual	
1) Apply for Transfort Allowance ( )	/ Courtesy Car ( )			<del></del>	w.j.
2) OC Check / Post Repair Inspection .	. (, )			1,	S.A.
3) Upload Resurvey Photo [Repair Cost >	\$3000];: ( )				7.7
Injury:		•		01101107 018V 1068 (2.1	Carent Sadass
· · · · · · · · · · · · · · · · · · ·					Andra Th
Bate/Time Agrions			<del></del>	<del></del>	
				<del> </del>	
			ar edelisa	72 X	ali(s)) kiemu (ržiji) iasdīš
X192201698 / X19220169		ice Preparation		<u> </u>	WRITE LACORE
and the second	1) AR	: Accident Reporting : Damags Assessment	(\$30); (\$100);	IMC (380)	
Shumant's Particulars	12) TF	: Towing Fee : Follow-Through Surv		\$120	
)river/Owner:	45 1207	. Italian Through Surv	SA (Pasathe)	330	
Contactifio:	For	claimine assinst RIC ( ::Re-juspection	Only (Wel 10	\$75	
amaged Portion:	TIN	: Idao DA + SMRT Su	tvey	. 2160	
		TUC Additional Service	4:-		
C Checked by (Engr-In-Charge):	. *1	15: Courtesy Car / Tpt A	llowance	\$5 \$10	·
C. Ontered by (Ding. an ontargy)		Nó: Repair Co-ordinatio N7: Post Repair Inspecti	on ·	\$25	
arditors Comments 2		NS: DY / Collect Exces	Coordination	n 35	
t. 1:	T ON S	P (NII) : TP (Non INC 112: Idao Mobile	The state of the s	30	
	Inve	ples deted		Charged	
t. 2/3:	Inv	oice dated	fee	: Charged	Che Linksender



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
   Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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 20/06/2022 11:53 (SGT) Date of Accident 19/06/2022 20:30 (SGT) Exact Location of Accident Singapore Additional Location Information 73 GEYLANG BAHRU Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMV9198J

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TEO TIEN CHAI, JEREMY DELFINO NRIC No SXXXX504D Email Address jeremyteo168@gmail.com Mobile Phone No (Phone) +65-90058704 Alternative Phone No (Home) +65-90058704

#### VEHICLE PARTICULARS

Manufacturer **BMW** Model 116i 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto 1598

#### INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPG22004727 Cover Note Number

#### DRIVER

Name of Driver TEO TIEN CHAI, JEREMY DELFINO SXXXX504D

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	03/09/1999 Indoor 28/10/2020 1 YEAR AND 8 MONTHS Male (Phone) +65-90058704 (Home) +65-90058704 jeremyteo168@gmail.com BLK 168 BISHAN ST 13 #05-03 570168 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes WITH OWNER No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number	YM5465U Commercial vehicle -
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

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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' law yers/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 law yers/law firms), w hich 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

BIK 73 Geylang Bahm

F

VM A - SMV9198J

VILB- YM54LJU

scribe Circumstances of the Accident		
On the above stated date & time, my vehicle s	MV9198J	was
attornam at a parking lot at BIR 73, Geylang Bahm. S	Suddenly 1	vehice B
154654 moved out of his parking lot on my right and	collidid	orto my
ricle's front right portion. We exchanged particulars and	left the	scene.

# 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

Date of Accident	: 19/06/2022 Accident Time: 2030 (24-HR-FORMAT)	
Accident Place	= 73 Geylang Bahra	
Vehicle Reg. No (Car plate No.)	: SMV9198J Vehicle Make/Model: BMW 114	
Insurance Company	: <u>BEGO</u> Policy No. <u>DMPG22004727</u>	
Name of Registered Owner	: Company / Individual Teo Tien Chai, Jeveny Deffino	
ID of Registered Owner	: Co Reg No:Owner's NRIC NO:	
	: Co Contact No: Owner's Contact No: 9005 8704	
DRIVER'S Name	: Teo Tien Chai, Delftod RIVER'S NRIC No: 599281090	
DRIVER'S Date of Birth	: 03/09/1999 DRIVER'S License Pass Date 34/05/2018	
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:) Owner	
DRIVER'S Address	: BIK 168 Bishan St 13 #05-03 S570168	
DRIVER'S Contact No./ Alt No.	(1) 9005 8704 2)	
a marketing of the largest	· · · · · · · · · · · · · · · · · · ·	
Email Address	jevernyteo 168 @ gmail. com	
Weather & Poad Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET	
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance	
Number of Passengers (including Dr Was the accident reported to the pol Was there any video Captured by ca	ice? YES (NO Passenger Name: Gender: M/F r camera: YES \ NO Any Injuries: YES / NO Injured Name:	
	Injured Name: Injured Name: Injured Name:	
- Hen	ther Party Driver's Particulars (if any)	
Vehicle Reg Nor	Vehicle Reg No	
Vehicle Make Model:	Vehicle Make Model:	
Name DRIVER:		
	DRIVER IC No. DRIVER:	
DRJVER'S Contact & add	DRIVER'S Contact & add	
	er Party Driver's Particulars (if any)	
Vahicle Reg No		
Vehicle Mike Model		
Name DPIVE?		
IC NO DOLLEGO		
SPIPERS THAT I SEE	50, 198 \$ Curto A M	

**ERGO** 

## 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)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number

DMPG22004727

Vehicle Registration Number

SMV9198J

Cover Type

Superior Comprehensive

Policy Type

Private Car

Name of Policyholder/Insured

TEO TIEN CHAI, JEREMY DELFINO

Commencement Date of Insurance

28/03/2022

Expiry Date of Insurance

27/03/2023

cess

24-Hour Helpline: 6100 1620

#### Finance Company/Hire Purchase Owner:

\*Persons or Classes of Persons entitled to drive:

- 1. The Policyholder
- 2. Any Person who is driving on the Policyholder's order or 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. 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.

#### \* Limitations as to Use:

- 1) Use only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business

3) Use for any purpose in connection with the Motor Trade

mitations 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 (\*).

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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of ERGO Insurance Pte. Ltd. Approved Insurer

Lavel-Veint Ju

Authorized Signature

A000576	CHEW TEE KEE .	Contact Number: 63464936
Vehicle Chassis Number	er : WBA1A12030J209566, Vehicle Engine Number : N13B16A09A0754A103	PC1, 28/03/2022 19:54