NATIONAL-Assessment Coure	Services ::			-		
Daleln 05/05/2023	Job description		Thire &Time Com	oleted)one hi.	-
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Yehno SNK 22395	E-mail (within \$1.	rs. APC Chrs,	i			
DOA 04 05 2023 09:30	1-Motor Claim	Form	:	:	•	
	i-Motor W/O (Within: OD 2hr	(, TP 4 hrs)		5	
OD/TP) Reporting Only	i-Photo Upload	led	:			•••
7713	Assessment/Sur	vey Report	I			
TP Insurer:	Ass't Report by	Fax / Hand	o Owner/Wksp			n=
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:		_
TP Particulars: Veh No: SNB	6097E.	, INC()		_
Owner / Driver: (Tel:		<u> </u>	
Policy No: () Pcr	iod: ()	Cover Type: (-
Confirmed by : (Date:	Tines	P. 90 1609/3)	
··			0%; P: 21-79%.	F: 50-10076		
	Varranty: YES ()/NO()			
Excess: (\$) Loading: \$1,00	1: 4		5 y 33			=
General Remarks:	The state Con	Edential & St	rictly NO rafer of a	epairer.		
() Walk-In Customer: Customer's infor () Total Loss Case : to e-mail Insure		·	andly to the state		— ;	
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Remarks: (INC horling: 6788 6616)		X	XX asside aniide cuin	Birion,	2010.09	
- Tricipis to transferre	courtesy Car ()				 -	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>\$3	0001 ()					
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Injury:	Tax 185 241 16.550.)			· (No. 10) a 75		
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NA230 29	D*************************************	I) AR: Accide	nt Reporting (\$30);			_
laimant's Particulars		2) DA: Dama	ge Assessment (\$100);	INC (\$80)		
Priver/Owner:		4) FT: Follow	-Through Survey	5120 vev) 530	-	
Contact No:		5) For claimin	-Through Survey (Result against ING Only (we			401000
		6) TR: Re-in	pection	\$75 \$160		
Damaged Portion:		8) NTUC Add	A + SMRT Survey			
C Checked by (Engr-In-Charge):		*N5: Cwur	lesy Car / Tpt Allowance	. 22		
		*N6: Ropa	ir Co-ordination	\$10		
Auditors' Comments :-		* N8: DV /	Collect Excess Coording TI' (Non INC) against	NC 520		:
Col. 12		9) N12: Idao	N'obile	Fee Charged		LITE
int 2.43:		Invoice date		Fue Charged	AFRICA STATE	

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 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.
- Any false reporting may be referred to the Police for investigation.
 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.
 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 05/05/2023 08:26 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 04/05/2023 09:30 (SGT) Exact Location of Accident Singapore Additional Location Information BEDOK NORTH ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNK2239S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TEO LEONG YE NRIC No SXXXX839D Email Address teo_0114@hotmail.com Mobile Phone No (Phone) +65-94883037 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Camry Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto 2487

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00005172300

DRIVER

Name of Driver TEO LEONG YE NRIC No SXXXX839D Date Of Birth 14/01/1994 Outdoor

Date Of Driving Pass 8 YEARS AND 11 MONTHS Driving experience Gender Mobile Number (Phone) +65-94883037 Alt, Phone Number Email Address teo_0114@hotmail.com APT BLK 107 ANG MO KIO AVENUE 4 Address Address complement # 10-164 560107 Postcode 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 Side Swipe 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) 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 PASSENGER 1 Name **UNKNOWN** Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Toa Payoh Neighbourhood Police Centre Police Station Name Police Station Phone No (Phone) +65-18002519999 Alt. Police Station Phone No (Fax) +65-63548749 93 Toa Payoh Central Toa Payoh Community Building #01-02 Police Station Address Singapore 319194 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230504/2035 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SNB6097E
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
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 LEONG YE
Gender	Male
Phone No	(Phone) +65-94883037
Address	APT BLK 107 ANG MO KIO AVENUE 4
Address Complement	# 10-164
Post Code	560107
Approximate Age Years Old	•
Injuries Sustained	PAIN ON NECK AND BACK - GIVEN 3 DAYS OF MC
Injured person in which vehicle?	SNK2239S
Were seat belts worn?	•
Was this injured conveyed to hospital by ambulance?	No

SKETCHPLAN

IMPORT TNOTICE

- Pleas eport correctly the details of the accident to speed up the claims process.
- 2. This _____mmust 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 insuffice companies to repudiate policy liability.
- 4. The is teand acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any lise reporting may be referred to the Traffic Police Department for investigation.
- 6. This For will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Sing Fire (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the ligement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report leing made available aforesaid.
- B. Consertunder the Personal Data Protection Act (PDPA)

I undersiant, acknowledge, agree and consent that:

- (a) My instant, 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) processins, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (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) admin isteing my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of tertain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); 2 m/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.

olicyholder's Signature / Date & Time

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

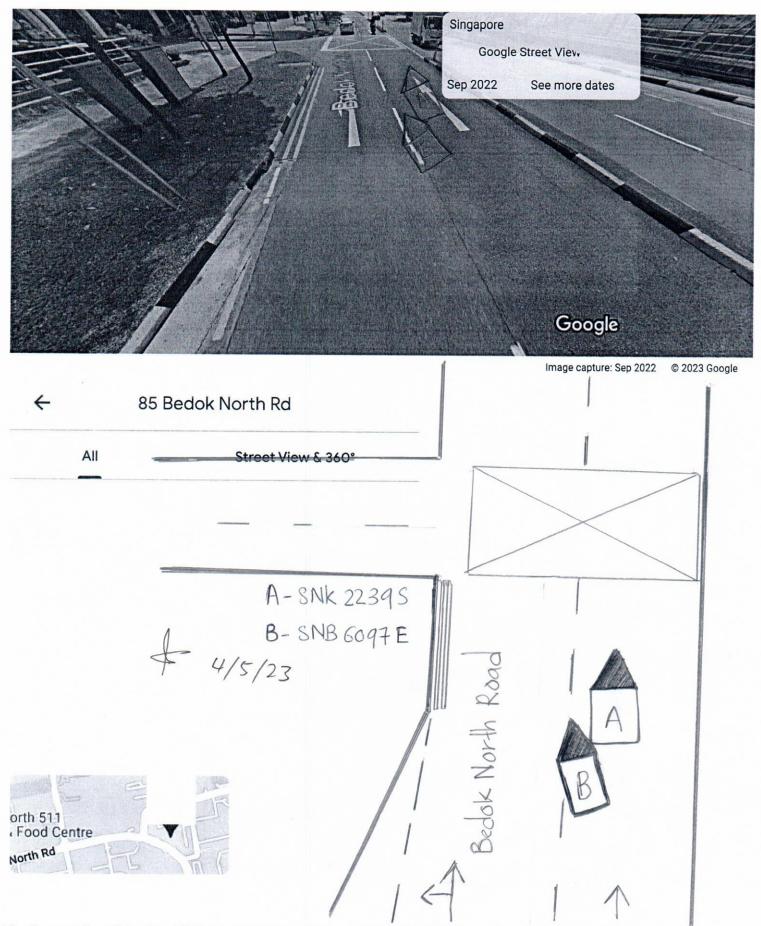
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

sketch Plan Bedo K North Road

A-SNR GOVALA

B-SNB GOVALA

Google Maps 88 Bedok North Ave 4



Detibe Circumstance of the Accident	1. 041
AIDE OFFICIALISM OF THE FEET O	
	1
Please Refer to the authorhe	d
police Report	
- 7/20230504/2035	,
	-
	PE

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

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





1 of 3

Report No. T/20230504/2035

Police Station Of Origin:

Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT	Later Describble	Station Diary No.:
Date/Time Report Made:	Vide Report No.:	49
04/05/2023 11:26		

04/05/202	23 11:26			明·也是以1000年,2013年,第3月1日,1975年,1975年,
Informant's Particulars Name of Informant: TEO LEONG YE				VENUE 4 #10-164 SINGAPORE
ID Type / ID No.: NRIC NO / S9475839D			560107 Contact No.: Home/Office:	Mobile: 94883037
Nationality: MALAYSIAN		,,,,,	Email:	
Sex: Age: Date of Birth:		Date of Birth: 14/01/1994	Type of Informant: Driver	
Race: Chinese Occupation: PRIVATE HIRE DRIVER			Language:	
		RIVER	Driving Licence Information: Class: 3	Date of Expiry:

ieneral Information Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/05/2023 09:30	Type of Location Roundabout
Location: BEDOK NOF	RTH ROAD			
Weather: Clear		Road Surface: Dry		Traffic Volume:
Traffic Flow: One Way		Traffic Control: Not Controlled		Heavy Anyone conveyed by
Type of Coll	ision: oving Vehicles - Hea	d To Rear		ambulance:

Details of Vo	ehicle Invo	lved		Color	Condition	No of Passenger
Vehicle No.	Type	Make	Model			1
SNB6097E	Car	SUBARU	IMPREZA 4DR 1.5R AWD 4AT ABS AIRBAG	White	Slightly Damaged	
SNK2239S	Car	ТОУОТА	CAMRY HYBRID 4DR SEDAN (AT) ELEGANCE		Slightly Damaged	1





2 of 3

Report No. T/20230504/2035

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

CONTINUATION OF REPORT

	ehicle Insurance			
	Insurance Company	Insurance No	Effective	Expiry Date
SNK2239S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000051 72300	03/03/2023	02/03/2024

Details of Perso	on Involved	augramatic land				
Any Pedestrian I	nvolved: No					
No. of Pedestria			Use of Pe	doctrio	n C	da an Ala
Driver	PART OF THE PART O	THE PARTY STREET	OSC OF FE	uestriai	Cross	sing: NA
Name	TEO LEONG YE	AV. The same of th		ID No).	S9475839D
Related Vehicle	SNK2239S (Car)		Contact No.		94883037	
Hospital/Clinic	HORIZON MEDICAL PTE LTD			Class Drivin Licend	g	Class: 3 Date of Expiry: NIL
Date Treatment	04/05/2023		Date Discl		04/05	/2022
No. of Days gran	ted Medical Leave	03	Degree of		NIL	12023

Brief Details.

On 04/05/2023, at about 0930hrs, I was travelling along Bedok North Street.

The vehicle in front of me came to a smooth stop as the traffic light turned red. As such, I followed suit. However, I later felt an impact from the left rear of my vehicle.

Both parties alighted from our respective vehicles and made a check on each other. Since no one required any immediate medical attention, we took some photos and left. I requested for the other's driver particulars however he did not provide me with it.

My in-car camera footage showed that the vehicle did not slow down despite me slowing down, and he tried to filter towards the lane on his left.

My vehicle had a dent on the spot of collision. I experience pain on my neck and back area thus proceeded to Horizon Medical Pte Ltd and was given 3 days outpatient medical leave.



NP168



3 of 3

Report No. T/20230504/2035

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

Signature of Officer Recording The Report: E / SGT 3 DOUGLAS GOH JIALE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/05/2023 11:26
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:

ACCIDENT STATEMENT

J.C.L.I.	JENT DATE 104	05 12023	J(DD/MH/MYY)	TIME-109 . 3	() MHH-MMI
· LOCAT	TON:	Bedok	North Roc		
٦.	DETAILS OF VEHI	CLE .	11		
	DIVERICLE NUM		lk 22395		
	P)INSURVICE C			uiding	
	CIPOUCY NUMBER	ED. DMI	CSNWOOO	apiroj	•••
	D)POUCYTYPE !	COMPREHE	ISIVE TUDO DI	251+2300	
	e)MAKE & MODE	7010	th Eamm.	Y/THÍRD PARTY	FIRE LITHER
	FITTPE (SALDON)	COUPEY	EV MAN /IDDOX	/ MOTORCYCL	
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	THE OUT OF THE DE	JING A I TO	TIDEUL LYECIT	Driving Hove	
	I) ARE YOU CLAIM IF NO. PLEASE ST	ING UNDER	YOUR OWN INSUR	ANCE MESINO	5
2.	INSURED / POLICY	A HOLDES	AILT CLAIM / KI	PORTING ONLY	
	A)NAME ·	700 Le	ong ye	(MAI)	FEMALE
	b) NRIC/FIN/PASSI		475839D		1488 303
	CLADDRESS: AP	5601 DE	+ AMK AVE	4# 10-1	64
The offermas E	CONTINUE TO 3.	.d IF DRIVER	ALSO POLICY HO	LDER .	`.
1 1000000000000000000000000000000000000	DRIVER .		As Above	· ·	
	NRIC/FIN/PASSF	PORT:	1010	CONTACT	E/FEMALE)
	AMDESS:				
I Female pussing	DATE OF BIRTH	114 101	110021000	11.100000	
	OCCUPATION:		11004 1001N	MMYYYYY)	
r)	YEARSON DRIVIN	G EXPRERIE	NCE 13/06/21	014	
. V	IAS DRIVER AN	EMPLOYEE	OF THE INSURE	D'S COMPANY	(YESINO)
J. U.	NO, RELATION	DITIONS (CLE	AR/RAINING/O	THERS .	
D	RUND SURFACE	CORY (WE	/OTHERS	• •	
7. 0]	AS ANYBODY IN.	DUCE MES V	MO) .		•
1	F YES, PLEASE STA	ATE WHICH I	POLICE STATION:	•	•
B. TH	IRD PARTY VEHIC	1 =		•	
	DRIVER'S NAM	REK!	1B 6097F	_MODEL:	
	NRIC/FIN/PASS			_CONTACT:	•
() 9. Titil	RD PARTY VEHIC	LE		_CONTACT:_	
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noluding driver) 1	HRIC/FIN/PASS	SPORT:		_CONTACT:	
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Motor Hire Car

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)

MZ406L/B

SN

AN0687B Cov. Type:C

CERTIFICATE No.

DMHCSNW00005172300

Index Mark and Registration Number of Vehicle

SNH1870R

SNK22395

CHL AGENCY UEN. NO 202213382K

Engine No.: A25A5609036 Cha. No.:JTNB23HK103100550

AUTOSAFE

2. Name of Policy Holder

TEO LEONG YE

Effective date of the Commencement of 03/03/2023 Insurance for the purposes of the Regulations, (00:00:00) Ordinance or Enactment

03/03/2023

Excess Sect I.

\$\$1,250.00

Excess Sect. I (Outside Singapore) Excess Sect. II \$\$2,500.00 \$\$1,250.00

01/03/2024

Excess Sect.II (Outside Singapore).

S\$2.500.00

EX ON WINDSCREEN .

S\$100.00

4. Date of Expiry of Insurance

Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below. As per Named Driver(s) stated below.

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

TEO LEONG YE

6. Limitations as to use:*

Use for the carriage of passengers or goods in connection with the Policyholder's business.
 Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

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.: TECK WEI CREDIT PTE LTD

*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.

Authorised Signatory

Issued By: CREDENCEL AGENCY PTE LTD **Authorised Officer**

Q6389 6111

6222 1033

www.sg.cntaiping.com

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