

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 26/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA1CT123006458/d4	SAS e-filing		
Veh No: SLZ138SD	E-mail (within 3hrs. AIC 2hrs)		
D.O.A : 24/06/2023 14:30	i-Motor Claim Form		
OD (TP) / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SBS 6637 A	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79% 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 repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	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	Actions

NA2301889	Invoice Preparation Checklist		Am't (\$)	Ac
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile \$30			
	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 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	26/06/2023 16:40 (SGT)
Reported by	Actual Driver
Date of Accident	24/06/2023 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVENUE 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1385D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TWK LEASING
Company Reg No	5XXXX855C
Email Address	ja777ck@yahoo.com
Mobile Phone No	(Phone) +65-96553509
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00008562200

DRIVER

Name of Driver	TEO JUN HOWE, JOVAN
NRIC No	SXXXX583B
Date Of Birth	03/10/1998
Occupation	Indoor

Date Of Driving Pass	03/12/2020
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96553509
Alt. Phone Number	-
Email Address	jovanteojh@gmail.com
Address	APT BLK 719 TAMPINES STREET 72
Address complement	# 09-43
Postcode	520719
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	CLARA YEO
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

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 DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6637A
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

SKETCH PLAN

I hereby authorise your goodself to send my accident report to my workshop via email :
Email : huameng@live.com.sg

IMPORTANT NOTICE

Signature : X

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.

X

Policyholder's Signature / Date & Time

X

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

 26/6/2023

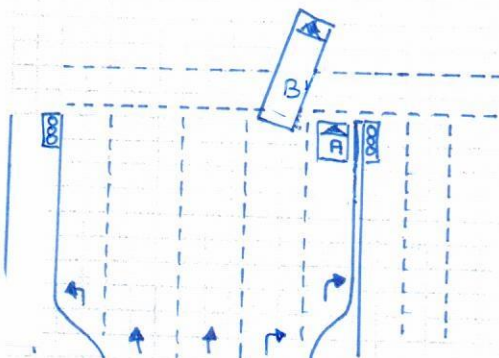
Witnessed by Reporting Centre Personnel

Sketch Plan

Tampines Ave 9

A : SLZ 1385D

B : 3BS 6637A



Describe Circumstances of the Accident

The accident happened at Tampines Ave 9, 24 June 2023 at roughly 2:30pm. ~~People involved~~

People involved are ~~me~~ ~~my~~ me, (driver), a passenger, ~~the~~ SBS bus driver.

I ~~was~~ the driver, was making a right turn at a traffic light junction. I was at the inner lane while the SBS bus was at the outer lane. Before I could make a right turn, the SBS bus made a sharp turn that ~~was~~ made a cut into my lane. ~~My car~~ My car was stationary at that point. After the ~~car~~ the hit, ~~I drove the bus driver~~ the bus driver did not stop. I drove beside the bus and signalled him to stop at the road side.

We exchange personal particulars. I took photo of the area ~~of~~ that my car got hit, the SBS bus plate, the bus driver IC & driver's licence. ~~He~~ He called SBS and told me that the company will ~~reach~~ reach out to me on ~~the~~ this incident. His phone number is 90448018.

Declaration

We declare the foregoing particulars are true in every respect.

X

Policyholder's Signature / Date & Time

X

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

Witnessed by Reporting Centre Personnel

Amended 26/6/2023

BUSINESS PROFILE



REQUEST CRITERIA

(You have requested to search on the following)

Date of Request :	25/05/2022
Name of Requestor :	
Requested Entity Name :	TWK LEASING
Requested Entity Number :	53450855C
File Reference Number :	

SEARCH RECORD

Entity Name :	1) TWK LEASING
Entity Number :	53450855C

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY
BUSINESS PROFILE (COMPANY)



WHILST EVERY ENDEAVOUR IS MADE TO ENSURE THAT THE INFORMATION PROVIDED IS UPDATED & CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

DETAILS OF BUSINESS

Entity Name:	TWK LEASING
Entity Number:	53450855C
Date Of Registration (dd/mm/yyyy):	24/05/2022
Commencement Date:	24/05/2022
Certificate Renewal Date:	-
Expiry Date:	24/05/2025
Renewal via Giro:	-
Date Of Change Of Name:	-
Former Name:	-
Type:	SOLE-PROPRIETOR
Status:	LIVE
Status Date:	24/05/2022
Principal Place Of Business:	719 TAMPINES STREET 72 #09-43 TAMPINES STARLIGHT SINGAPORE 520719
Date Of Change Of Address:	-
Principal Activity / Activities:	1)RENTING AND LEASING OF PRIVATE CARS WITHOUT DRIVER (EXCLUDING ONLINE MARKETPLACES) (77101)

PARTICULARS OF AUTHORISED REPRESENTATIVE(S)

Name ID	Address	Nationality/Citizenship	Date Of Appointment	Date Of Cessation
-				

EXISTING SOLE-PROPRIETOR/PARTNER(S)

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 24 / 06 / 2023 (dd/mm/yy)

Time of Accident: 4 : 30 (24-HR-FORMAT)

Vehicle No.: SL2 1385 D Vehicle Make & Model / Engine (cc): Honda Shuttle (1.5) Private Hire: (Y / N)

Exact location of Accident: Tampines Ave 9

Policyholder's Name / IC No.: Teo Weng Kiat (Zhang YongJie) 3730413A ROC/UEN (Company) Twk Leasing (S3450855C)

Driver's Name / IC No.: Teo Jun Howe, Jovan S9832583B (As Above) ☐

Driver's Contact No.: 9655 3509 Company Contact No / Owner Contact No: _____

Driver's Address: 719 Tampines Street 72 #09-43 (S) 520719

Owner Email address: ja777ck@yahoo.com Insurance Company: China Taiping

Driver Email address: jovanteojh@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

***No. of Passengers (Including Driver):** 2

***Passenger Name:** Clara Yeo

Gender: Male / Female x ()

***Passenger Name:** _____

Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No Remarks: _____

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SBB 6637 A

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: Hua Meng Spray Painting Workshop Contact No: 6746 5519

Motor Hire Car

MZ407

N SN

AN0715A

Cov. Type:C

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)

CERTIFICATE No

DMHCSNW00008562200

Engine No.: LEB6549941

Cha. No.:GP71208125

1. Index Mark and Registration
Number of Vehicle

SLZ1385D

AUTOSAFE

=====

2. Name of Policy Holder

TWK LEASING

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment27/05/2022
(00:00:00)

Excess Sect. I . S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

Excess Sect. II (Outside Singapore). S\$2,500.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

23/10/2023

5. Persons or Classes of Persons entitled to drive*

Any employee or any person who is driving with the Policyholder'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. Limitations as to use *

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(2) Use for social domestic pleasure purposes.

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. : MOTOR 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.

Issued By: ALL INS MARKETING PTE LTD
Authorised Officer

Authorised Signatory