

NATIONAL Assessment Centre Services (part 1 of 2)			
Date In: 21/08/2023 12:03	Job description	Date & Time Completed	Done by
Ref No: NAB 12200/896	SAS e-Mailing		
Veh No: 8K-U 3288B	E-mail (with/with, A/C 2nd)		
D.O.A: 18/08/2023 22:10	1-Motor Claim Form		
OC: TP Reporting Only	1-Motor W/O (with/with, or 1st)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wxop / INC Assgn Wxop / OW: (Tel:	Fax:
TP Particulars: Vch No: GBA 599K	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note: Hst Status (WO): 10-30%, P: 21-70%, 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 repair.		
() Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()		

Remarks: ()	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: ()
Location: ()
Weather: ()
Witness: ()
Police: ()
Other: ()

NA2800549		Invoice Preparation Checklist		Amount	
TP Particulars:		1) All Accident Particulars (\$300)			
Owner/Owner:		2) DA: Damage Assessment (\$1000)	INC (\$50)		
Contact No:		3) TP: Towing Fee (\$10/\$40)			
Assigned Person: FWA		4) PT: Follow-Through Survey (\$150)			
		5) PT: Follow-Through Survey (Survey) (\$50)			
		6) TR: Repairs (\$30)			
		7) NT: New DA + SMRT Survey (\$150)			
		8) NTUC Additional Fee (\$10)			
Checked by (Engn-In-Charge):		9) NTUC Additional Fee (\$10)			
		10) NTUC Additional Fee (\$10)			
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		100) NTUC Additional Fee (\$10)			

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 Actual 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	21/02/2023 12:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/02/2023 22:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU3288B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO ZHI XIAN
NRIC No	SXXXX769F
Email Address	zhixian@yhjac.com
Mobile Phone No	(Phone) +65-83225688
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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
Transmission	Auto
CC	2487

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG23001858

DRIVER

Name of Driver	TEO ZHI XIAN
NRIC No	SXXXX769F
Date Of Birth	18/09/1983
Occupation	Indoor

Date Of Driving Pass	29/09/2004
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83225688
Alt. Phone Number	-
Email Address	zhixian@yhjac.com
Address	BLK 408 JURONG WEST STREET 42 #10-681
Address complement	-
Postcode	640408
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 - Change/cross lane
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 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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/20230220/7049

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA599K
Vehicle Manufacturer	-
Vehicle Model	-
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 ZHI XIAN
Gender	Male
Phone No	(Phone) +65-83225688
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKU3288B
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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

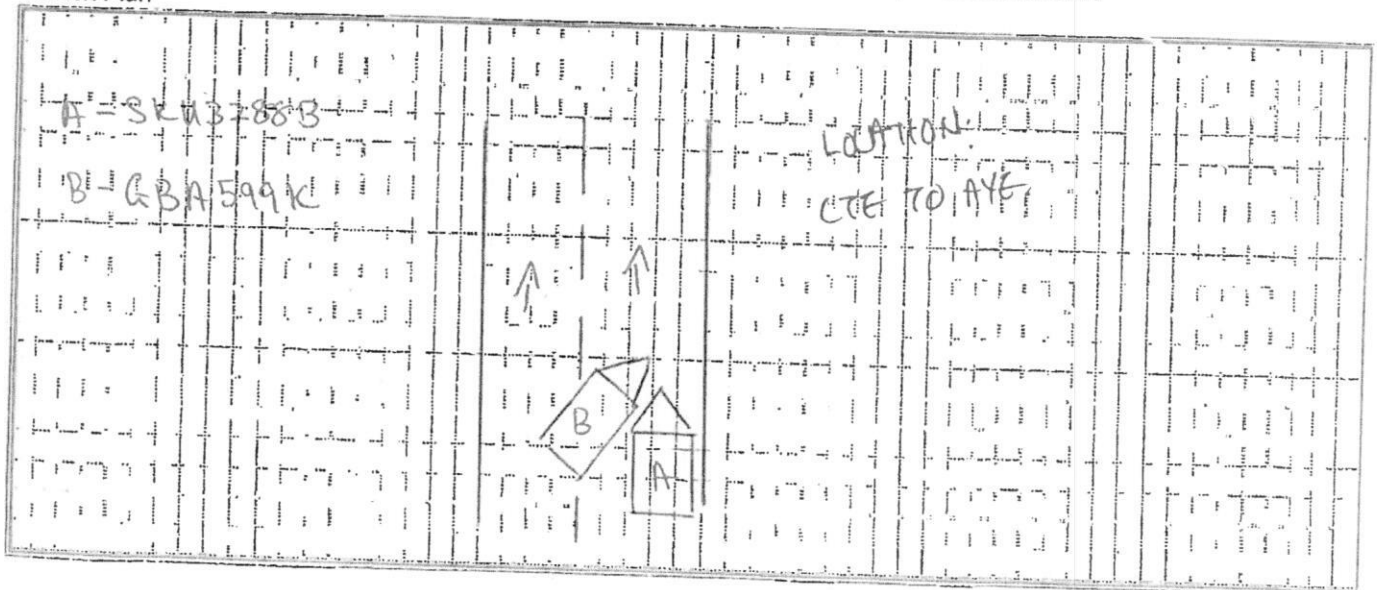
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT NO. T/20230220/7049

Declaration


I/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


21/02/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230220/7049

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

1 of 3
Report No. T/20230220/7049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2023 14:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TEO ZHI XIAN			Address: 408 JURONG WEST STREET 42 #10-681 SINGAPORE 640408		
ID Type / ID No.: NRIC NO / S8327769F			Contact No.: Home/Office: Mobile: 83225688		
Nationality: SINGAPORE CITIZEN			Email: ZHIXIAN@YHJAC.COM		
Sex: Male	Age: 39	Date of Birth: 18/09/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Director			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/02/2023 22:10	Type of Location:
Location: LOWER DELTA ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKU3288B	Car	TOYOTA	HARRIER 2.5 HYBRID (AUTO) (2WD)	Black		0

Details of Vehicle Insurance

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



T/20230220/7049

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

2 of 3

Report No. T/20230220/7049

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU3288B	SHC INSURANCE PTE. LTD.	DMPG23001858	01/02/2023	31/01/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TEO ZHI XIAN		ID No.	S8327769F
Related Vehicle	SKU3288B (Car)		Contact No.	83225688
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		05	Degree of	Serious

Brief Details.

On the stated date and time I vehicle SKU3288B was travelling straight on lane 1 on CTE towards AYE direction.

Suddenly vehicle GBA599K who was on lane 2 on my left cut into my lane abruptly.

I immediately jammed my brakes but to no avail I still collided onto the said vehicle right rear portion..

It was so sudden and i was caught unaware.

The sudden braking causes my left knee to hit onto the dashboard.

After a while I felt some soreness on my neck area.

The next following day the soreness developed into pain on my neck and shoulder areas.

I then proceeded to Unihealth 24hr clinic jurong East to seek treatment and I was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20230220/7049

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

3 of 3

Report No. T/20230220/7049

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

Signature Of Informant:

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

Date/Time:
20/02/2023 14:46

Classification Of Case:

ACCIDENT STATEMENT

Date of accident: 18/2/23 Time: 10.11 pm
 Location of accident: CTE TOWARDS AYE.

Vehicle Number: SKU 3288B

Insurer: ERGO

Policy No: DMPG-23001858

Name: TEO ZHI XIAN

Email: JUSTIN.XGINGERX@GMAIL.COM

Name: TEO ZHI XIAN

Email: JUSTIN.XGINGERX@GMAIL.COM

Occupation: Indoor / Outdoor

Address: APT BLK 408 JURONG WEST STREET 42, #10-681, S(640488)

Driving pass date: 29/09/2004

Relationship with Policyholder: OWNER

Weather conditions: Clear / Raining

Road surface: Dry / Wet

Police report: YES / NO

Video Footage: YES / NO

Prosecution Letter: YES / NO

If Yes against whom: _____

Passenger (incl. Driver): 01

Please provide ALL passengers details:-

Passenger 1		Passenger 2	
Name:	_____	Name:	_____
Gender:	Male / Female	Gender:	Male / Female

Witness: Yes / No

If Yes, provide injuries details:-

Witness 1		Witness 2	
Name:	_____	Name:	_____
Contact no.:	_____	Contact no.:	_____

Injuries: Yes / No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
TEO ZHI XIAN	SKU 3288B	<u>Yes / No</u>	Yes / <u>No</u>
_____	_____	Yes / No	Yes / No

Vehicle B

Vehicle C

Vehicle no.:	<u>G4BA 599K</u>	_____
Driver name:	_____	_____
NRIC / FIN no.:	_____	_____
Contact no.:	_____	_____
Insurance Co.:	_____	_____
Remarks:	_____	_____
(Make/Model, Passenger, property info & etc)		

Claim Type: Own Damage / Third Party / Reporting Only

Workshop: GARAGE 13 PTE LTD

Policyholder /

driver

Signature: _____

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 : DMPG23001858
Vehicle Registration Number : SKU3288B
Cover Type : Superior Comprehensive
Policy Type : Private Car
Name of Policyholder/Insured : TEO ZHI XIAN
Commencement Date of Insurance : 01/02/2023
Expiry Date of Insurance : 31/01/2024
Excess :
EXCESS: (SECTION I).....
ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)....
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I)
EXCESS: WINDSCREEN
YOUNG & INEXP DRIVERS (SECTION I)

FLASH
Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

S\$	1,000.00
S\$	500.00
S\$	300.00
S\$	100.00
S\$	3,000.00

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

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 (*).

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

Karl-Heinz Jung

Authorized Signature

A000215	KANG KIM CHIANG JEROME	Contact Number: 68422936
Vehicle Chassis Number : JTEAD3BH80J000167, Vehicle Engine/Motor Number : A25A5506194		PC1, 20/01/2023 22:10